

WHAT TO EXPECT AFTER A TOTAL MASTECTOMY AND INSERTION OF A TISSUE EXPANDER

This fact sheet is for women who have chosen to have a breast reconstruction with an implant. It explains what to expect after your mastectomy and the insertion of a tissue expander and aspects of your post-operative care.

Since individual circumstances will vary, it is important you discuss the particulars of your care with us.

Incision

There will be no visible stitches (sutures) at the surface of your incision. There will be dissolvable sutures under the skin and the incision will be covered with a waterproof dressing. It is best to discuss the positioning and size of the scar with your surgeon as this will vary from patient to patient.

The waterproof dressing will remain in place until you are reviewed in Breast Clinic (usually 12 days later). You may have an added firm dressing over the waterproof dressing. This outer dressing can be removed after 24 hours, leaving the waterproof dressing in place until your appointment review.

You are encouraged to shower as normal but to avoid hot showers as they may increase the amount of bruising or swelling.

Once the dressing is removed the suture line will be covered with Micropore tape (available at any pharmacy). It is recommended you use the tape for six weeks, changing it every five to seven days. This will help to minimise the scar. Rubbing creams and oils into the suture line is discouraged until after this six-week period.

Drain tube

A drain tube will be placed into the wound bed at the time of surgery to remove excess fluid. The drain tube may cause you some discomfort. The surgeon will decide when to remove it, but it usually stays in place for two to five days until you have less than 50 ml of drainage in a 24-hour period.

In some circumstances, you may be discharged from hospital with the drain tube still in place. If this occurs you will be advised how to care for the drain and a plan will be made for its removal. You may want to have pain relief half an hour before the drain is removed, as the procedure may be painful.

When the drain tube is removed the small hole will be closed with a dressing, this must be removed after 48 hours.

Pain

You are likely to have some pain or discomfort after surgery. This is often due to the tissue expander stretching the muscle and skin. The sensation has been described as stinging, tenderness, or a tight feeling across the scar and at the edge of the rib cage. All of these responses are normal and any discomfort will gradually reduce a week or two after surgery. You will be given pain relief tablets and you can take these as needed.

You may have some discomfort after each inflation of the tissue expander. This will generally only last 24 hours and taking regular painkillers during this time may be helpful.

Physical activity

After your surgery a physiotherapist will give you gentle arm exercises to do. Regular gentle exercise is important in the first few weeks following your surgery to reduce the risk of developing a stiff shoulder.

It is important that you avoid heavy physical activity for the first two weeks after your surgery. For the next four weeks slowly increase your physical activity as you become more comfortable. After six weeks you should be able to resume your normal level of activity. Check with your surgeon before you recommence vigorous exercise or heavy lifting.

Comfort

It is recommended that you avoid wearing a bra for the first two weeks after your surgery. This is important to avoid any tightness under the breast. During this period you are encouraged to wear a fitted singlet or a Tubigrip bandage (supplied by the hospital). This will provide support without restriction. After two weeks you are encouraged to wear a bra with no underwire.

Appearance

It is important to note that the mound shape and size will not be the same as your natural breast. Often the tissue expander appears to sit higher and wider than a normal breast. Remember this is the first stage in reconstruction. The role of the tissue expander is to create a pocket and stretch the skin in preparation for the second stage of reconstruction.

During surgery, the tissue expander is usually filled to 50 to 75 per cent of its capacity. This can sometimes lead to the skin over the tissue expander having an irregular appearance; however, this will correct itself as the tissue expander is fully inflated. The breast care nurse can assist you with a soft temporary breast form to correct any breast unevenness (asymmetry). This can be adjusted as necessary.

You may feel self-conscious about breast symmetry. If this is the case, asymmetric prints on clothing can be helpful, as can wearing loose or layered clothing or a scarf draped around your neck.

When do I look at or feel my new breast?

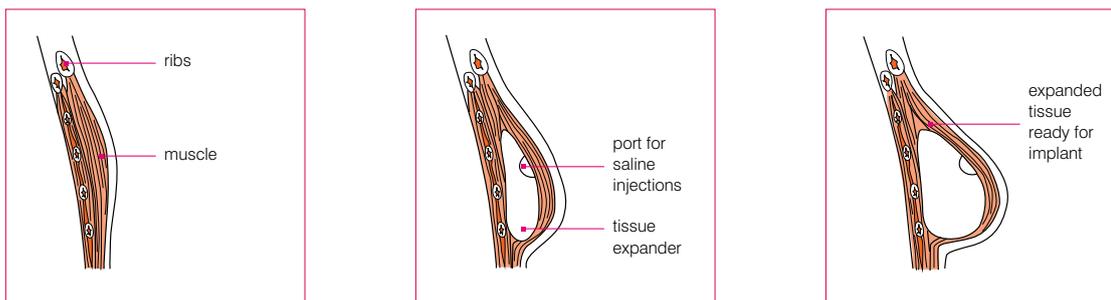
You're encouraged to look at your new breast as soon as you feel ready and the breast care nurse is available to do this with you. Looking down at your chest and then in the mirror is a good way to prepare yourself for change. The more familiar you become with its appearance the more confident you will feel. The scar will fade with time.

While the mound may be tender, you may touch and feel your new breast as soon as you feel comfortable. You will be able to feel the port through which the expander is filled and you may also be aware of a rigid capsule. This capsule is the edge of the tissue expander. Remember the mound will increase each time the tissue expander is inflated.

Expansion

Further expansion of your tissue expander will take place in the Breast Clinic. This usually begins two to four weeks after surgery, depending on your post-operative comfort. The amount of inflation during these appointments varies and depends on your comfort level. It may take two or three visits to fully inflate the tissue expander. There is no special preparation for the inflation and the procedure itself is usually painless. Some discomfort may be noticed as the tissue begins to stretch and is sometimes associated with shoulder and back pain.

Temporary inflatable tissue expander



Post-operative care

It is not unusual to have some swelling or bruising following surgery. This should gradually settle over the first few weeks, but it is important to contact the hospital if you notice a sudden increase in swelling.

To reduce the risk of infection you will receive intravenous antibiotics while in hospital and will be given oral antibiotics for another week on discharge. Infection is uncommon following surgery; however, it is very important to contact the Breast Service staff if you have any signs of infection such as fever, or increasing pain, redness or swelling around the wound.

A follow-up Breast Clinic appointment will be made for you one to two weeks after surgery.

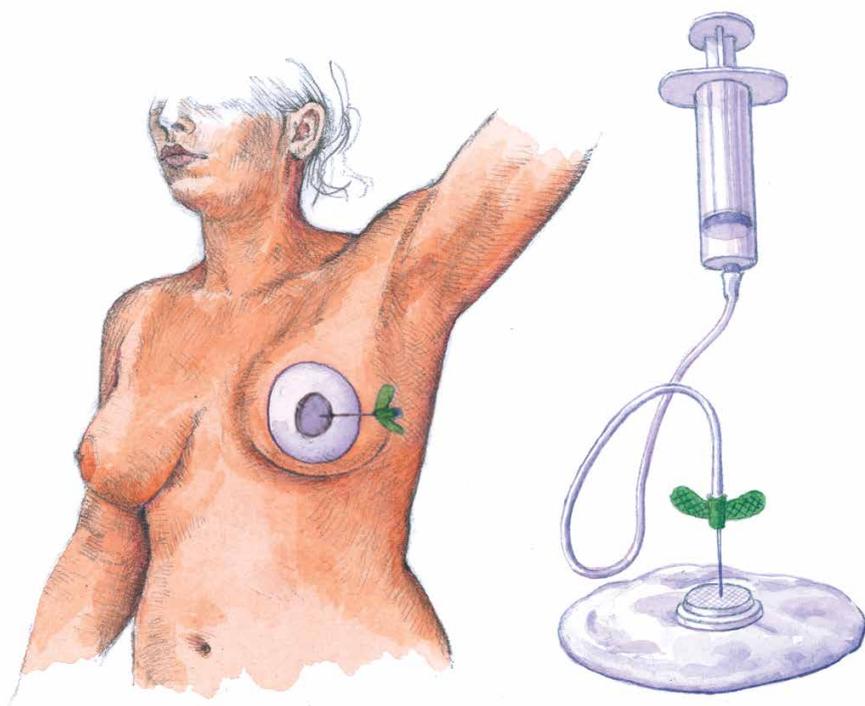


Illustration courtesy of St Andrews Centre for Burns and Plastic Surgery at Broomfield Hospital, Chelmsford UK

Scar management

Our aim is minimise any scarring as much as possible. We use different techniques at different times to achieve this:

Week 1 to 6

Micropore is paper tape that provides gentle support to your wound and helps to flatten the scar. The tape is to be worn continuously and changed once a week. You are able to shower with the tape on, but ensure you dry it off afterwards. Do not use any creams or oils on your scars during this time.

Week 6 onwards

Massage and moisturising with a gentle cream (e.g. Cetaphil, sorbolene) will help soften the scar and break up any underlying scar tissue. This will encourage the scar to become flatter and smoother. Massage should be done in a firm circular motion along the length of the healed scar. Massage any scars three to four times a day for at least five minutes each time.

6 weeks to 12 months

Silicone gels and sheets can be used to help lock in moisture as well as put pressure on a scar to flatten and soften it. Silicone should only be used on wounds once they are completely healed (normally after 6 weeks, but please check with your doctor/nurse). They can be used for many months; however, most silicone sheets need to be applied gradually in case your skin has an allergic reaction to them.

For more information

For more information and advice or if you require medical assistance please contact:

Breast Care Nurse

The Royal Women's Hospital
 (03) 8345 2000 (switchboard, ask for pager 53100)
 (03) 8345 3565 (Monday to Friday during business hours, leave a message if phone unattended)

Breast Care Nurse

The Royal Melbourne Hospital
 (03) 9342 8120

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