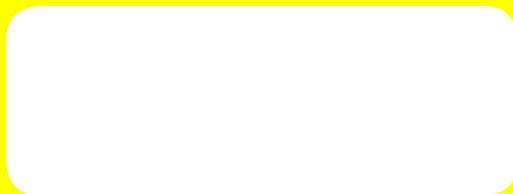


Implant Reconstruction

**Instructions for Before and
After Surgery**



Dartmouth-Hitchcock
MEDICAL CENTER

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This information serves as a general guide, but your situation or treatment plan may be different. Talk to your doctor if you have any questions.

After a mastectomy, surgeons can use different techniques to create a breast that matches the shape, size and feel of your original breast as closely as possible. In terms of timing, there are two options for you and your plastic surgeon to consider: immediate breast reconstruction or delayed breast reconstruction.

Immediate breast reconstruction is done at the same time as your mastectomy. It can have both emotional and visual advantages. Some women find that waking up from a mastectomy with two breasts helps to ease the grief caused by losing a breast. Another advantage is that your surgeon can use a technique that results in less scarring.

With delayed breast reconstruction, the surgery is done at a later date. One reason why you may choose to wait is because it allows you more time to explore your options. Also, waiting allows you to complete other treatments such as chemotherapy or radiation. You should wait until six months after your radiation therapy and four weeks after your chemotherapy ends.

Delayed breast reconstruction can be performed weeks or even years after having a mastectomy.

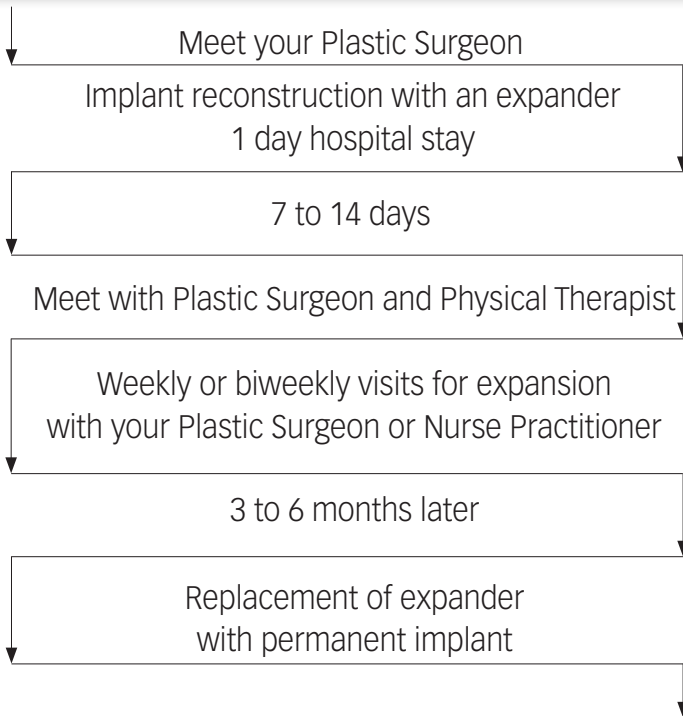
Implants are silicone balloons filled with either silicone gel or a saline solution. Depending on your goals and the amount of skin at the mastectomy site, your doctor may place a permanent implant or may choose to use a temporary expander implant.

With the expander technique, a silicone balloon is surgically placed beneath the chest muscle. The surgeon will inject saline through a valve buried under the skin, slowly filling the balloon and stretching the skin over a period of several weeks or months. Once the skin is stretched, the bag is replaced with a permanent implant during a second surgery.

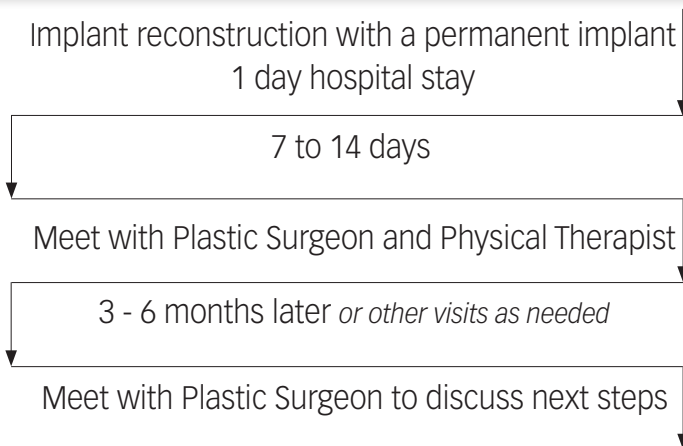
Several months after the permanent implant is placed, a third surgery may be performed in minor surgery under local anesthesia. This surgery is to rebuild the nipple.

About three months later, the nipple and areola can be colored to match the opposite side using a medical tattoo technique.

Timeline: Implant Reconstruction with Expander



Timeline: Implant Reconstruction with a Permanent Implant



Here are some steps you can take to help make a smooth recovery.

- Read the brochures we give you. We also recommend the following websites:
surgery.med.umich.edu breastimplants411.com
breastimplantsafety.org yourbreastoptions.com
- For those with Mentor implants: You will have a booklet in your information packet titled “Mentor Memory Gel Silicone-Filled Breast Implants.” It is important to read this booklet and sign the “Acknowledgement of Informed Decision” section towards the end of booklet and bring the signed page with you on the day of your surgery.
- Keep your weight steady. Being significantly overweight (a Body Mass Index of 30 or more) increases your risk for problems with healing. However, dieting before surgery can also lead to healing problems. Log on to weightwatchers.com for more information about Body Mass Index.
- Schedule mammograms and routine dental procedures prior to your procedures. We recommend that you not make these appointments until six months after your surgery.
- Arrange to have family and/or friends help you at home for the first few weeks after you leave the hospital. You will need help with transportation, shopping, cooking, and housework.

- It will be helpful to have pre-made dinners and paper plates on hand. Also, make sure milk, juice and water are in small containers. One gallon jugs will be too heavy for you at first.
 - Have crackers available to take with your medication.
 - Plan to wear button down or zippered shirts, loose pants, camisoles, large cotton undershirts and slip on shoes.
 - Have extra supplies on hand, such as a gentle laxative or stool softener, thermometer, Aquaphor and extra gauze. Nursing or maxi pads also make good dressings.
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- You will be asked to make an appointment with your primary care doctor for a history and physical within 30 days of your surgery date.
 - Stop tobacco use and avoid being around anyone who smokes for at least one month before your surgery. Continue to avoid tobacco for three months after your surgery. Smoking may cause problems with healing and can lead to infection. If you smoke, we will perform a urine test on the day of your surgery to test for byproducts of smoking. If the test is positive, your surgery may be cancelled. *There are several support groups for smokers (see your "Smoking Policy" brochure). We offer a no cost Tobacco Dependence Treatment Clinic at DHMC. You can call (603) 653-9456 to make an appointment.*
 - If you use nicotine patches or gum, stop two weeks before surgery and for at least five days after surgery.
 - Stop taking aspirin and ibuprofen products for two weeks

before surgery and for at least two days after surgery, unless your doctor tells you otherwise. These products may increase your risk of bleeding. Other blood thinning products to avoid are:

- Vitamin E
- Garlic supplements
- Ginseng
- Fish oil
- Ginkgo Biloba
- St. John's Wort

(See your "Medications That May Increase the Risk of Bleeding" brochure.)

Continue to take your prescribed medications unless otherwise advised by your doctor. If you have questions about your medications, ask your doctor or pharmacist.

- If you need medicine for pain relief, we recommend you only take acetaminophen (Tylenol) in the two weeks before your surgery.
- Depending upon your age and health, you may be given an appointment with Pre-Admission Testing. You will be asked to fill out a questionnaire and may have some additional tests such as blood work, EKG, chest x-ray or stress test.
- Beginning five days before your surgery, apply Bactroban (Mupirocin 2%) to both nostrils twice a day.
- Do not shave for three days before your surgery.

- A representative from Same Day Surgery will call you in the afternoon the business day before your surgery. You will be given the time of your surgery. You will also be told when to stop eating and drinking, and what medications you should take, if any. If you have questions you may call Same Day Surgery at **(603) 650-5300**.
- Shower the night before and the morning of surgery with an antibacterial soap, like Hibiclens®. *Do not* put on deodorant, powder or lotion.

- *Do not* wear jewelry or nail polish. Please remove all body piercings and sculptured nails may have to be clipped.
- You will be evaluated by your anesthesiologist. You will also meet with your physician. He/she will measure and mark your breast(s) for surgery.
- Your surgery will take approximately two to three hours. After surgery, you will go to the recovery room, where you will stay for one to two hours until stable. Once you are stable, you will be taken to your hospital room or discharged to go home, depending on your surgical plan.
- You may stay one day in the hospital. While in the hospital, you may have a drain at your reconstructed breast, a catheter in your bladder, an IV and sequential compression stockings on (a device that squeezes your legs to prevent blood clots). You will also be asked to use an incentive spirometer throughout the day. This is a device you breathe into to help keep your lungs clear. Everything but your drains will be removed before you leave the hospital.
- Eating: After surgery you will have IV fluids. You will then go to a clear liquid diet, then on to a regular diet.
- Getting out of bed: You will get out of bed to sit in a chair, then you will begin walking with the nurse.
- You will meet with a social worker to discuss support systems available to you.
- You will also meet with a Clinic Resource Coordinator to determine if you will need a visiting nurse when you go home.

The healing process after breast reconstruction surgery varies with each person. You should expect to feel tired for the first two to three weeks due to anesthesia and the healing process.

- With any surgery there is some discomfort or pain. While in the hospital, you will receive a narcotic pain reliever through an IV. Before you go home, you will be switched from the IV to an oral narcotic. We will give you a prescription for a narcotic pain pill to take at home. We will also recommend using an anti-inflammatory (ibuprofen). Take pain relievers as prescribed and only as needed. Although pain varies from person to person, many women find that they only take their narcotic for the first few days and their anti-inflammatories for the first two weeks.
- Please review your “Narcotic Use & Post Op Pain” handout for proper use of and weaning off of your pain medications.
- We recommend taking an over-the-counter stool softener, such as Colace® (docusate) while taking your narcotic pain reliever to maintain bowel regularity. Drink plenty of water.
- Do not use ice or heat on your incisions. Your ability to feel hot or cold at the incision will be abnormal for several months.
- You will have nerve pain after your surgery because the nerve endings have been disturbed. Nerve pain may feel like a burning sensation, itching or a shooting, electric shock pain. This is normal and will get better as you heal. However, some women can have nerve pain even years after their surgery.
- Moderate bruising and swelling of the breast(s) is normal the first few weeks after surgery. This swelling will last for one to three months and increase with activity. The swelling will

gradually go down, but it may remain for three to six months.

- In the first six months, expect your breast(s) to feel firm and to appear larger because of swelling. They will also feel lumpy because of scar tissue.
- If you had nipple reconstruction, expect the nipple to look too large at first. This is done on purpose as the nipple will shrink with time.

- You may have a drain(s) placed at each reconstructed breast to prevent fluid from collecting under your skin. While in the hospital, the nurses will teach you how to care for your drain(s) (see your Drain Care handout) as you will be discharged with the drains still in place.
- When each drain is draining 30 ml or less in a 24 hour period for two days in a row you may call the clinic to arrange for removal of your drains. Drain removal is usually not painful and only takes a few seconds. Most women have their drains for one to two weeks.
- To hold your drain(s), try a fanny pack, small draw-string bags, diaper pins, a camisole with pockets or a bathrobe turned inside out (so that drains may be placed in the pockets).
- Take antibiotics and Lactobacillas while while your drains are in. If your prescription runs out while you have drains, contact our office for a refill (603-653-3905).

You may shower 48 hours after your surgery. If you have a drain, make sure the water resistant drain dressing is firmly in place. You will receive instructions on how to change this dressing if it gets wet or falls off. Do not take a bath or use a hot tub until your skin is completely healed (in approximately three weeks).

- Expect to have some red, pink, yellow/clear drainage from your incisions for the first one to two weeks. Place dry dressings at the incisions while you have drainage and to prevent your clothes from irritating them. Some women prefer to wear a cotton camisole or t-shirt as their dressing.
- Expect redness at the incision line for several weeks as your absorbable stitches are dissolving. If the redness begins to spread away from the incision, you should call the clinic.
- Spitting sutures: Sometimes a dissolving stitch becomes irritated and pushes to the surface. The stitch is clear or white and looks like fishing line. It may cause an area of redness and tenderness. If this occurs, it is not an emergency. You may clip the stitch or call the clinic for an appointment with the nurse.
- If you had nipple reconstruction, apply Aquaphor and dressings once a day for five to seven days until healed. Minimize any pressure at the nipple and do not lie on the breasts while they are healing.
- Scarring is a natural part of the body's healing and an unavoidable side effect of surgery. Your incisions will get red and bumpy in the first three months as your body builds scar tissue. This is the best time to talk to your doctor about scar massage (see the scar massage handout). We recommend you begin scar massage when your incision is stable, usually four to six weeks after surgery. By your six month appointment, the scars will have lightened and flattened. However, it takes at least a year for your scars to finish maturing.
- Protect your incision line from the sun for at least six to twelve months by using sunblock and protective clothing.
- *Do not* wear a bra until seeing your surgeon, usually seven to 14 days after your surgery. At that time, you may be given a soft bra to wear. This bra is for your comfort to provide light support with activity.

- *Do not* wear an under wire bra for three months as your skin may still be numb from surgery.

Loss of sensation is an unfortunate result of a mastectomy. How much feeling is regained will be different for each person. Most women regain some feeling in their new breast(s) as the nerves grow back. Typically some areas remain numb permanently, but most numbness improves with time.

For nipple reconstruction, the new nipple is purely cosmetic. It remains numb because it lacks nerve tissue needed to receive sensation.

- Seven to 14 days after discharge, you will meet with a Physical Therapist and will be given a home exercise program. This appointment will be scheduled for the same day as your first appointment with the doctor.
- For the first one to two weeks, when pushing yourself up to get out of bed, avoid using the arm on the reconstructed side. Let common sense and comfort be your guide.
- *Do not* drive for one to two weeks while you are on a narcotic pain reliever or if driving causes you pain. Wear your seat belt safely by placing a small pillow over your chest to pad the area.
- *Do not* engage in sexual intercourse for the first one to two weeks.
- *Do not* sleep on your side or stomach for one to three weeks.
- *Do not* lift anything that weighs more than five pounds for six to eight weeks.
- *No* strenuous exercise (tennis, aerobic, jogging) for six to eight weeks. Instead, feel free to walk as much as you want. Walking improves circulation, respiratory function and healing. *Do not* focus on strengthening your first six to eight weeks.

- Most women return to work in four to six weeks.
- If instructed by your physician, you may begin breast massage seven to 14 days after surgery (see your “Breast Massage” handout) to prevent capsular contracture. Do not worry - you can not break the implant.

Note: If you have an expander in place or a textured, shaped implant, you will not begin massage unless and when advised by your plastic surgeon.

- Traveling is fine but you may want to stay close to your doctor in the first few weeks in case there are any complications.
- We will see you **seven to 14 days after your surgery**. At this appointment:
 - the suture knots at the end of your incisions will be clipped
 - if you have drains and they are still in place, they may be removed if they meet our criteria
 - you may be given a soft bra and instructions for implant massage
 - you will also see our Physical Therapist for a home exercise program; if this appointment was not scheduled for you, please call us
- Your next appointment may not be for **several months**, unless you have a tissue expander, or if there is a complication or you have questions. Your provider will examine your breasts and discuss any revisions or further reconstruction needs (such as nipple reconstruction and/or tattooing).
- If you have an expander in place, your provider may begin inflating your expander. You will continue to see your provider on a weekly or biweekly basis for expander inflation. Once your expander is filled, you will be scheduled for an implant exchange. Typically, this will be in about three months.

- **Mammogram:** If you had a complete mastectomy, you no longer need a mammogram on the mastectomy side. If there is breast tissue remaining, you will continue to schedule your yearly mammograms. However, you should wait six months following your surgery.

Make sure you have your mammogram performed in a facility trained in reading results for breast implant patients.

- Call your doctor with the following signs of infection:
 - a temperature over 100.4° F or 38° C
 - redness at the incision line that spreads away from the incision after the first 48 hours
 - thick, yellow, foul smelling drainage
 - increasing pain that is not relieved by your pain medicine
- Call your doctor if your incision opens.
- Hematoma/seroma: Call your doctor if one breast becomes hard and/or is much larger than the other.
- Long term complications:
 - Capsular contracture (hardening around the implant): When the normal scar tissue (capsule) surrounding the implant grows tighter around the implant, it can make the implant feel hard or cause discomfort. It can also distort the appearance (i.e. the implant rises and the nipples start to point down; or irregular lumps and bumps). Hardening can occur weeks, months, or even years after surgery.
 - Implant deflation/rupture: Approximately 3% of saline implants deflate each year in the first three years. This percentage rises as the implant ages. If the implant leaks, the major result is a loss of shape over hours or days. The saline itself is harmless and is absorbed.

Approximately 0.9% of silicone implants rupture each year in the first three years. This percentage also rises as the implant ages. If the implant ruptures, it is not an

emergency. There is no evidence that silicone implants are responsible for any major diseases of the whole body. The silicone most often remains in the breast capsule.

- Even if the surgeon does a perfect job and you heal perfectly, your result may not last forever. If you gain or lose weight, one breast may grow or shrink differently from the other. Aging and scar tissue can also change the shape. Talk to your doctor about revision surgery or a breast insert or shaper for your bra to assist with symmetry.

Monday through Friday from 8:00 am to 5:00 pm
Call **(603) 650-5148**

Call **(603) 650-5000** and ask the operator to page the Plastic Surgery Resident on call.

Call **(603) 653-3905** from 8:00 am to 4:00 pm, Monday through Friday for prescription refills. Narcotic renewals will not be honored after hours or on weekends. Make your request a few days before you run out, as it may take up to 24 hours for physician approval.

**For a listing of providers, events, support groups
and health information visit Dartmouth-Hitchcock.org**

Manage your health online at myD-H.org

Dartmouth-Hitchcock Medical Center is a charitable organization and has a financial assistance policy.

DHMC is a Smoke-Free and Tobacco-Free campus.



Dartmouth-Hitchcock
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