Tissue (Skin) Expansion after Mastectomy

Tissue expansion is a way to create a pocket beneath the skin and muscle of the chest to allow for the placement of a permanent implant. A tissue expander is similar to a balloon. It is placed beneath the muscle and skin at the time of the mastectomy or later. The expander is slowly inflated using saline (salt water). As the expander is inflated, skin will not only stretch but will actually grow. A second surgery is needed to remove the expander and place a permanent implant. Some patients may have an expander placed prior to radiation therapy in preparation for reconstruction using a soft-tissue flap such as a DIEP.

Planning for Surgery

- Eat well. A healthy diet helps wound healing.
- Plan to wear loose comfortable clothing for a few days after surgery. We suggest shirts that button down the front.
- Plan to take off work for 2-4 weeks. This will depend on the type of work that you do. Avoid strenuous activity for 4-6 weeks.
- Do any household and outdoor chores ahead of time or make plans for someone to help you after surgery.
- Plan meals that are easy to prepare.
- Your hospital stay will be from 1-2 days if the expander is placed at the time of mastectomy. If you have already had your mastectomy, tissue expander placement is usually an outpatient procedure.
- You will have drains (small tubes) placed during surgery to drain away excess fluid from the surgical site. Your nurse will show you how to take care of them before you go home. Drains are removed in the office when the drainage amount is less than 30 milliliters in 24 hours. This can take between 1-3 weeks.
- The second operation to remove the expander and place the permanent implant is an outpatient procedure.
Incision Care

- You may go home with a dry dressing over your incision. This dressing needs to be removed each day. A new gauze dressing should be placed as needed. After one or two days, no dressing is needed unless there is drainage coming from your incision or you are more comfortable with the incision covered.

- Ask your doctor about bathing.

- Any sutures will be removed at the time of drain removal.

- Watch for signs of infection:
  - Redness and swelling at the surgery site.
  - Warmth to the touch.
  - Increasing pain that doesn’t go away when you take your pain medicine.
  - Drainage that has a pus-like appearance or a foul smell.
  - Temperature greater than 100.5° F for two readings taken 4 hours apart.

The Expansion Process

The expansion process most often begins 2-4 weeks after surgery. A needle is inserted into the expander through the skin, and saline is injected into the expander. Most patients only feel minor discomfort or soreness that goes away in 1-2 days after expansion. During this process the skin of the chest will be checked for changes in color, warmth, and excessive tightness.

You can expect to return to the office every 1 – 2 weeks to repeat this process until the pocket around the expander is large enough for placement of a permanent breast implant. In some patients, the tissue is over-expanded to make space for the permanent implant.

If you prefer, you can schedule expansion visits less frequently. The most frequently you will be expanded is weekly. There is no medical reason to do the expansion any faster.

The tissue expansion process should take 1 to 3 months. The amount of time it takes to fill the expander will depend on how much saline is placed at surgery, and how large the expander needs to be. Often, the expander will produce an “unusual breast shape.” Do not be alarmed, as it is common for the
breast to appear abnormal during expansion. The shape of the breast will change with the permanent implant.
Activity

- Strenuous exercises should be avoided for 4-6 weeks.
- You should not drive while you are taking prescription pain medicine, or if you feel that you are unable to be safe on the road.
- Do not lift anything greater than five (5) pounds for 1-2 weeks.

When to Call the Doctor

- Bleeding.
- A fever over 100.5ºF for two readings taken 4 hours apart.
- Increased pain not controlled with medication.
- Nausea and vomiting.
- Wound drainage that contains pus or is foul smelling.
- Redness or increased tenderness along the suture line.

Phone Numbers

If you have questions or concerns please call us:

Mon. – Fri. 8:30am–5:00 pm: (415) 565-6884.

After hours: (415) 565-4402. Calling this number after hours will connect you to our answering service. Give the operator your name and phone number. The doctor will call you back.
FAQ

1. “If the mastectomy is only removing my breast tissue, why can’t you just place an implant under the skin? Why does the expander and implant need to go under the muscle?”

The vast majority of plastic surgeons place tissue expanders for breast reconstruction under the muscle. This reduces the complications and provides more tissue coverage over the permanent implant, creating a much more natural appearing breast.

2. “Why does it take two operations before the implant is placed?

A single stage reconstruction (one operation) is possible in select patients. Candidates for this procedure must have all of their breast skin (including the nipple and areola) preserved with their mastectomy, and have small breasts. If any skin is removed with the mastectomy or if you desire to have larger breasts than your current size, a tissue expander is necessary.

3. Will I be able to exercise again after my implants are placed?

Light exercise (eg, Walking) is encouraged once the drains are removed. More vigorous exercise can begin a few weeks later.

4. My friend had breast implants for augmentation. Can I expect my implant reconstruction to look like her?

The best results after breast reconstruction can look very similar to natural breasts or augmented breasts. However, it is important to understand that there are significant differences between breast reconstruction surgery and breast augmentation surgery. The final appearance of your reconstruction is dependent on many factors. Most importantly, it depends on the type of mastectomy performed and the appearance of the breasts before mastectomy.
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