

Breast Reconstruction with Tissue Expanders/Implants

Breast reconstruction with tissue expansion and implants can be a 1 or 2-step process. Your doctor will talk with you about what option is best for you. The first step uses a silicone balloon-like device called a tissue expander. This is put under your skin and chest muscle. Saline is injected into the filling chamber of the tissue expander. It can take 3 to 6 months to fully expand. This process lets the tissues of your chest stretch over the expander to create the shape of a breast. Once the expansion is done, the filled expander is left in place for 2 to 3 months to let the tissues remain permanently stretched. After your skin has been stretched enough, the expander is surgically removed and replaced with a permanent breast implant.

The shape and size of your breasts before surgery will determine the placement of the tissue expander and the final shape of your reconstructed breast. Tissue expander breast reconstruction is not able to create an exact copy of your removed breast. In order for your breasts to be similar in size and shape, you may want to have surgery on your other breast. This surgery can be done during your permanent breast implant procedure or at a later time.

How long will I be in the operating room?

This type of surgery (breast reconstruction with tissue expanders and implants) will take about 1 hour. An immediate breast reconstruction surgery includes a mastectomy and will take longer.

How long will I be in the hospital?

You will stay in the hospital overnight after your tissue expander surgery. The surgery to remove your tissue expander and place a permanent implant is generally done as an outpatient procedure and you will be able to go home the same day.

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

Where will my scars be?

Your plastic surgeon will use the same incision used for your mastectomy.

What are the advantages?

Since your mastectomy incision is used to insert the tissue expander and implant, there are no additional scars made on your body. When compared to other types of breast reconstruction, tissue expanders have the shortest surgery time and the shortest recovery time.

What are the risks?

The risks involved with breast reconstruction with tissue expanders and implants include:

- **Short-term risks**

- ▶ Infection - The most common risk with this surgery is infection. If the skin on your reconstructed breast becomes infected, surgery may be needed to remove the skin or implant. If this happens, the breast reconstruction process can start again after you have healed from the surgery.
- ▶ Bleeding
- ▶ Slow healing - this can increase your risk of infection.

- **Long-term risks**

- ▶ **Capsular contracture** - scar tissue that tightens around the implant and causes the breast to change shape and become hard.
- ▶ **Asymmetry** - the size, shape or level of the breasts look uneven.
- ▶ **Malposition** - the breast implant is not in the correct position.
- ▶ **Breast Implant-Associated Anaplastic Large Cell Lymphoma (ALCL)** - a rare type of cancer that can happen with breast implants.

How are a nipple and areola made?

The last part of breast reconstruction is to make a nipple and an areola. The areola is the colored area around your nipple. The nipple reconstruction is done about 3 months after your permanent breast implant has been inserted.

Your nipple is made using skin on your new reconstructed breast. This skin is lifted up in a way that causes it to project outward, making it look like a natural nipple. Once your new nipple is healed, your breast is ready for the new areola.

A new areola can be made in the following ways:

- Tattoo only
- Local flap with tattoo
- Local flap with skin graft
- Nipple sharing/graft

For more information, ask for the patient education handouts, [Nipple Reconstruction](#) and [Areola Tattooing](#).