Breast Reconstruction Using a Tissue Expander

This information explains how to care for yourself after your breast reconstruction surgery using a tissue expander. It will also help you get ready for the tissue expander process.

This resource is meant to add to, not replace, discussions with your healthcare providers. Some of the information may not apply to you. Be sure to ask your plastic surgeon or nurse if you have any questions.

About Breast Reconstruction Using a Tissue Expander and Implant

After your mastectomy (surgery to remove your breast), you’ll have a breast reconstruction surgery using a tissue expander. A tissue expander is an empty breast implant that your surgeon will fill with normal saline over about 6 to 8 weeks until it reaches the breast size that you and your surgeon decided on.

There are 2 ways to do this type of reconstruction:

- **Submuscular placement**: This is when your surgeon makes a pocket under your large pectoralis muscle in your chest and places a tissue expander in that space.

  Your skin is very weak and fragile after your mastectomy, but your muscle is a barrier between your skin and tissue expander. If your tissue expander is placed under the muscle, it will be filled with normal saline.
Prepectoral placement: This is when your surgeon places the expander over your large pectoralis muscle.

After a mastectomy, your skin is very weak and fragile. It’s important to help take pressure off the skin when your skin is first healing after your mastectomy. If your tissue expander is placed over the muscle, it will be filled with air which is less dense than normal saline.

If the tissue expander is placed over your muscle, your surgeon will also place a mesh around the expander. This is called acellular dermal matrix. The mesh will help support the expander while your skin is healing. About 2 weeks after your surgery, the air that the tissue expander is filled with will be changed to normal saline.

Your surgeon will discuss the placement of the expander with you at your presurgical consultation. The usual hospital stay for breast reconstruction is less than 24 hours (1 day).

About 4 to 8 weeks after the tissue expansion is finished, you’ll have a second surgery using the same incisions (surgical cuts) to remove the tissue expander and insert the permanent breast implant that you choose with your plastic surgeon.

You’ll go home the same day of surgery. If you’re getting chemotherapy or radiation therapy, you’ll need to wait until after your treatment to place the permanent implant.

About Nipple and Areola Reconstruction

Some people also want to have nipple reconstruction to recreate the nipple and areola. Options for nipple and areola reconstruction include:

- 3D nipple and areola tattoo: In this procedure, a physician assistant will recreate your nipple and areola by giving you a tattoo. The tattoo won’t be raised but will have color and shading to make it look like a natural nipple. For more information, read About Your Nipple and Areola Tattoo Procedure (www.mskcc.org/pe/nipple_areola_tattoo).
• **Skin graft**: In this procedure, your nipple and areola will be reconstructed using a skin graft. A skin graft is when you take tissue from 1 part of your body (donor site) and move it to the surgical site that needs to be covered (recipient site). For more information, read *Nipple and Areola Reconstruction Using a Skin Graft* ([www.mskcc.org/pe/nipple_skin_graft](http://www.mskcc.org/pe/nipple_skin_graft)).

• A combination of these 2 procedures.

If you decide to have nipple reconstruction, you’ll need to wait about 2 to 4 months after your permanent breast implant is placed.

### What to Expect After Your Surgery

After your surgery, you’ll wake up in the Post-Anesthesia Care Unit (PACU) or recovery room. If your surgery is at the Josie Robertson Surgery Center (JRSC) you’ll wake up in your own room. You’ll have:

- An intravenous (IV) line. You’ll receive fluids, antibiotics, and pain medication through the IV.
- Small plastic drains, called Jackson-Pratt® (JP) drains, below or near each incision (surgical cut). They collect fluid from around your incisions after surgery. The drains are secured with a suture (stitch) and usually stay in place for 1 to 2 weeks after surgery.

Your PACU nurses will answer any questions you may have. You’ll be taken to your room the evening of your surgery or the morning after.

If your surgery is at JRSC you’ll spend the night in the same room you recovered in.

**JP drain(s)**

Your nurses and nursing assistants will care for your JP drains while you’re in the hospital. Your nurses will teach you how to care for them and give you a resource called *Caring for Yourself After Your Breast Implant Surgery* ([www.mskcc.org/pe/caring_breast_implant](http://www.mskcc.org/pe/caring_breast_implant)). Your drains will be removed 1 to 2 weeks after your surgery. You can also watch the video below to learn how to care...
Incisions

After your surgery, you’ll have a dressing over your mastectomy incision with either plain gauze or gauze with clear tape. The dressing will be held in place by a surgical bra.

The incision across your breast will be closed with sutures (stitches) placed inside your body. These sutures will dissolve and don’t need to be removed. You may see some redness and slight bloodstains on the gauze pad covering your incision. You may also feel tenderness and have some bruising around the incision. This is normal.

Right after your mastectomy, the size of your reconstructed breast(s) may be smaller than the size of your breast(s) before surgery. This is because the tissue expander is only partially filled when placed. Before you go home and with your nurse present, you should look at and feel your breast and incision during the dressing changes to help you become familiar with it. You may be able to feel the port that’s used to fill the tissue expander under your skin. This is normal.

Pain and sensations

You’ll have some discomfort after your surgery. You may have a stinging sensation along your incision and your drain site(s) may itch. You may also notice some tenderness along your lower ribcage. These sensations will gradually get better. You can take pain medication and a muscle relaxer when you need it. Be sure to ask your healthcare provider for it. Controlling your pain will help you recover better and become active as soon as possible.

Other common feelings you may have after your surgery include:

- Numbness under your arm and over your chest on the affected side (side of your surgery).
• Warmth in your arm on the affected side.
• A feeling of water trickling down your arm or chest on the side of your surgery.

These are caused by nerves being cut or moved during surgery. They'll slowly get better over time, but some amount of numbness may be permanent.

Caring for Yourself at Home

When you leave the hospital, your incision will be covered with a gauze pad. You’ll have some drainage coming from your incisions. This is normal and can be expected for 24 to 48 hours (1 to 2 days) after your surgery. Wear your surgical bra 24 hours a day until your doctor gives you other instructions. You should remove your surgical bra when showering.

Showering

• Don’t shower or wet your dressing for the first 48 hours (2 days) after your surgery. After the first 48 hours, you may be able to take a full shower or shower only from your waist down. Follow your surgeon’s instructions for how to shower.
• Your drains will be removed 1 to 2 weeks after your surgery. After your drains are removed, don’t shower or wet your dressing for the first 48 hours. You may take a full shower 24 to 48 hours after your drains are removed.
• When you begin showering, take a shower every day to help keep your incision clean.
• Before entering the shower, remove your bra and the gauze pad covering your incision.
• Check the temperature of the water first with your back or hand because numbness may prevent you from feeling heat in the affected area.
• Wash with warm water and gentle, fragrance-free soap. Gently clean your upper incisions and drain sites, and rinse well.
• Don’t aim the shower stream directly at your reconstructed breast. Aim it at your upper back or your arm. Let the water run softly over your reconstructed...
breast. Pat your incisions dry with a clean towel. Don’t rub them.

- Don’t take tub baths until your incisions and drain sites are fully healed because soaking may increase the risk of infection. You may be able to take tub baths about 6 to 8 weeks after your surgery but speak with your doctor before you do.

**Check your incisions and drain sites**

After your shower, look at your incisions and drain site(s) carefully. To do this, stand in front of a mirror in a room with good lighting. Call your plastic surgeon or nurse if you have any of the following:

- A fever of 100.4° F (38.0° C) or higher
- Increased redness of your breast
- Increased swelling of your breast
- New drainage from your incision
- Severe bruising
- Greater than 30 milliliters (mL) of bloody drainage in JP drains per hour

When you finish checking your incisions and drain site, place a clean gauze pad over your incision and put on your bra.

**Shaving**

You can shave under your arms about 2 weeks after your surgery. Only use an electric razor to shave under your arms on the affected side. This is to prevent getting a cut, which you may not feel due to numbness. A cut could lead to an infection.

**Deodorant**

Don’t use deodorant until after you put your bra on. This will prevent the deodorant from getting on your incision and causing an infection. Don’t use deodorant on the side of your surgery if there is any break in the skin there.
First Follow-up Appointment

Your first follow-up appointment after your surgery will be 1 to 2 weeks after your surgery. Your plastic surgeon’s nurse will call you after your surgery to see how you’re recovering and schedule your follow-up appointment.

**JP drain removal**

During this appointment, your plastic surgeon and nurse will examine your breast incision to make sure it’s healing well. Make sure to shower before this appointment. You won’t be able to shower again until after your drain site heals. This is usually 24 to 48 hours after you drain(s) is removed.

If you went home with a JP drain(s), your healthcare provider will remove it if the amount of drainage is less than 30 mL (1 fluid ounce) a day for 2 days in a row, per drain. Most people describe the drain removal as a slight pulling or stinging feeling that lasts only a few minutes. You won’t need to take pain medication for the drain removal process.

After your drain(s) is removed, some fluid may continue to leak from the drain site(s). Cover the area with a sterile gauze pad or the Primapore™ dressing that your nurse gave you. Change your gauze and dressing if they become damp. By that time, the drain sites are usually healed. Don’t shower until your drain site are fully healed.

After the drain(s) is removed, continue to wear the surgical bra or you can wear your own supportive bra. It should:

- Be comfortable.
- Not be too tight.
- Not have an underwire.

Your doctor may also have you place thick gauze pads over your drain sites for extra compression. This is to prevent fluid from building up under your skin.
What to Expect During Tissue Expansion

During your second or third office visit, you’ll have your first tissue expansion.

- If you had a submuscular placement procedure, your nurse will inject normal saline into the tissue expander through the port using a small needle.
- If you had a prepectoral placement procedure, your nurse will remove the air from the tissue expander and inject normal saline.

You’ll have a tissue expansion appointment about every week or every other week. The tissue expansion procedure only takes a few minutes. After each expansion, your reconstructed breast will become larger, but your breast won’t take its final form until the permanent implant is placed. You may feel some tightness and fullness in your breast and some discomfort in your shoulder or back after each expansion. This usually gets better within a few days.

How to be more comfortable between tissue expansions

After your expansion your chest may be sore, like after you have exercised. Here are some things you can do to increase your comfort between tissue expansions:

- Take a few warm showers a day to help relax your muscles.
- Take over-the-counter pain medications (medication you buy without a prescription), such as acetaminophen (Tylenol®) or ibuprofen (Advil®).
- Apply a fragrance-free moisturizer (such as Eucerin®, Lubriderm®) to your breast skin. Don’t put the moisturizer directly on your incision for 6 weeks after your surgery or until the scabbing has completely healed.
- Do the upper arm stretches and other exercises as instructed in the Exercises After Your Mastectomy (www.mskcc.org/pe/exercises_after_mastectomy) resource your nurse gave you. You may find it easier to do these stretches after you shower since your muscles will be more relaxed.
- Wear soft, supportive bras. Don’t wear underwire bras.
**Daily activities**

You can continue your normal activities after each tissue expansion appointment. Follow these guidelines while you heal to stay safe and comfortable.

- You can return to work and do light housekeeping a few hours after your appointment.

- Don’t lift anything heavier than 5 pounds (2.3 kilograms) with your affected arm for 6 weeks after your surgery. This includes lifting pets and children.
  - **Check with your breast surgeon to see how many lymph nodes were removed during your surgery. This may affect your lifting restrictions.**

- **Don’t have magnetic resonance imaging (MRI) done** while the tissue expander is in place. This is because the tissue expander has a metal port. You can have other imaging tests, such as a bone scan, computed tomography (CT) scan, or x-rays.

- The tissue expander may set off airport security devices. Tell your healthcare provider if you plan to travel. They will give you a letter to take with you explaining that you have a medical device in your chest.

- Don’t soak in a pool, bathtub, or hot tub, until your healthcare provider tells you it’s safe to do so. This is to decrease your risk of irritation or infection at your incision.

- Your surgical sites may have less feeling. **Don’t use a heating pad or hot or cold compress on them.** This is to prevent burn or damage to your skin.

**Exercising**

- Avoid strenuous exercise for about 4 to 6 weeks after surgery unless approved by your doctor. For example, don’t jog, jump, or run.

- Avoid any type of exercise that will tighten or bulk your chest muscles. Talk with your healthcare provider about when you can begin doing this type of exercise again.
Driving

- You can drive when you have full range of motion in your shoulder on your affected side and you aren’t taking any prescription pain medication.
- When traveling a long distance by car, pad your seat belt if it falls directly over the tissue expander. It’s important to wear your seat belt so don’t avoid wearing it.

Clothing tips

Your tissue expander may be over-expanded. If you only had surgery on 1 of your breasts, your reconstructed breast may look larger than your other breast as you near the end of the expansion.

During the different stages of your breast reconstruction, your bra can be padded to help balance your appearance. One way to fill the bra is to use a soft breast form. This breast form is a lightweight nylon pouch. The size can be adjusted to match your opposite breast by adding or removing the cotton fluff inside. This is especially useful as your breast mound becomes larger during expansion.

You can buy the breast form from the Breast Boutique at the Evelyn H. Lauder Breast and Imaging Center (BAIC). The Breast Boutique is located at 300 East 66th Street, at Second Avenue. For more information, call 646-888-5330.

You can also line your bra with soft gauze, which you can get from your nurse. Replace the gauze every day to make sure that it’s always clean.

Some other clothing tips include wearing:

- Loose blouses, tops, and sweaters
- Dark knit tops under a looser open blouse, sweater, or blazer
- Tops with diagonal stripes or asymmetrical prints
- A neck scarf or shawl
- Button-up, loose-fitting dresses
- Robes
After Your Tissue Expansion is Finished

Once you have finished the tissue expansion, the next stage of your breast reconstruction will be scheduled. This stage is the surgery to remove the tissue expander and place the permanent implant. This is called the exchange surgery. This surgery will be done 4 to 6 weeks after the expansion is completed so that your skin can rest. This date may change if you need other treatments, such as chemotherapy or radiation therapy.

The surgery to take out the tissue expander and insert the permanent implant takes about 1 hour for each side. If a matching procedure is done on your other breast to make it match the shape and size of your reconstructed breast, it takes more time. You’ll be able to go home once you have recovered from anesthesia (medication to make you sleep during surgery). This is typically 3 to 4 hours after your surgery.

Nipple reconstruction and fat grafting

The last stages of reconstruction include areola reconstruction and fat grafting, if needed. Fat grafting is when fat is removed from a part of your body, such as your thighs, abdomen (belly), or your breast, and injected into your breast area to improve its shape. For more information, read Fat Injection After Breast Reconstruction (www.mskcc.org/pe/fat_injection_breast).

If you decide to have nipple and areola reconstruction, it’s usually done 2 to 4 months after the permanent implant is placed. Areola reconstruction can be done either in the operating room or in your surgeon’s office. Depending on your skin and type of reconstruction, 3D tattooing may be your only option for nipple and areola reconstruction. Your surgeon will talk with you about your options.
If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.