



PATIENT & CAREGIVER EDUCATION

Breast Reconstruction Using a Tissue Expander

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

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

About breast reconstruction using a tissue expander and permanent implant

A tissue expander is an empty breast implant. Your surgeon will place it during your mastectomy. The usual hospital stay after a mastectomy with breast reconstruction is less than 24 hours (1 day). That means you may go home the same day as your surgery.

Once your tissue expander is in place, your surgeon will fill it with liquid or air over 6 to 8 weeks. It will get bigger. As it grows, it will stretch the tissue around it. This makes space for a permanent breast implant. To learn more, read the section “What to expect during your tissue expansions.”

Your surgeon will stop filling your tissue expander when it reaches the breast size you agreed on. They will replace it with a permanent breast implant. To learn more, read the section “After you finish your tissue expansions.”

Placing your tissue expander

There are 2 ways to place your tissue expander:

- **Submuscular placement** is when your surgeon places the expander **under** the pectoralis muscle in your chest. They will make a pocket under the muscle and place your tissue expander in that space.

If your tissue expander is under your muscle, it will be filled with liquid. Your skin is very weak and fragile after your mastectomy. Your muscle is a barrier between your skin and the tissue expander. It helps take the pressure from the expander off your skin while it's healing.

- **Prepectoral placement** is when your surgeon places the expander **over** the pectoralis muscle in your chest. They may also place a mesh called acellular dermal matrix around the expander. The mesh is not permanent. Over time, your body will absorb the mesh. It will not need to be removed.

If your tissue expander is over your muscle, it may first be filled with air instead of liquid. Your surgeon will replace the air in your tissue expander with liquid about 2 weeks after your surgery.

Your surgeon will talk with you about how your tissue expander will be placed during your presurgical consultation.

What to expect after your mastectomy and tissue expander placement surgery

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

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

Your PACU nurses will answer any questions you have.

JP drains

Depending on the type of mastectomy you have, your surgeon will place 1 or more JP drains.

Your nurses and nursing assistants will care for your JP drains while you're in the hospital. You will still have the drains when you leave the hospital. Your nurses will teach you how to care for them at home.

They will also give you the resource *Caring for Your Jackson-Pratt Drain* (www.mskcc.org/pe/caring_jackson_pratt). You can also watch the video below.

Most people have their JP drains removed 1 to 2 weeks after surgery. Others may need to wait a little longer for their drains to be removed. Your healthcare provider will tell you what to expect.



Please visit www.mskcc.org/pe/jackson_pratt to watch this video.

Breast incisions

Depending on the type of mastectomy you have, your surgeon will make 1 or more incisions.

After surgery, most people will have a dressing (bandage) placed over their mastectomy incision. The dressing will have plain gauze and be

held in place by a surgical bra. If you do not have a dressing, Dermabond® (surgical glue) will be placed over your incision instead.

The incision across your breast will be closed with sutures placed inside your body. These sutures will dissolve and do not need to be removed. If you have a gauze pad covering your incision, you may see some redness and slight bloodstains on the gauze pad. You may also feel tenderness and have some bruising around the incision. This is normal.

Right after your mastectomy, your reconstructed breast may be smaller than your breast was before surgery. This is because your tissue expander is only partly filled when it's placed.

Before you go home, look at and feel your breast and incision when your nurse is changing your dressing. This will help you become familiar with it. You may be able to feel the port that's used to fill your tissue expander under your skin. This is normal.

Pain and sensations (feelings)

You will have some discomfort after your surgery. You may have a stinging feeling along your incisions. Your drain sites may itch. You may also feel some tenderness along your lower ribcage. These feelings will get better over time.

You can take pain medicine and a muscle relaxer when you need it. You will get these when you're discharged (released) from the hospital. Controlling your pain will help you recover better and become active as soon as possible.

Other common feelings you may have after your surgery are:

- Numbness (less feeling) under your arm and over your chest on the affected side. Your affected side is the side of your surgery.
- Warmth in your arm on the affected side.

- A feeling of water trickling down your arm or chest on the affected side.

These feelings are caused by nerves being cut or moved during your surgery. They will slowly get better over time. But some amount of numbness may be permanent (does not go away).

Caring for yourself at home

When you leave the hospital, your incisions may be covered with a gauze pad. You may see some staining on the gauze pad for 24 to 48 hours (1 to 2 days) after surgery. This is normal. If you see drainage (fluid) coming from your incisions, call your doctor's office.

Wear your surgical bra 24 hours a day until your doctor gives you other instructions. Take it off when you shower.

Showering

Do not shower or get your dressing wet for the first 48 hours after your surgery. After the first 48 hours, you may be able to take a full shower or shower from your waist down. Follow your surgeon's instructions for how to shower.

When you start showering, take a shower every day to help keep your incisions and drain sites clean. Some people find it helpful to use a shower chair, but you do not have to.

Before your shower:

- Take off your surgical bra and the gauze pad over your incisions before you get in the shower.
- Your JP drains can get wet, but they should not dangle (hang) freely. Place the drains in the Cath-Secure® tab or in another device that keeps them secure while you shower.
- Check the temperature of the water first with your back or hand.

Numbness may keep you from feeling heat in the affected area.

During your shower:

- Do not aim the shower stream at your reconstructed breast. Aim it at your upper back or your arm. Let the water run softly over your reconstructed breast.
- Wash with warm water and gentle, fragrance-free soap. Let the soap and water run over your incisions and drain sites. Then, rinse well.

After your shower, pat your incisions dry with a clean towel. Do not rub them.

Your healthcare provider will most likely remove your drains 1 to 2 weeks after your surgery. Do not get your dressing wet for 24 to 48 hours after your drains are removed. This includes taking a shower. Your surgeon will tell you how long to avoid getting it wet.

You can take a full shower 24 to 48 hours after your drains are removed. Follow your surgeon's instructions.

Do not take tub baths until your incisions and drain sites are fully healed. Soaking in a tub may raise your risk of infection. You may be able to take tub baths about 6 to 8 weeks after your surgery. Talk with your doctor before you do.

Checking your incisions and drain sites

After your shower, look at your incisions and drain sites 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 these:

- A fever of 100.4 °F (38 °C) or higher
- More redness of your reconstructed breast
- More swelling of your reconstructed breast

- New drainage from your incisions
- Bad bruising
- Sudden increase in bloody drainage

When you finish checking your incisions and drain sites, place a clean gauze pad over your incisions. Put on your surgical bra.

Shaving or waxing

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

Another option is to wax your underarms before your surgery. Waxing often lasts longer and causes fewer skin injuries than shaving. Make sure to wax at least a few days before your surgery. This will help lower the risk of skin irritation or infection.

Using deodorant

When you can use deodorant, make sure you apply it after you put your surgical bra on. This will keep it from getting on your incisions and causing an infection.

Do not use deodorant on your affected side if there is any break in the skin there.

First follow-up visit

Your first follow-up visit 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. They will also schedule your follow-up visit.

During this visit, your plastic surgeon and nurse will check your breast incisions to make sure they're healing well. Your healthcare provider may also remove 1 or more of your JP drains.

- **If your tissue expander was placed under your muscle:** Your healthcare provider will remove your JP drains if each drain has less than 30 mL (1 fluid ounce) of drainage a day for 2 days in a row.
- **If your tissue expander was placed over your muscle:** You will likely have your JP drain for at least 2 weeks. The amount of drainage does not make a difference.

Make sure to shower before this visit. You will not be able to shower again until after your drain sites heal. This is most often 24 to 48 hours after your drains are removed.

JP drain removal

Most people describe the drain removal as a slight pulling or stinging feeling that lasts only a few minutes. You will not need to take pain medicine for the drain removal process.

After your drains are removed, some fluid may still leak from your drain sites. Cover the area with a sterile gauze pad or the Primapore™ dressing your nurse gave you.

Change your gauze and dressing if they become damp. By that time, the drain sites are most often healed. Do not shower until your drain sites are fully healed.

After your drains are removed, keep wearing the surgical bra or your own supportive bra. If you wear your own 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 keep fluid from building up under your skin.

What to expect during your tissue expansions

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

- If your tissue expander is under your muscle, your nurse will inject (put) liquid into it through the port. They will use a small needle.
- If your tissue expander is over your muscle and has air in it, your nurse will remove the air. They will replace the air with liquid.
- If your tissue expander is over your muscle and has liquid in it, your nurse will add more liquid.

You will have a tissue expansion visit about every week or every other week. The tissue expansion procedure only takes a few minutes. Your reconstructed breast will get bigger after each expansion. It will not take its final form until the permanent implant is placed.

How to be more comfortable between tissue expansions

After each expansion, you may feel some tightness and fullness in your reconstructed breast. You may also have some discomfort in your shoulder or back. This often gets better within a few days.

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

- Take a few warm showers every day to help relax your muscles.
- Take over-the-counter pain medicines (medicine you buy without a prescription), such as acetaminophen (Tylenol®) or ibuprofen (Advil®).
- Use a fragrance-free moisturizer (such as Eucerin® or Lubriderm®) on your breast skin. Do not put it right on your incisions for 6 weeks

after your surgery or until the scabbing has fully healed.

- Do the arm and shoulder exercises your nurse tells you to do. They will give you a written resource with instructions. You can also find the written resource online at *Exercises After Your Mastectomy or Breast Reconstruction* (www.mskcc.org/pe/exercises_mastectomy). You may find it easier to do these stretches after you shower, since your muscles will be more relaxed.
- Wear soft, supportive bras. Do not wear underwire bras.

Daily activities

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

- You can go back to work and do light housekeeping a few hours after your visit.
- Do not 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 change your lifting restrictions (limitations).**
- It's safe to have imaging tests such as a bone scan, computed tomography (CT) scan, or X-rays. It may also be safe to have a magnetic resonance imaging (MRI) scan in some situations. This depends on why you need the MRI. If you have questions, talk with your care team or email MRISafety@mskcc.org
- Your tissue expander may set off airport security devices. Tell your healthcare provider if you plan to travel. They will give you a letter that says you have a medical device in your chest. Bring this letter when you travel.
- Do not soak in a pool, bathtub, or hot tub until your healthcare

provider tells you it's safe. This is to lower your risk of irritation or infection at your incisions.

- Your surgical sites may have less feeling than other parts of your body. **Do not use a heating pad or hot or cold compress on them.** This is to prevent burning or harming your skin.

Exercise

- Avoid strenuous exercise for about 4 to 6 weeks after surgery unless your doctor tells you it's safe. For example, do not jog, jump, or run.
- Avoid any kind of exercise that will tighten or bulk your chest muscles, such as push-ups or lifting weights. Talk with your healthcare provider about when you can start doing this kind of exercise again.

Driving

- You can drive when you have full range of motion in your shoulder on your affected side. Do not drive if you're still taking any prescription pain medicine.
- When traveling a long distance by car, pad your seat belt if it falls right over your tissue expander. It's important to wear your seat belt, so do not skip 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 bigger than your other breast. This can happen as you near the end of the expansion process.

During the different stages of your breast reconstruction, you can pad your bra to help balance your appearance. One way to do this is to use a soft breast form. A breast form is a lightweight nylon pouch filled

with cotton fluff.

You can change the size to match your other breast by adding or taking out the cotton fluff. This is very useful as your breast mound gets bigger during expansion.

You can buy a breast form from a mastectomy boutique. Read *Resources, Clothing, and Support After Breast Reconstruction Surgery* (www.mskcc.org/pe/resources_clothing_support_breast_reconstruction) to find a list of stores in your area.

You can also line your bra with soft gauze. You can get the gauze from your nurse. Replace the gauze every day to make sure 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 (uneven) prints
- A neck scarf or shawl
- Button-up, loose-fitting dresses
- Robes

After you finish your tissue expansions

Exchange surgery

Once your tissue expander reaches the right size, we will schedule the next stage of your breast reconstruction. This stage is the surgery to replace your tissue expander with a permanent breast implant. This is called the exchange surgery.

If you're not getting chemotherapy or radiation therapy, you can have this surgery a few months after finishing your tissue expansion. If you're getting chemotherapy or radiation therapy, you must wait until

after you finish your treatment.

During your exchange surgery, your surgeon will use the same incisions from your mastectomy. They will remove your tissue expander. They will replace it with the permanent breast implant you choose with your plastic surgeon. Your exchange surgery will take about 1 hour for each side.

Some people may also have a matching procedure done during their exchange surgery. The procedure is done to make your natural breast look more symmetrical (even) with your reconstructed breast. If you're having a matching procedure, it will add more time to your exchange surgery.

You will be able to go home once you've recovered from anesthesia (medicine to make you sleep during surgery). This will be the same day as your surgery, most often about 3 to 4 hours after surgery.

Nipple reconstruction and fat grafting

The last stages of reconstruction include nipple reconstruction and fat grafting, if needed.

About fat grafting

Fat grafting is when fat is taken from a part of your body and injected into your breast area. It's done to improve your breast area's shape. The fat is most often taken from your thighs, abdomen (belly), or breast. This procedure can be done during your exchange surgery or sometime after the permanent implant is placed. To learn more, read *Fat Injection After Breast Reconstruction* (www.mskcc.org/pe/fat_injection_breast).

About nipple reconstruction

Some people also want to have nipple reconstruction to recreate their nipple and areola. This procedure is most often done 2 to 4 months

after the permanent implant is placed. Options for nipple and areola reconstruction are:

- **3D nipple and areola tattoo.** In this procedure, a physician assistant will recreate your nipple and areola by giving you a tattoo. The tattoo will not be raised. It will have color and shading to make it look like a natural nipple. To learn more, read *About Your Nipple and Areola Tattoo Procedure: What You Should Know* (www.mskcc.org/pe/nipple_areola_tattoo).
- **Nipple and areola reconstruction.** In this procedure, your nipple will be reconstructed using your breast skin. Sometimes, your areola will be reconstructed using a skin graft. A skin graft is when tissue is moved from 1 part of your body to another part during a surgery. The place the tissue is taken from is called the donor site. The place it's moved to is called the recipient site.

Nipple and areola reconstruction can be done either in the operating room or in your surgeon's office. To learn more, read *Nipple and Areola Reconstruction Using a Skin Graft* (www.mskcc.org/pe/nipple_skin_graft).

- A blend of these 2 procedures.

Depending on your skin and type of reconstruction, 3D tattooing may be your only option. Talk with your surgeon about which option is right for you.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

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

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