Patient Information to be retained by patient

NHS
Royal Cornwall Hospitals
NHS Trust

Second stage breast reconstruction

affix patient label

What is this?

You will have already undergone the first stage of your breast reconstruction with an expander inserted either underneath the skin or the muscle. This will almost certainly be associated with a covering layer either made up of your own skin or a piece of mesh, or a combination of both.

This operation is to exchange that temporary expander for a permanent implant. This may well be combined with some surgery to the capsule (the fibrous surround of the expander which your body creates) in order to enhance the cosmetic appearance of the breast reconstruction.

Why do I need it?

The expander that has been placed is only designed to be a temporary device. You need to have surgery within the first couple of years in order to change this for a permanent implant.

Are there any alternatives?

The alternative forms of reconstruction will have been discussed with you by your surgeon. The temporary implant cannot be left in place permanently. However, there may be an alternative type of reconstruction using tissue from elsewhere in your body, which can be used instead of an implant (autologous reconstruction). This is not suitable for everybody and your surgeon will discuss this further with you if you wish.

How do I prepare for it?

Most patients attend a pre-admission clinic where we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have.

You must **not** eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (eg. tea or coffee with milk) and sweets all count as food. You **can** drink water or a drink without fats in it (eg. black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

You will be given a general anaesthetic during the operation which will keep you asleep. The anaesthetist will come and see you before your operation to discuss this with you. You will be able to ask them questions about the anaesthetic.

A member of the surgical team will also see you on the ward. This is usually the surgeon that will perform your operation. Feel free to ask any questions you have about the operation or what will happen after the surgery. The surgeon will spend a short time with you measuring and planning the exact steps of the operation and will usually draw and make notes of important landmarks on your skin with a special marker pen. This is called the 'marking-up' process and may be done whilst you are sitting, standing and lying down. An arrow will also be drawn on the side to be operated on and a check made that this consent form has been completed and signed.

What does it involve?

Your surgeon will have discussed with you where the scar for this operation will be placed. This may not be in the same place as the scar for your original operation. It is likely to be in your inframammary fold (the underneath of your breast where the wire of a bra would be). Your surgeon will have also discussed with you any alterations they aim to make with the shape and size of your reconstruction.

CHA4408 V2
Reviewed 06/2025 Review due 06/2028

The expander will be removed and a permanent implant inserted. Any alterations to the capsule will also be carried out. You may be safely sat up while you are asleep in order for the surgeon to assess the appearance of the proposed implant during the operation.

You may need a drain and your wound will be closed with dissolvable stitches.

What happens afterwards?

You will usually be able to go home on the same day. Your surgeon will almost certainly see you before you go home.

If you have a drain, you will be able to go home with the drain in. The district nurses will take over the management and removal of the drain.

Before you go home, the nursing staff will want to be sure that you are well enough and that the conditions at home are such that you can manage safely. They will offer advice about dressings and painkillers. Taking regular simple painkillers is recommended for the first week. You will be prescribed stronger painkillers for the first couple of days if necessary.

You will be able to shower briefly but you need to be careful to keep your dressings dry.

Your surgical and breast care nursing team will advise you of any special instructions about your post-operative care. You will need a full cup, well-fitting support bra to wear over your dressings night and day until you are seen again back in the clinic.

Are there any risks or complications?

As with all procedures, there are risks from having this operation:

General Risks

Risk from the anaesthetic: The risk to a healthy patient of problems arising from an anaesthetic is very small. Each year in the UK however a few healthy people will die or suffer serious heart, lung or brain injury following an anaesthetic. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.

Infection: All surgery has a risk of infection. If the wounds becomes red, hot or weeps, or you feel unwell you should consult your doctor.

Pain: A degree of pain is likely after any surgery. We aim to manage your pain with painkillers to an acceptable level post-operatively.

DVT/PE: With all surgical procedures there is a risk of developing a clot in the deep veins of the leg, deep vein thrombosis (DVT). In a very small number of patients a bit of this clot breaks off and lodges in the lungs. This is a pulmonary embolus and in very extreme cases can be life-threatening. Your surgical team will prescribe you compression stockings and/or blood thinning medication after careful assessment of your individual risk.

Specific Risks

Partial or full skin flap failure: This is a rare but serious complication, which may result in the implant and affected skin having to be removed. The blood supply to the skin over the reconstruction may become compromised resulting in partial or complete loss of the skin flap.

Seroma: This is a collection of fluid in the surgery site. It is relatively uncommon but if it persists it may need to be drained under ultrasound guidance in the Mermaid Centre.

Palpable / visible implants: No breast reconstruction can replace the breast you have lost in terms of feeling and movement. Inevitably close palpation of the breast will reveal the presence of an implant. The implant may also move when the chest muscles are tensed. You may also notice some rippling of the implant.

Rotation and movement: Shaped or 'tear drop' implants can rotate. The implants will move differently to normal breast tissue and in particular can move outward when lying down to produce a 'gap' in the middle of your cleavage if not supported by a bra.

Contracture: This is a tight fibrous capsule that the body forms around the breast implant, causing it to become less natural looking. Approximately 1 in 4 women will develop a contracture, with around 1 in 20 requiring surgical correction. It should be regarded as a side effect of implant surgery rather than a complication, and it is not possible to predict before the operation. However, smoking and any infection such as urinary tract or dental infections increases the risk.

Need for further surgery: There is a significant (more than 50%) risk that you will need some further aesthetic (non-cancer) surgery at some point in the future. This may be a small adjustment to the reconstruction or you may need the implant replacing.

Symmetry: No surgery can guarantee a complete match between your breasts. It is not possible to predict how the breast will change shape in the longer term. Shape, volume and nipple position may alter due to the effects of aging of the tissues and changes in your body weight.

Breast implant associated anaplastic large cell lymphoma (BIA-ALCL): This is an extremely rare and treatable condition which may have a link with breast implants (all manufacturers). It is thought to be associated with, and contained within, the capsule which forms around the implant. It tends to present with rapid swelling of the breast usually a year or more after the reconstruction. It is however, extremely uncommon with the risk being about 1 in 20,000 patients having breast implants. Surgery to remove the capsule and implant is usually all that is necessary for treatment of BIA-ALCL, although other therapies may be required in the even rarer, theoretical circumstance of more advanced disease.

Contact us

If you have any questions or need further information, please contact your breast cancer nurse.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

Patient copy

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS
Royal Cornwall Hospitals
NHS Trust

NHS number: .....
Name of patient: .....
Address: .....
Date of birth: .....
CR number: .....

AFFIX PATIENT LABEL

Second stage breast reconstruction +/- capsule work

_____ breast

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *Exchanging the implant for a permanent implant*

Significant, unavoidable or frequently occurring risks:

- *Bleeding, infection, pain, DVT/PE, seroma, Implant complications: palpable/visible implants, rotation and movement, contracture, need for further surgery, asymmetry*

Uncommon but more serious risks:

- *Partial or full skin flap loss, implant loss, nipple loss, BIA-ALCL*

Rare but serious risks:

- *Anaesthetic risk which includes a very small risk to life from complications such as heart attack and stroke.*

Any extra procedures which may become necessary during the procedure:

- *Blood transfusion (required very infrequently)*
- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Second stage breast reconstruction (CHA4408) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: ☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

Second stage breast reconstruction consent

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....

I have received a copy of the Consent Form and Patient Information leaflet: Second stage breast reconstruction (CHA4408) which forms part of this document.

Patient signature: ..... Name (PRINT): ..... Date: .....

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: ..... Name (PRINT): ..... Date: .....

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes (tick if applicable):

☐ See advance decision to refuse treatment ☐ Patient has withdrawn consent (ask patient to sign/date here)

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File copy

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Date of birth: .....
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Second stage breast reconstruction +/- capsule work

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