Mastectomy and Direct to Implant Breast Reconstruction

This surgery is designed to deal with the oncological abnormality in the breast and then provide the patient with an immediate reconstruction using an anatomical shaped breast implant. This operation is performed simultaneously by an oncological and a reconstructive team working in tandem.

The breast organ will be removed by the oncological surgical team. This is usually performed with a small cut around the Nipple Areolar Complex (NAC). The margins around the tumour will be inspected intra-operatively by the pathologists to determine that the tumour has been completely removed with an acceptable margin (area of normal tissue around the tumour). Often the NAC can be spared during this type of mastectomy.

The reconstructive team will then begin to reconstruct the breast. This involves placing an anatomical shaped prosthesis under the Pec. Major muscle and then closing the skin envelope over this muscle and the underlying prosthesis. This ensures an acceptable breast mound is reconstructed, often with an intact NAC. Once the healing process has occurred and the swelling has settled, there may be the need to perform a second, day-case operation. This is elective as to when it is done, but is usually done 4-6 months after the first operation. During this day case operation, the reconstruction is fine-tuned to correct any small contour defects, scars may need to be revised and the volume of the reconstruction can be adjusted with fat filling.

Should the NAC have to be removed, a NAC reconstruction is usually performed at about 4-6 months after the original procedure. This is a small short day-case operation and is elective as to when it is performed. At the same stage, scars can be corrected and fat may need to be transferred to correct any contour defects.

If the patient requires post-operative chemotherapy, the NAC reconstruction will be done 2-3 months after the patient has finished their course of chemotherapy.

What to expect

The patient will be admitted to the hospital on the morning of their surgery. The surgery is usually performed in the afternoon and takes about 2.5 hours.

The patient needs to bring a sports bra in the size discussed during their pre-operative consultation to the surgery. The patient will be put straight into this sports bra at the end of the surgical procedure.

After surgery, the patient will be admitted to the high care area in the ward and be down staged over the next couple of days. Usually the patient will spend 2-3 nights in hospital.

Pain will be controlled by oral and intravenous medication and there should be very little discomfort. Most patients report stiffness and a heaviness of the chest area.

The surgical site is drained and these drains stay in for about 7-10 days. The patient will be taught how to monitor the drains and how to care for them. When the drains are ready to be removed, this is done on an outpatient basis in the ward.

On discharge from hospital, it is imperative that the patient rest and allow their body to recover from the surgery.

Follow up

Post-operative follow up appointments will be made on discharge. These are usually about once a week for the first 2 weeks and then quite flexible thereafter.

Return to normal activities

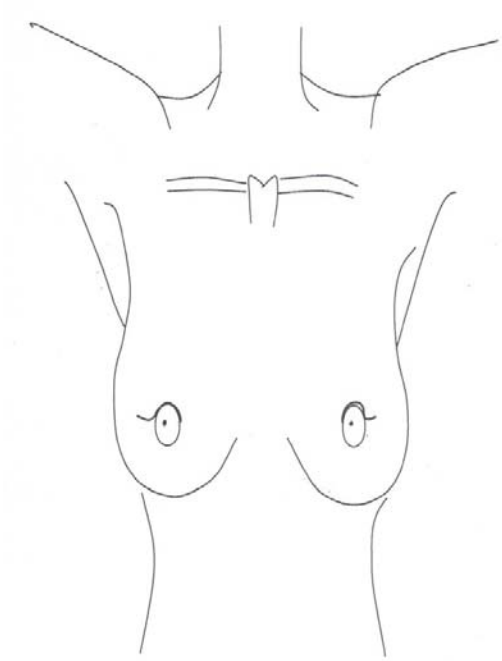
Shoulder movement needs to be minimised for the first 2-3 weeks. Driving is not allowed until the drains have been removed and the patient is confident about being able to drive. This is usually about 10 days after the surgery. Gentle exercise can begin about 3 weeks after surgery, but no major arm and shoulder exercises against resistance can be done for 4 months after the operation.

Patients are usually ready to go back to work about 10-14 days after the surgery. The dressings are removed 2 weeks after the operation and patients are shown what to do for post-operative scar management.

Risks and results

All surgery carries potential risks and complications. This type of reconstructive surgery carries early and late complications. Early complications revolve around infectious and operative related complications and they will be discussed extensively with you during your pre-operative consultations. Long term complications involve the aesthetic outcome and sometimes require another small day-case surgery to correct. Most of these potential operations are funded by the vast majority of healthcare funders in South Africa.

Fortunately the complication rate for this type of reconstructive surgery is low. Patients are usually very happy with this type of reconstruction and have a good outcome with a very good aesthetic result.



Diagrammatic representation of the short peri-areolar incisions to perform a skin and nipple sparing mastectomy with direct to implant reconstruction