



National Hereditary
Breast Cancer Helpline
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Breast reconstruction using an implant

An implant can be used:

- Under the muscle
- Using tissue expansion

Under the muscle

In this type of reconstruction, the breast tissue is removed and some or all of the skin, and sometimes the nipple, is kept. An implant is put under the muscle to replace the lost breast tissue.

This type of reconstruction is used for women with early stage breast cancer. It is also used for women who have a high risk of developing breast cancer and want to have a breast removed to try and prevent cancer from developing (prophylactic or risk-reducing mastectomy).

Reconstruction under the muscle is mostly suitable for women with fairly small breasts. It is not suitable if you have had a radical mastectomy as the muscle will have been removed. It is also not used if you have had or are going to have radiotherapy to the breast as the skin will not stretch enough.

The scar may be on either side of the nipple and continue sideways around it, or run in the crease under the breast. The scar may extend to the side of the breast.



The advantage of this method is that it usually looks good soon after the operation and it is a simple procedure. However it may not give a very good appearance compared to the other breast, as the new breast will not usually have its normal droop and can look higher. Also, the implant can change shape slightly as you move, as the overlying muscle contracts (shrinks). Over time, the new breast may rise higher while the natural breast may droop more. So you may need surgery at a later date to make them more evenly matched.

Reconstruction of both breasts using implants (with nipple reconstruction) (Photo supplied by Mr Mike Dixon)

Using tissue expansion

Breast reconstruction using tissue expansion can give good results and avoids the extensive surgery involved in using tissue flaps. However, it can take much longer to form a breast than other methods, and some women find this frustrating.

Tissue expansion uses the ability of your skin and muscle to stretch. It is suitable and acceptable for many women. However, if you have had or need to have radiotherapy, your skin will probably lose a lot of its elasticity (become less able to stretch). In this situation, tissue expansion is not usually possible and a flap reconstruction will be more appropriate.

There are two ways of doing breast reconstruction using tissue expansion. The first involves having two operations. First, an expandable implant (like an empty balloon) with a valve is put under the chest muscle. Small amounts of sterile salt water (saline) are injected into the valve under the skin to expand the implant. This is done weekly or fortnightly at the outpatient's clinic. You may feel a sensation of stretching and pressure in the breast area during this procedure, but it shouldn't be too painful. The process continues until the breast is slightly larger than your other breast.

You then need to wait a few months for the skin to stretch. After this you will have a second operation where the fluid and inflatable bag are removed and a permanent, softer silicone implant is inserted. The previous over-expansion (increase in size) allows the breast to lie on the chest wall so it has a more natural appearance.



Both these women have had reconstruction of both breasts with expander implants and nipple reconstructions (Photos supplied by Mr Mike Dixon)

The second method is similar but uses an expandable silicone implant which stays there. The implant has an outer chamber of silicone gel, and an inflatable inner chamber with an expansion valve. The inflatable inner chamber can be filled with salt water (saline) to allow the implant to be adjusted for size. The implant is inflated over several weeks and left over-inflated for several more weeks to allow the skin to stretch. Some of the saline is then removed through the valve so that its size matches the other breast. A small operation, carried out under local anaesthetic as day surgery, is done to remove the valve.

When the expander is being inflated, it can be uncomfortable, making the breast feel tight and hard. This usually lasts only a day or so after each expansion. If you find it very uncomfortable, let your doctor know. They may remove some of the saline, and inflate the expander implant more slowly.

Tissue expansion can give a good appearance for some women, but sometimes it's not as good as reconstruction using tissue flaps. It is not usually suitable for women with large breasts as it can be difficult to get a good match to the other breast.