Breast reconstruction using tissue expanders

What is tissue expansion and what are the benefits of the procedure?
A tissue expander is like an uninflated balloon made of silicone. It is placed under the skin and muscle of the chest wall in the breast area. The expander is progressively inflated at regular intervals by injecting saline (sterile salt water) through a port in the wall of the expander. The port is made of a material that can be easily identified with the help of a magnetic locator. When the expander is inflated it will produce a bulge expanding the overlying skin. When sufficient expansion is achieved you may then have further surgery to exchange the tissue expander for a breast implant or the port may simply be removed if you have a Becker implant.

First stage surgery
The tissue expander is placed in the breast area usually under a general anaesthetic. Following your discharge from hospital you will be given an out-patient appointment for the dressing clinic for a post-operative wound check. You will also be given a small magnet. Please bring this with you when you come to the clinic.

The inflation procedure
Inflation of the expander is carried out in the outpatient’s dressing clinic. A trained member of staff will perform this procedure.

Sterile saline water is injected using a fine needle after identifying the port with the help of the magnetic locator. The procedure itself takes about 15-20 minutes. Further appointments will be arranged for your tissue expansion normally at 2 to 3 weekly intervals. This is arranged with yourself and the nurse performing the expansion.
Side effects and complications

**Pain:** You may feel a pressure sensation during the inflation procedure. Most women find that it is not too uncomfortable. The breast may feel hard and tight. This usually lasts only a day or so after expansion. Simple painkillers such as paracetamol are usually adequate. If the pain is severe contact the hospital or your GP.

**Infection:** There is a small risk of infection following surgery. Throbbing pain, increased swelling and redness of the skin may be due to infection. If these happen please contact the hospital or your GP. Usually it can be treated with antibiotics, dressings and/or minor surgery. If the infection persists, the tissue expander may have to be removed.

**Wound breakdown:** Minor problems with healing of the wound at the stitch line are not uncommon, particularly if you have had previous radiotherapy. They usually heal with regular dressings. Occasionally the wound may become large, exposing the tissue expander in which case it will need to be removed.

Are there any alternatives to this procedure?

There are various techniques for breast reconstruction. The technique which is chosen for an individual patient depends on various clinical and patient factors. The surgeon would have discussed these in detail with you when the decision was made about which method of breast reconstruction is best suited to you.

Contacts

If you have any concerns, please contact us on:

**Secretaries:**
- Mr Lambe 0161 918 7455
- Mr Oudit 0161 446 3375
- Mr Kosutic 0161 918 7054
- Mr Mowatt 0161 446 3368

Plastic surgery nursing team 0161 918 7586
Ward 1 0161 918 2157
Wendy Winn, breast reconstruction specialist nurse 0161 918 2196
The Christie Hotline 0161 446 3658

**After 5pm and at weekends**

Call: 0161 446 3000 and ask the switchboard to bleep the on-call surgical SHO or call Ward 10 on: 0161 446 3860 or 3862.
If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact patient.information@christie.nhs.uk

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Contact The Christie Hotline for urgent support and specialist advice

The Christie Hotline: 0161 446 3658
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