



Oxford University Hospitals  
NHS Foundation Trust

# Day Surgery Breast Reconstruction Procedures

Information for patients





Following breast reconstruction surgery, it is common for your surgeon to discuss with you the possibility of undergoing further procedures to help to improve the size, symmetry, or appearance of your breast(s). These are usually minor operations compared to your initial reconstructive surgery and, if offered to you, are not compulsory. These adjustments may be performed in the same operation, or separately over the course of a few operations. The overall aim is to achieve an acceptable degree of symmetry.

This leaflet has been designed to give you a better understanding of some of the surgical procedures that you may be offered, explaining what to expect from the operation and your recovery, and what to look out for after the procedure.

Please speak with your Breast Reconstruction Specialist Nurse about anything that you do not fully understand or wish to discuss in further detail. Their contact details are on the back of the leaflet.

**The adjustments that can be carried out include:**

- Inserting or exchanging a breast implant/tissue expander.
- Reducing the size of or reshaping your reconstructed breast, for example: breast reduction, breast uplift. Liposuction and liposculpture.
- Reducing the size of or reshaping your opposite breast.
- Addressing any concerns with your donor sites (back or abdomen).
- Nipple reconstruction.

# Common things to look out for with all surgeries

We have discussed potential complications with you, and whilst these are rare, it is important that you report anything of concern to your Breast Reconstruction Specialist Nurse.

## Infection

Any surgical procedure carries the risk of infection.

Signs of infection include red, angry looking skin around the wounds which may be hot to touch, increased swelling, discharge of pus from your wounds, increase in pain and feeling generally unwell (flu-like symptoms, high temperature, nausea / vomiting, shivering). You may require a course of antibiotics, or need to return to theatre for further surgical management.

## Bleeding and haematoma

A small amount of bleeding from the incisions is normal after any surgery. If, however, the bleeding does not stop or you notice a large amount of blood in your drain (if applicable) please contact the Breast Reconstruction Specialist Nurse or the emergency services urgently. If you notice significant swelling under your wound and / or increasing pain, this may be a sign of a haematoma. This should also be reported urgently.

## Wound breakdown

If you notice that the incision/s are not healing well, please contact your Breast Reconstruction Specialist Nurse.

## Scars

At first scars can look red, slightly lumpy and raised. It is important to massage the scar regularly using a non-perfumed moisturising cream, this should help them to settle and fade with time. It may take up to two years for a scar to completely settle.

## Constant pain

It is important that you take pain relief as needed after your surgery. If your pain is constant and not settling with pain relief, you must let us know.

# Inserting or exchanging a breast implant

If your breast reconstruction required the use of a tissue expander or a fixed volume implant, it is likely that you will need surgery in the future due to capsular contracture.

These procedures usually take 1 to 2 hours under general anaesthetic, and they are normally performed as day cases (you go home on the same day).

## Recovery

Following the exchange of an implant/tissue expander it may be 1 to 2 weeks before you are able to drive and to return to your normal activities. We would advise that you wear a post-operative bra 23 hours a day for the first 6 weeks, to provide good support to your breast(s), reduce swelling and tension across the scar and stabilize the implant(s). You will be able to shower immediately after surgery. We would also recommend that you try to sleep on your back, with your head raised for 2 weeks to optimize implant position. Do not worry if this is not possible as the bra will compensate for this.

## Follow up

You will be given a follow up appointment with your Breast Reconstruction Specialist Nurse after 1 to 2 weeks and with your consultant 6 to 8 weeks post-surgery.

## What to look out for

As well as the 'common things to look for' if you experience any of the following, please contact the Breast Reconstruction Specialist Nurse.

## Seroma

There is a chance of developing a collection of fluid under the skin. This is known as a "seroma". This is due to your body's response to surgery and you may notice a feeling of fluid "sloshing about". Often nothing needs to be done, but sometimes the fluid will need draining with a needle in clinic. Rarely the seroma can become infected and require antibiotics or a washout in theatre. If you think you have a seroma please contact your Breast Reconstruction Specialist Nurse.

## **Change in sensation**

It is not uncommon to have altered sensation or “pins and needles” in your breast(s) after this procedure, especially around the nipple or the incision. You may also experience numbness or hypersensitivity. This is usually short term and it can be discussed at your follow up appointment.

## **Rotation**

The implants/tissue expanders could rotate. This would have already been discussed with you at one of your clinic appointments. If you think your implants have moved or rotated please let the Breast Reconstruction Specialist Nurses know.

## **Rippling**

If a thin layer of skin covers the implant or the tissue expander, it may be possible to notice some creases or folds within the skin. It may also be possible to feel and see the implant or tissue expander's edges This can be normal.

## **Leakage-rupture**

All types of implants/tissue expanders have an external silicone shell that could potentially rupture. This may result in a slow leakage from the implant or a rupture of the implant. It is therefore important to keep checking your breasts and contact the Breast Reconstruction Specialist Nurse if you have any concerns.

## **Capsular contracture**

This is the most common long-term complication and manifests as a gradual onset of firmness around an implant. This causes distortion and changes in the appearance to the implant-based reconstruction. The condition can be exacerbated by radiotherapy. Later, this thickening or hardening can become painful and might interfere with sleeping, exercise or intimacy. Treatment involves the removal and replacement of the implant with excision of the capsule (scar) thickening.

# **Reducing or reshaping the breast opposite to your breast reconstruction**

## **(Breast Reduction or Mammoplasty and Mastopexy or Breast uplift)**

Reduction Mammoplasty and Mastopexy are similar procedures. They are both performed under a general anaesthetic. They take up to two hours to complete and they include the lifting, reshaping and the removal of the extra loose skin of the breast and restoring the nipple position and size.

Breast tissue is removed during a Reduction Mammoplasty, and breast tissue is lifted and tightened during a Mastopexy.

Your plastic surgeon will discuss with you what scars to expect depending on the technique they plan to use.

### **Recovery**

You could be discharged home the same day of surgery or the following day.

If a drain has been placed in your breast after surgery, this will mean you are likely to be discharged the following day once the drain has been removed.

It is possible for the breast to be swollen and in a high position on your chest, but the swelling will usually decrease within 3 months, and this will enable the breast to come down into a more natural position. Wearing a good quality post-op bra (not underwired) for 6 to 8 weeks is crucial to support the breast and to increase comfort.

It may take between 2 to 4 weeks after surgery to resume most of your usual activities, but this varies from person to person. You can start light activities, such as walking and light exercises after 2 to 3 weeks post-surgery, gradually building up to more strenuous workouts. You will not be able to drive for the first week post-surgery and it is likely you will need 2 or 3 weeks off work, depending on the type of work that you do.

You'll be given a follow up appointment with the Breast Reconstruction Specialist Nurse 1 to 2 weeks post-surgery and with your consultant after 6 to 8 weeks.

## **What to look out for**

We have discussed potential complications with you, and whilst these are rare it is important that you report anything of concern. If you experience any of the following, please contact the Breast Reconstruction Specialist Nurses.

### **Fat necrosis**

This is where the fat cells within the breast struggle with their blood supply and can appear as a hard lump/s in the breast. This is not usually painful but for some people it can be uncomfortable and can understandably cause anxiety.

If the fat necrosis area is near an open wound this may drain out of the wound onto open skin and can be mistakenly confused for pus. If this happens, you should contact the Breast Reconstruction Specialist Nurses for further assessment.

It does not usually need to be treated and it often goes away on its own. Massaging the area firmly will help the fat become softer and eventually be reabsorbed by your body.

However sometimes, the fatty tissue swells and the breast becomes red and painful, in this case please contact the Breast Reconstruction Specialist Nurses.

### **Nipple**

The position of the nipple is usually altered during the breast reduction surgery; therefore, scarring will be present around the areola, and this may also cause permanent or temporary loss of sensation to the nipple areola complex.

Losing part of or all the nipple and areola due to poor blood supply is rare, but possible.

### **Change in sensation**

It is not uncommon to have altered sensation or “pins and needles” in your breast(s) after this procedure, especially around the nipple or the incision. You may also experience numbness or hypersensitivity. This is usually short term, and it can be discussed at your follow up appointment.



## **Reducing the size or reshaping a breast reconstruction by adding / reducing fat (lipomodelling)**

Lipomodelling is a technique that involves transferring fat from one part of the body (donor site) to another area, in this case your breast reconstruction. It is used to adjust the shape of your breast reconstruction or to add volume to it.

The surgery begins with liposuction, which consists of removing some fat from an area of the body (abdomen, hips, upper thighs, and buttocks). The fat then gets refined and transferred to the breast. This procedure may need to be performed several times and in separate procedures to gain the desired result. The procedure is performed under general anaesthetic and takes approximately 90 minutes.

Bruising is very common after this procedure, especially in the area where the fat is taken. The bruising might be extensive but will settle down within 2 to 3 weeks. We would advise taking basic pain medication, for example, paracetamol if this bruising is causing you discomfort.

### **Recovery**

You are likely to be discharged home on the day of surgery. It is possible to experience some numbness to the treated area for several weeks, this is normal, and sensation should return. If you experience any pain, we advise that you take regular pain relief.

After surgery you will need to wear, both day and night, high waisted supportive pants (Spunks®) and a comfortable supportive bra for 6 weeks post-surgery.

The firmness of the pants will support the abdomen, buttocks and thighs helping the bruising to settle post-surgery.

It is important to make sure that the bra does not apply pressure on the lipomodelled area because the pressure may influence the result. It usually takes a few weeks for the breast to completely settle.

You should rest for 24 hours after surgery, and you will be able to start driving after a week.

Normal, non-strenuous activity can restart after 2 to 3 days.

You should be able to return to work from 1 week after surgery.

You'll be given a follow up appointment with the Breast Reconstruction Specialist Nurses 2 weeks post-surgery and with your consultant after 6 to 8 weeks.

### **What to look out for**

We have discussed potential complications with you and whilst these are rare it is important that you report anything of concern. If you experience any of the following, please contact the Breast Reconstruction Specialist Nurses.

### **Change in sensation**

It is not uncommon to have altered sensation or numbness of the treated area after this procedure. This is usually short term and it can be discussed at your follow up appointment.

### **Fat necrosis**

This is where the fat cells within the breast struggle with their blood supply and can appear as a hard lump/s in the breast. This is not usually painful but for some people it can be uncomfortable and can understandably cause anxiety.

If the fat necrosis area is near an open wound this may drain out of the wound onto open skin and can be mistakenly confused for pus. If this happens, you should contact the Breast Reconstruction Specialist Nurses for further assessment.

It does not usually need to be treated and it often goes away on its own. Massaging the area firmly will help the fat become softer and eventually be reabsorbed by your body.

However sometimes, the fatty tissue swells and the breast becomes red and painful, in this case please contact the Breast Reconstruction Specialist Nurses.

# Nipple Reconstruction

Your may have decided to have a nipple(s) reconstruction. This tends to be the final stage of your breast reconstruction. It is usually performed 3 to 6 months after the completion of all the revisional procedures, this in order to ensure optimal symmetry. The surgery is done under local anaesthetic as a day case and the length of surgery can vary from 30 minutes to 1 hour.

It is important to realise that the surgery will restore the look of the nipple, but it will not restore the feeling or sensation of it.

Over time, the reconstructed nipple will flatten. Therefore, after the procedure you may notice a more pronounced nipple in comparison to your other nipple; this will flatten with time.

At a later separate stage, the areola can be tattooed over the nipple reconstruction.

## Recovery

You will be able to go home on the same day of your surgery. You will have a sponge dressing covering your nipple reconstruction that will be removed 2 weeks post-surgery during your appointment with the Breast Reconstruction Specialist Nurse.

The reconstructed nipple may be tender for about a week.

You can go back to your daily activities 24 hours after surgery. It is recommended that you wear a supportive bra as it can take 2 weeks to fully heal.

## What to look out for

We have discussed potential complications and whilst these are rare it is important that you report anything of concern. If you experience any of the following, please contact the Breast Reconstruction Specialist Nurse.

## Necrosis of the nipple

When the tissue used to reconstruct the nipple does not get enough blood supply, it can partially or totally die. This is called necrosis. If this occurs, the plastic surgeon may have to trim the dead tissue. If all the nipple reconstruction does not survive, it must all be removed. You would then be seen in clinic with your Surgeon to discuss alternative options.

# Questions to cover prior to discharge

Do I need a sick note?

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When can I fly?

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When can I swim?

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When can I drive?

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Is there any specific advice regarding my wound dressings?

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Do I need to wear compression garments/post operative bra?

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If so, for how long?

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Is there any advice on heavy lifting / exercise?

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Are there any medications that have been stopped prior to surgery?

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If so when can these be restarted?

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## **How to contact us:**

### **Breast Reconstruction Specialist Nurses**

Telephone: 01865 234 193

(8:00 am to 4:00pm Monday to Friday, except bank Holidays)

Email: [breastreconstructionnurses@ouh.nhs.uk](mailto:breastreconstructionnurses@ouh.nhs.uk)

### **Specialist Surgery Ward**

Telephone: 01865 231 232

Outside of these hours, please either call the main John Radcliffe Hospital Switch board on 0300 304 7777 and ask to bleep the Plastic Senior House Officer, Plastic Registrar on call OR to bleep 6521 for the member of staff coordinating the Specialist Surgery Ward.

### **Consultant Secretaries**

Telephone: 01865 231 065





## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Breast Reconstruction Specialist Team  
September 2024  
Review: September 2027  
Oxford University Hospitals NHS Foundation Trust  
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