

Breast Reconstruction

Tissue Expanders and Implants

This procedure typically involves at least two surgeries, but has the fewest scars, is the least invasive of all of the options, and has the fastest healing time.

A tissue expander is a balloon placed at the time of the mastectomy and adds about 1 hour of extra surgery time. This procedure usually entails one and sometimes two days in the hospital. Recovery times vary, but typically is in the 2-3 week range.

During weekly office visits over 2-3 months and starting about 2 weeks after placement, the expander is slowly filled with salt water until the desired size is reached. When chemotherapy (if necessary) is completed, the expander is removed and the permanent implant placed. This takes about 1 hour and is done on an outpatient basis.

Depending on your anatomy and intraoperative findings, you may be a candidate for a modified procedure with tissue expanders and acellular dermis (Alloderm, Flex HD, Strattice are all forms of this). This may allow for more rapid expansion of the expander.

Typical mastectomies will need to have the nipples removed, but for some patients (including BRCA positive patients without obvious breast cancer), there may be a nipple sparing mastectomy option that allows for preservation of the nipple during the reconstruction process.

In the normal mastectomy, after the expander has been exchanged for an implant, nipple reconstruction can then be done. The nipple is created from skin taken locally from the breast—this can be done in the operating room or the office. A tattoo is added later in the office for the areola color.

Expander and implant surgery is an option to weigh against using your own tissue (TRAM flap typically). It may not work as well in radiated settings and may not look or feel as soft and natural as using your own tissue. But, the surgery is typically less invasive, takes less time, and healing is generally quicker.