PROCEDURE

Breast reconstruction - implants

Breast implant reconstruction uses an artificial implant to rebuild breast shape after breast tissue is removed.

PURPOSE
Restore breast shape after mastectomy or major breast surgery

PROCEDURE TYPE
Therapeutic; surgical implant placement, sometimes after tissue expansion

WHERE IT IS DONE
Operating theatre

ANAESTHESIA
General

HOW LONG IT TAKES
One to three hours, longer for both breasts

PREPARATION
Fasting, medicine review, smoking plan, and arranging home support

RECOVERY
Usually overnight; no driving until cleared and off opioid pain medicine

MAIN RISKS
Infection, bleeding, capsular contracture, implant rupture

RESULTS
Shape visible immediately; final appearance settles over several months

Overview

Breast reconstruction with implants rebuilds breast shape using a silicone shell filled with silicone gel or saline. It may follow a mastectomy or another operation that removes a large amount of breast tissue.

Reconstruction may happen during the mastectomy or months to years later. A permanent implant can sometimes be placed in one operation. Otherwise, a temporary tissue expander gradually stretches the skin before being replaced with an implant.

The reconstructed breast may have scars, feel firmer, and have reduced sensation because nerves are cut during mastectomy. Implants do not last for life, so further surgery may eventually be needed.

Why the procedure is performed

Implant reconstruction creates a breast mound and may restore body shape after breast surgery. It can reconstruct one or both breasts. Surgery on the other breast may be offered to improve balance.

Reconstruction is optional and does not treat breast cancer. Your cancer treatment plan, particularly whether you need radiation therapy, may affect its timing and type.

Who should and should not have it

Implants may suit people who want a breast mound without taking tissue from another part of the body. The operation and recovery are usually shorter than reconstruction using tissue from the abdomen, back, thigh, or buttock.

Implants may be unsuitable if you do not want future monitoring or possible replacement surgery. Previous or planned radiation can make skin less flexible and increase poor healing, infection, and tightening around the implant. Reconstruction using your own tissue may be more appropriate.

Surgery may be avoided or delayed if you have:

Before consent, your surgeon should discuss realistic results, scars, implant choices, loss of sensation, and the possibility of further surgery.

- An active infection
- A condition that makes general anaesthesia unsafe
- Poorly controlled diabetes or impaired wound healing
- Ongoing smoking, vaping, or other nicotine use
- Insufficient healthy tissue to cover an implant
- Cancer treatment that needs to take priority

How to prepare

Follow your treating facility's instructions, including when to stop eating and drinking before anaesthesia.

Give the team a current list of medicines, supplements, allergies, and previous reactions to anaesthesia. Do not stop blood thinners or other prescribed medicines unless the clinician

responsible for your procedure tells you to.

Nicotine reduces blood flow to healing tissue. You may need to stop smoking, vaping, or using nicotine products before and after surgery.

Arrange for someone to take you home and stay with you during early recovery. Prepare loose, front-opening clothes and move everyday items within easy reach.

What happens during the procedure

Under general anaesthesia, the surgeon creates a pocket beneath the breast skin, either above or below the chest muscle. Surgical support material may help hold the implant in place.

If enough healthy skin remains, the permanent implant may be placed immediately. This is called direct-to-implant reconstruction.

If the skin needs stretching, the surgeon places a tissue expander. It is gradually filled during clinic appointments, then replaced with a permanent implant in another operation.

Drains may be placed to remove blood and fluid. The incision is closed and dressed. Nipple reconstruction, tattooing, or surgery to improve symmetry usually happens separately.

Recovery and what to expect afterward

Pain, tightness, swelling, and bruising are expected initially. An expander may feel firm or press against the chest. Follow your pain-control plan and report pain that worsens instead of improving.

You can usually eat and drink once you are awake and not nauseated. Gentle walking helps circulation. Avoid heavy lifting, strenuous exercise, and reaching high above your head until your surgeon says they are safe.

You may need to empty drains and record the fluid. Wear any support bra or compression garment as instructed.

Do not drive home. Avoid driving while taking opioid pain medicine or while pain, stiffness, or limited movement prevents safe steering and braking. Resume driving only when cleared.

Many people need several weeks away from work. Physical jobs usually require more recovery time than desk-based work.

Risks and possible complications

General surgical risks include bleeding, infection, blood clots, wound problems, and reactions to anaesthesia. Implant-specific risks include:

A ruptured saline implant usually becomes smaller as the saline is absorbed. Silicone rupture may only be detected through imaging.

Breast implants are associated with uncommon cancers in the surrounding scar capsule. Breast implant-associated anaplastic large cell lymphoma, or BIA-ALCL, occurs more often with textured implants. Other rare capsule cancers have also been reported. Persistent swelling, a new lump, or pain around an implant requires assessment.

- Fluid around the implant, called a seroma
- Loss of blood supply to skin or nipple tissue
- Wound opening or implant exposure
- Implant movement, rippling, leaking, or rupture
- Tight scar tissue, called capsular contracture
- Uneven shape, visible edges, persistent pain, or an unwanted appearance
- Loss of breast or nipple sensation
- Implant removal or replacement

Results and follow up

The new shape is visible immediately, but swelling and implant position settle over several months. Scars fade but do not disappear.

Follow-up checks healing, drains, implant position, and capsular contracture. If you have an expander, you will need appointments for filling and later implant exchange.

Silicone implants can rupture without obvious symptoms. The US Food and Drug Administration recommends ultrasound or MRI screening five to six years after placement, then every two to three years. Ask your team how this applies locally.

Continue all cancer follow-up recommended by your oncology team. Reconstruction does not prevent recurrence or replace cancer surveillance.

Alternatives

Alternatives include:

It is also reasonable to decide against reconstruction permanently.

- Flat closure: avoids implants and replacement surgery but does not create a breast mound.
- External breast prosthesis: is worn inside a bra and avoids reconstructive surgery.
- Reconstruction using your own tissue: may feel more natural but requires longer surgery, a donor-site scar, and longer recovery.
- Delayed reconstruction: allows time to complete treatment and consider options.
- Fat grafting: improves shape using your own fat but often requires several procedures and may not provide enough volume alone.

When to call your healthcare team

Contact your surgical team promptly for increasing redness, warmth, swelling, drainage, fever, worsening pain, an opening wound, or a drain that suddenly stops working. Report a new lump, changed implant shape, or persistent swelling around an implant, even years later.

Seek emergency care for difficulty breathing, chest pain, fainting, uncontrolled bleeding, or rapidly increasing breast swelling with weakness or dizziness. These are not routine recovery symptoms.

Common questions

Will I be asleep?

Yes. Implant reconstruction is usually performed under general anaesthesia.

Can I drive home?

No. Arrange for an adult to take you home. Drive again only after your surgeon clears you, you have stopped opioid pain medicine, and you can control the car safely.

How painful is breast implant reconstruction?

Pain and tightness are common for the first few days. Expanders may create pressure when filled. Pain should gradually improve.

When will I know what it looks like?

The basic shape is visible after surgery, but swelling, scars, and implant position may take several months to settle.

Will the implant need replacing?

Possibly. Implants are not lifetime devices. Replacement may be needed because of rupture, capsular contracture, infection, movement, appearance changes, or personal preference.

Can I still have breast cancer tests?

Yes. Tell imaging staff that you have an implant and whether you had a mastectomy. Testing depends on your surgery and cancer follow-up plan.

Sources

- US Food and Drug Administration. Risks and Complications of Breast Implants
- US Food and Drug Administration. Breast Implants: Certain Labeling Recommendations to Improve Patient Communication
- National Cancer Institute. Breast Reconstruction After Mastectomy
- American Cancer Society. Breast Reconstruction Using Implants
- American Society of Plastic Surgeons. Breast Reconstruction
- US Food and Drug Administration. Medical Device Reports of Breast Implant-Associated Anaplastic Large Cell Lymphoma