

INFORMED CONSENT-BREAST RECONSTRUCTION WITH TISSUE EXPANDER

GENERAL INFORMATION- Breast reconstruction with tissue expansion is a two-stage process. It first involves the use of a silicone rubber balloon-like tissue expander that is inserted beneath the skin and chest muscle. Saline gradually is injected into the tissue expander to fill it over a period of weeks or months. This process allows the skin on the chest to be stretched over the expander, creating a breast mound. In most cases, once the skin has been stretched enough, the expander is surgically removed and replaced with a permanent breast implant. Some tissue expanders are designed to be left in place as a breast implant.

Tissue expander breast reconstruction cannot produce an exact replica of the removed breast. Breast symmetry surgery on the opposite breast may be needed to produce similar size. The nipple and darker skin surrounding it, called the areola, may be reconstructed after the breast mound is created. You will not be able to achieve nipple projection as you have on your uninvolved breast.

SPECIFIC RISKS OF TISSUE EXPANDERS

TISSUE EXPANDER /IMPLANTS: Tissue expanders and implants, similar to other medical devices, can fail. Damaged, leaking, or broken tissue expanders and implants cannot be repaired and require replacement or removal. The shape of your breasts after surgery depends on many factors such as your skin thickness, position, placement of the implants or expanders, and technique.

CAPSULAR CONTRACTURE: Scar tissue, which forms internally around the tissue expander, can tighten and make the breast round, firm and possibly painful. Capsular contracture may reoccur after surgical procedure to treat this condition.

IMPLANT EXTRUSION/TISSUE NECROSIS: Lack of adequate tissue coverage or infection may result in exposure and extrusion of the tissue expander or implant through the skin. A tissue expander or implant may become visible at the surface of the breast as a result of the device pushing through layers of skin. If a tissue breakdown occurs and the tissue expander or implant becomes exposed, removal may be necessary.

CHANGE IN NIPPLE AND SKIN SENSATION: Changes in sensation may affect sexual response or the ability to breast-feed a baby.

SKIN WRINKLING AND RIPPLING: Visible and palpable wrinkling of implants or tissue expander and breast skin can occur. Some wrinkling is normal and expected.

CALCIFICATION: Calcium deposits can form in the scar tissue surrounding the tissue expander and may cause pain, firmness, and be visible on mammography. These deposits must be identified as different from calcium deposits that are a sign of breast cancer.

CHEST WALL IRREGULARITIES: Chest wall irregularities have been reported secondary to the use of tissue expanders and breast implants. Residual skin at the ends of the incisions or "dog ears" are always a possibility, this may improve with time or it can be surgically corrected.

IMPLANT DISPLACEMENT AND TISSUE STRETCHING: Displacement, rotation, or migration of a breast implant or tissue expander may occur from its initial placement and can be accompanied by discomfort and /or distortion in breast shape. Additional surgery may be necessary to attempt to correct this problem. It may not be possible to resolve this problem once it has occurred.

SURFACE CONTAMINATION: Skin oil, lint from surgical drapes, or talc may become deposited on the surface of the tissue expander or implant at the time of insertion, the consequences of this are unknown.

UNUSUAL ACTIVITIES AND OCCUPATIONS: Activities and occupations that have the potential for trauma to the breast could potentially break or damage a tissue expander or implant, or cause bleeding/seroma.

MRI EXAMINATION DURING THE EXPANSION PERIOD: Most of the expanders have a magnet at the injection site to allow for easier localization of the injection port during the expansion period. MRI uses very strong magnetic fields which may cause movement, heating, or dislocation of the expander. For this reason, patients with a breast expander in place should not undergo MRI imaging until the expander is removed and replaced with an implant

USE OF ACELLULAR DERMAL MATRIX: In order to place the expander in the right position and maintain that position, your surgeon may choose to use biological materials. These material are generally processed and do not carry any viable cells. They assist in contouring the pocket around the implant, providing additional coverage to an implant. These acellular products may produce fluid and require drains for a prolonged period of time.

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