Breast Reconstruction with Tissue Expanders/Implants

Breast reconstruction with tissue expansion and implants is a two-step process. The first step uses a silicone balloon-like device called a tissue expander. This is inserted under the skin and chest muscle. Saline is injected once a week into the filling chamber of the tissue expander. It will take about 8 weeks to expand. This process allows the tissues of the chest to be stretched over the expander, creating a breast. Once the expansion is done, the filled expander is then left in for 4 to 6 months to allow the tissues to remain permanently stretched. After the skin has been stretched enough, the expander is surgically removed and replaced with a permanent breast implant.

The shape and size of your breasts before surgery will determine the placement of the tissue expander and the final shape of your reconstructed breast. Tissue expander breast reconstruction cannot produce an exact replica of the removed breast. In order for your breasts to be the same size and shape, you may need surgery on your other breast.

How long will I be in the operating room?
Most patients are in the operating room 1 to 2 hours. This does not include the time it takes to remove the breast. The surgery to remove the breast is called a mastectomy.

How long will I be in the hospital?
Most patients are kept in the hospital 2 days. This depends on how well each patient tolerates the surgery.

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.
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Where will my scars be?
The plastic surgeon will use the same incision that was made to remove the breast. The mastectomy incision is a diagonal incision that usually runs in the middle of the breast.

What are the advantages?
Because the same mastectomy incision is used to insert the tissue expander and implant, there are no additional scars made on the body. This causes less post-operative pain. When compared to other forms of breast reconstruction, tissue expanders offer the shortest amount of time in the operating room and the shortest recovery time.

What are the risks?
Although there has been much discussion in the past regarding the safety of breast implants, numerous studies have shown them to be safe. The most common risks involved with breast implants are infection and firmness of the implant, also called capsular contracture. Both of these risks can lead to further surgery. Other risks involved include skin wrinkling over the implant and leaking of the implant. Be sure to talk to your doctor about any questions or concerns you may have.

How is a nipple and areola made?
The last part of breast reconstruction is making a nipple and an areola. The areola is the colored area around the nipple. Nipple reconstruction is done approximately 3 months after the permanent breast implant has been inserted.

The nipple is made using skin on the new reconstructed breast. This skin is lifted in a way that causes it to project outward, making it look like a natural nipple. Once this new nipple is healed, the breast is ready for the new areola.

A new areola is made by tattooing. The medical name for tattooing is micropigmentation. The plastic surgeon will try to match the color and shape on the natural breast as closely as possible.

Please ask your nurse for the specific patient education materials on nipple reconstruction and areola tattooing.