

Pre-pectoral implant reconstruction

There are several methods of reconstruction after mastectomy and you should discuss the options that are suitable for you, with your oncoplastic surgeon. It's important to take into consideration the likely impact of treatment (that you might need) on the reconstruction, the anticipated recovery period, your preferences and whether it's safe to preserve the nipple.

The traditional approach to implant reconstruction involves placing the implant behind pectoralis muscle. Pre-pectoral reconstruction involves placing the breast implant in front of the pectoralis (chest wall) muscle.

The disadvantages of post-pectoral implant reconstruction are:

a) Post-operative discomfort due to stretching of muscle and surgical trauma to muscle and b) muscle animation (this refers to the visible contraction of the muscle and distortion of the implant whilst exercising or contracting the pectoralis muscle).

These shortcomings are overcome by pre-pectoral method.

The disadvantages of pre-pectoral implant reconstruction include risk of visible rippling of the implant as there is very little tissue between the skin and the underlying implant. It is therefore better suited for women with good skin quality and preferably small to medium breast size with minimal ptosis (droopiness).

It's very important to understand that the top priority of breast cancer treatment is to remove cancer completely and adequately. The second goal is to give you a safe, aesthetically pleasing breast reconstruction. It's therefore very important that you discuss the treatment and reconstruction options together with an oncoplastic surgeon to understand their mutual impact and reach a sensible decision that's best suited for you.

Technique:

The pre-pectoral implant reconstruction involves placing the implant under the skin, in the pocket created after performing mastectomy, in front of the chest wall muscle. The implant is wrapped in a mesh (biological meshes derived from animal skin or synthetic meshes) to provide an additional cover between skin and implant. A drain is placed around the implant to drain the fluid that accumulates post-surgery. The drain is often left in for 7-10 days and you will be discharged home with the drain; you will be shown how to monitor the drainage at home.

You are likely to be in hospital for 1-2 nights and the recovery process varies between 4-6 weeks.

The reconstruction that may be recommended could involve one operation (direct to implant reconstruction) or staged process with a plan for two operations. The decision for the type of approach will depend on your preference for breast size after reconstruction, quality of skin and plan for nipple preservation; your surgeon will discuss that in detail with you.

Please click on the link to read about Risks associated with [Implant reconstruction](#)