



[Home](#) → [Medical Encyclopedia](#) → Breast reconstruction - implants

URL of this page: [//medlineplus.gov/ency/article/007403.htm](https://medlineplus.gov/ency/article/007403.htm)

## Breast reconstruction - implants

After a mastectomy, some women choose to have surgery to rebuild their breast. This type of surgery is called breast reconstruction. It can be performed at the same time as a mastectomy (immediate reconstruction) or later (delayed reconstruction).

The breast is usually reshaped in two stages, or surgeries. During the first stage, a tissue expander is used. An implant is placed during the second stage. Sometimes, the implant is inserted in the first stage.

### Description

If you are having reconstruction at the same time as your mastectomy, your surgeon may do either of the following:

- Skin-sparing mastectomy. This means a small area of skin is removed along with the nipple and areola (the pigmented area around the nipple).
- Nipple-sparing mastectomy. This means all of the skin, the nipple, and areola are kept.

In either case, skin is left to make reconstruction easier.

If you will have breast reconstruction later, your surgeon will remove enough skin over your breast during the mastectomy to be able to close the skin flaps and make the chest look as smooth and flat as possible.

Breast reconstruction with implants is usually done in two stages, or surgeries. During the surgeries, you will receive general anesthesia. This uses medicines that keep you asleep and pain-free.

In the first stage:

- The surgeon creates a pocket under your chest muscle.
- A small tissue expander is placed in the pocket. The expander is balloon-like and made of a silicone shell with a lumen that can be filled gradually.
- An accessible fill port is present in the expander within the breast.
- Your chest still looks flat right after this surgery.
- Starting about 2 to 3 weeks after surgery, you see your surgeon every 1 or 2 weeks. During these visits, your surgeon injects a small amount of saline (salt water) through the port into the expander.
- Over time, the expander slowly enlarges the pocket in your chest to the right size for the surgeon to place an implant.

- When it reaches the right size, you will wait 1 to 3 months before the permanent breast implant is placed during the second stage.

In the second stage:

- The surgeon removes the tissue expander from your chest and replaces it with a breast implant. This surgery takes 1 to 2 hours.
- Before this surgery, you will have talked with your surgeon about the different kinds of breast implants. Implants may be filled with either saline or a silicone gel.

You may have another minor procedure later that remakes the nipple and areola area. Sometimes fat grafting will be performed to help the contour.

## **Why the Procedure is Performed**

You and your surgeon will decide together about whether to have breast reconstruction, and when to have it.

Having breast reconstruction does not make it harder to find a tumor if your breast cancer comes back.

Getting breast implants does not take as long as breast reconstruction that uses your own tissue. You will also have fewer scars. But, the size, fullness, and shape of the new breasts may be more natural in appearance with reconstruction that uses your own tissue.

Some women choose not to have breast reconstruction or implants. They may use a prosthesis (an artificial breast) in their bra that gives them a natural shape, or they may choose to use nothing at all.

## **Risks**

Risks of anesthesia and surgery in general are:

- Reactions to medicines
- Breathing problems
- Bleeding, blood clots, or infection

Risks of breast reconstruction with implants are:

- The implant may break or leak. If this happens, you will need more surgery.
- A scar may form around the implant in your breast. If the scar becomes tight, your breast may feel hard and cause pain or discomfort. This is called capsular contracture. You will need more surgery if this happens.
- Infection soon after surgery. You will need to have the expander or the implant removed.
- Breast implants can shift. This will cause a change in the shape of your breast.
- One breast may be larger than the other (asymmetry of the breasts).
- You may have a loss of sensation around the nipple and areola.
- Some women have noticed other symptoms related to having an implant in their body.

## Before the Procedure

Ask your surgeon if you need a screening mammogram based on your age and risk of having breast cancer. This should be done long enough before surgery so if more imaging or a biopsy is needed, your planned surgery date won't be delayed.

Tell your surgeon or nurse if:

- You are or could be pregnant
- You are taking any medicines, including medicines, drugs, supplements, or herbs you bought without a prescription

Planning for your surgery:

- If you have diabetes, heart disease, or other medical conditions, your surgeon may ask you to see your health care provider who treats you for these conditions.
- If you smoke, it's important to cut back or quit. [Smoking can slow healing and increase the risk for blood clots. Your surgeon may postpone surgery if you continue to smoke. Ask your provider for help quitting smoking.
- If needed, prepare your home to make it easier to recover after surgery.

During the week before your surgery:

- You may be asked to temporarily stop taking medicines that keep your blood from clotting. These medicines are called blood thinners. This includes over-the-counter medicines and supplements such as aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve, Naprosyn), and vitamin E. Many prescription medicines are also blood thinners.
- Ask your surgeon which medicines you should still take on the day of surgery.

On the day of your surgery:

- Follow instructions about when to stop eating and drinking.
- Take the medicines your surgeon told you to take with a small sip of water
- Arrive at the hospital on time.

## After the Procedure

You may be able to go home the same day as the surgery. Or, you will need to stay in the hospital overnight.

You may still have drains in your chest when you go home. Your surgeon will remove them later during an office visit. You may have pain around your incisions after surgery. Follow instructions about taking pain medicine.

Fluid may collect under the incision. This is called a seroma. It is fairly common. A seroma may go away on its own. If it does not go away, it may need to be drained by the surgeon during an office visit.

## Outlook (Prognosis)

Results of this surgery are usually very good. It is nearly impossible to make a reconstructed breast look exactly the same as the remaining natural breast. You may need more "touch up" or revision procedures to get the result you want.

Reconstruction will not restore normal sensation to the breast or the new nipple.

Having breast reconstruction surgery after breast cancer can improve your sense of well-being and your quality of life.

You will need periodic imaging tests to check your implants.

## Alternative Names

Breast implants surgery; Mastectomy - breast reconstruction with implants; Breast cancer - breast reconstruction with implants

## References

American Cancer Society website. Surgery for breast cancer.  
[www.cancer.org/cancer/breast-cancer/treatment/surgery-for-breast-cancer.html](https://www.cancer.org/cancer/breast-cancer/treatment/surgery-for-breast-cancer.html) [https://www.cancer.org/cancer/breast-cancer/treatment/surgery-for-breast-cancer.html]  
. Updated January 11, 2023. Accessed February 24, 2025.

Boukovalas S, Kalaria SS, Park JE. Breast reconstruction. In: Townsend CM Jr, Beauchamp RD, Evers BM, Mattox KL, eds. *Sabiston Textbook of Surgery*. 21st ed. St Louis, MO: Elsevier; 2022:chap 36.

Macmillan RD. Mastectomy. In: Dixon JM, Barber MD, eds. *Breast Surgery: A Companion to Specialist Surgical Practice*. 7th ed. Philadelphia, PA: Elsevier; 2024:112-121.

National Cancer Institute website. Breast reconstruction after mastectomy.  
[www.cancer.gov/types/breast/reconstruction-fact-sheet](https://www.cancer.gov/types/breast/reconstruction-fact-sheet) [https://www.cancer.gov/types/breast/reconstruction-fact-sheet]  
. Updated February 24, 2017. Accessed February 25, 2025.

## Review Date 2/17/2025

Updated by: David A. Lickstein, MD, FACS, specializing in cosmetic and reconstructive plastic surgery, Palm Beach Gardens, FL. Review provided by VeriMed Healthcare Network. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

**Learn how to cite this page**



Health Content  
Provider  
06/01/2028

A.D.A.M., Inc. is accredited by URAC, for Health Content Provider ([www.urac.org](http://www.urac.org)). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#), and [privacy policy](#).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Links to other sites are provided for information only – they do not constitute endorsements of those other sites. No warranty of any kind, either expressed or implied, is made as to the accuracy, reliability, timeliness, or correctness of any translations made by a third-party service of the information provided herein into any other language. © 1997-2025 A.D.A.M., a business unit



---

National Library of Medicine 8600 Rockville Pike, Bethesda, MD 20894 U.S. Department of Health and Human Services  
National Institutes of Health