

Having a Tissue Expander

Adult Patient Information

This leaflet answers some of the most commonly asked questions about tissue expanders.

It is important that you read and understand the information contained in this leaflet before you sign a consent form

If you have any questions or would like to talk about anything related to your treatment, please speak to a member of the burns team.

**St Andrews Burns Service
Broomfield Hospital (Chelmsford)
01245 516037**

**Chelsea & Westminster Hospital (London)
02033152500**

**Queen Victoria Hospital (East Grinstead)
01342 414440**

**Stoke Mandeville Hospital (Aylesbury)
01296 315040**

**The Royal London Hospital (London)
0203 594 6643/6035/6034
(Mon 13:30-16:00/Thur 9:30-13:00)
BHNT.Plasticsurgery@nhs.net**

Introduction

You have been given this leaflet because you might benefit from having a tissue expander.

For most people having a tissue expander is very successful, although there are risks which this leaflet explains. It also tells you what to expect when you come in for your operation and what to do when you go home.

We will try to make your hospital stay as pleasant as possible. If you have any queries after reading this leaflet please do not hesitate to ask a member of staff.

What is a tissue expander?

A tissue expander is a balloon like device made from silicone which is inserted just under the skin.

Over time, the tissue expander is injected with saline through a port (a small tube connected to it) to gradually increase its size. This causes the surrounding skin to expand or grow and the additional skin can be used to cover areas of the body that have been damaged by burn injuries.

The amount of fluid and the time it takes to expand the skin will depend on the size and type of the area of concern being treated.

You can expect to have the tissue expander in place for up to several weeks.

What happens before the operation?

You may be asked to come to a pre-admission clinic at the hospital so that we can take your medical history, review your medicines and carry out tests and investigations. These may include taking a sample of your blood, a chest x-ray and an ECG (heart recording).

At the pre-admission clinic please ask any questions you may have about the procedure.

Will I need an anaesthetic?

The operation will be performed under a local or general anaesthetic.

Under a local anaesthetic, the area where the tissue expander is placed will be “frozen” with medication so that you will feel no pain. Local anaesthetic can be used alone, so that you stay awake during the operation, or you can be given a sedative as well to help you relax and feel sleepy.

For more major operations, a general anaesthetic is needed and you will be asleep for the whole procedure.

The length of time the operation takes and the number of days you will be in hospital afterwards will depend on the size and location of the tissue expander and your general health. Your plastic surgeon will discuss this with you before your operation.

What happens during the operation?

During the operation, the tissue expander is placed under the skin, in the area that has been chosen by the surgeons, and filled with saline fluid. It is filled to a certain level of stretch. The injection site, or port, is kept away from the balloon itself and then the skin is closed over it.

What happens after the operation?

Staff will monitor you in the recovery area of theatre until it is clinically safe for you to return to the ward. When you are back on the ward the staff will check your wounds and blood pressure regularly. You may find you have a drip in your arm to replace any fluid you have lost during your operation; if you have not eaten or drunk anything for a while you will need extra fluids.

Following your operation you may experience pain and swelling. It is normal to have swelling, bruising and discomfort in the area where the tissue expander is placed. You will be prescribed painkillers and your pain level will be regularly assessed – please tell the staff if you are in pain or feel sick when you return to the ward. Taking painkillers regularly can stop pain from becoming severe and allow you to get up and walk around more easily. You will be told when you can get out of bed.

You will have a small dressing placed over the site of your tissue expander port for the first few days after which it can be removed.

You may also have one or more drains around your wound site. This allows any excess blood and fluid to drain away from your wound.

The surgeon will visit you after your operation or on the following day. If you are staying in hospital for several days you will receive a daily visit.

What are the risks of tissue expansion?

The use of tissue expanders has some very good results but, as with any operation, there is a small risk of infection and complications. The following are unlikely but you should be aware that they may occur.

Infection and wound breakdown

With any surgical procedure there is a risk of infection and wound breakdown. In this case you would need antibiotics and dressings and the wound might take longer to heal. In severe cases, such as a deep wound or abscess formation, the tissue expander would have to be removed.

Leakage from the tissue expander

In rare cases, the tissue expander can sometimes break open or rupture. When this happens, the tissue expander is removed as it cannot be inflated anymore. The saline that has been used to inflate the tissue expander is harmless and is usually reabsorbed by the body very quickly. However, should the tissue expander rupture, you will need a further operation to remove it.

Bleeding

Sometimes, there can be a build-up of blood surrounding the site called a haematoma. Although most haematomas are reabsorbed by the body sometimes another operation may be needed to remove them.

Leaving Hospital

Once your wound has settled and the drain(s) have been removed you will be discharged home. You will need to make arrangements with friends or family to collect you from hospital. Hospital transport is only available in special circumstances. Ideally, you should arrange for someone to stay with you on your first night home.

Before you leave hospital you will be given a small magnet by your consultant; this is for the nurses in the clinic to find the port in your tissue expander. You will need to bring this with you to every follow up appointment.

You will be given an appointment to be seen in the outpatient's clinic. Your first appointment is usually a week after your discharge. If your wound has not completely healed you may be asked to come back sooner or the nursing staff will arrange for you to be followed up by the District Nurse or Practice Nurse at your GP surgery.

You may feel some discomfort each time the saline fluid is injected into the tissue expander. You may wish to use analgesia (painkillers) ahead of your appointments to try to alleviate this. How much is put in depends on your level of tolerance and the amount of skin needed to stretch. In normal circumstances it can take weekly visits over a period of several weeks to get enough skin to use in reconstruction. Once this has been achieved you will be given a date to return to hospital for the removal of your tissue expander and for reconstructive surgery to take place.

Returning to work

Your surgeon will tell you when you should be able to return to work. However, you should remember that tissue expander inflation can take several weeks before enough skin is produced to cover your area of concern.

If you need a doctor's certificate please tell the surgeon or ward staff or see your GP. Any follow-on doctor's certificates can be obtained from your GP.

Driving

Depending on where your tissue expander is located, you may be advised to abstain from driving your car. However, if you want to drive you are strongly advised to notify the DVLA and your motor insurance company or you may not be covered by your motor insurance policy.

