

Inflation of expandable breast implants

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

Specialist Breast Care Nurses and other allied health professionals who have attended appropriate training and have demonstrated competency can perform expander inflation on patients referred by a Consultant Surgeon following breast reconstruction.

This guideline is for use by the following staff groups :

Clinical nurse specialist – breast care, Physicians Associates, Breast surgery junior doctors

Lead Clinician(s)

Mr Jevan Taylor

Consultant Breast Surgeon

Document approved by the Breast surgery directorate meeting on:

9th June 2022

Review Date:

9th June 2025

This is the most current document and is to be used until a revised version is available

Key amendments to this guideline

Date	Amendment	By:
22.12.2009	Guideline approved at Senior Nurses /AHP meeting	
12.10.2011	No amendments made to guideline	Helen Thomas
11.12.2013	No amendments made to guideline	Helen Thomas
21.10.2015	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
October 2016	Further extension as per TMC paper approved on 22 ND July 2015	TMC
13.07.2017	No amendments. Document extended for two years	Michelle Mullan
04.12.2017	Sentence added in at the request of the Coroner	
15.05.2019	Lead clinician changed from Rachel Bright-Thomas to Jevan Taylor, staff groups expanded	Jevan Taylor
July 2021	Document review date amended as per the Key Documents policy 3 year approval update.	Trust policy
June 2022	Document approved for 3 years with no amendments	Jevan Taylor/ Fiona Brooke-Bills/ Breast Surgery Directorate

Expander Inflation

Introduction

Patients who have had, or are having, a mastectomy for either breast cancer or as a prophylactic procedure may request an implant based breast reconstruction. In some cases expandable implants are considered the best option, these allow for gradual inflation of the implant thereby stretching the overlying skin allowing room for the implant as it expands to the required size.

Details of Guideline

The Specialist Breast Care Nurse, Physicians Associate or junior doctor who has undertaken relevant training and demonstrated competence may undertake this procedure in the following circumstances:

- Patients referred by Consultant Breast Surgeon who have undergone expandable implant based breast reconstruction.

Procedure

Equipment

Sterile dressing pack	50ml Luer Lock syringe
21g/23g Needle	100ml Normal Saline
21g Safety-Lok Blood Collection Set	Alcotip Swab
Sterile Gloves	Apron
Sterile Gauze	Elastoplast dressing
Sharps container	

Explain and discuss the procedure with the patient.		To ensure that the patients understands the procedure and gives valid consent.
Assemble the equipment required onto a clean dressing trolley		To minimise delay
Place the patient lying down in a position that facilitates access		To ensure patient comfort and accessibility
Open dressing pack and lay out equipment using an aseptic technique		To maintain asepsis
Draw up specified quantity of Normal Saline and prime Safety-Lok blood collection set.		To avoid over-expansion
Palpate chest wall, identify expander port position		To ensure correct expansion point
Clean skin with Alcotip swab		To ensure asepsis
Insert needle through port and aspirate small quantity of saline from implant		To ensure needle in correct position
Inject normal saline through port dome to expand implant		
Dispose of needle in Sharps container		To ensure safe disposal of sharps and to minimise risk of needle-stick injury
Cover with dressing		To protect patients' clothing
Record quantity of saline injected		To ensure implant not over-expanded
Record procedure in medical notes		To ensure continuity of care
Arrange follow-up appointment		To assess result and continue with implant expansion

Monitoring Tool

The Specialist Breast Care Nurse will be responsible for monitoring expander inflation and with the support of the Clinical Governance Team will lead the audit of this guideline. The audit will include:

- Adherence to the Guideline
- Any untoward incidents or complaints
- Patient satisfaction with procedure and results

Contribution List

Key individuals involved in developing the document

Name	Designation
Michelle Mullan	Consultant Breast Surgeon
Stephen Thrush	Consultant breast Surgeon
Rachel Bright-Thomas	Consultant Breast Surgeon
Helen Thomas	Advanced Specialist Nurse Practitioner
Jevan Taylor	Consultant Breast Surgeon
Nicola O’Hara	Lead Breast Care Nurse

Circulated to the following individuals for comments

Name	Designation
Michelle Mullan	Consultant Breast Surgeon
Stephen Thrush	Consultant Breast Surgeon
Rachel Bright-Thomas	Consultant Breast Surgeon
Helen Thomas	Advanced Specialist Nurse Practitioner
Jevan Taylor	Consultant Breast Surgeon
Nicholas Purser	Consultant Breast Surgeon

Circulated to the following CD’s/Heads of dept for comments from their directorates / departments

Name	Directorate / Department

Circulated to the chair of the following committee’s / groups for comments

Name	Committee / group

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	-	
6.	What alternatives are there to achieving the policy/guidance without the impact?	-	
7.	Can we reduce the impact by taking different action?	-	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	-

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval