

Natrelle

Your guide
to **breast**
reconstruction



Every experience is unique

This brochure is designed to help guide conversations with your breast reconstruction team. Because every body, cancer experience, and treatment response is unique, not everything presented here will apply to your individual situation. Instead, use this as a guide to better understand your options before your discussions with your care team.

In this brochure, you'll learn about breast reconstruction and hear from real breast cancer patients with different diagnoses. Their stories may help shed some light on breast reconstruction options.

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Bold words appearing within this brochure are defined in the glossary.



Mina

A mother of two young girls who prides herself on one of her biggest accomplishments yet—fighting breast cancer.

Actual Natrelle® patient. Individual results may vary.

Your breast SURGICAL TEAM



BREAST SURGEON

Your breast surgeon removes the cancer through a lumpectomy or mastectomy and may also be involved in other treatments. If reconstruction is being considered, discussing it with your breast surgeon before surgery is important, as it may affect how your mastectomy is performed.



YOU

Your care revolves around your needs. Together, with both surgeons, you can discuss the options available and create a plan that is appropriate for you.



PLASTIC SURGEON

Your plastic surgeon performs the reconstruction using one of several approaches. Reconstruction with breast implants is one possible option. Your surgeon will guide you on which approach may work best for your individual situation.

Post-mastectomy breast cancer reconstruction is covered by most provincial and territorial health plans

Planning your RECONSTRUCTION TOGETHER

Thinking about reconstruction can feel overwhelming. Support from friends, family, or others who have been through breast reconstruction can make the process feel more manageable.

You can also rely on your breast cancer care team. Involving your breast surgeon and plastic surgeon early can help ensure your plan supports the best possible outcome.

**“Cancer has
taken so much
from me,**

going through breast
reconstruction was a way to

**take back
control over
my life.”**

—Katherine

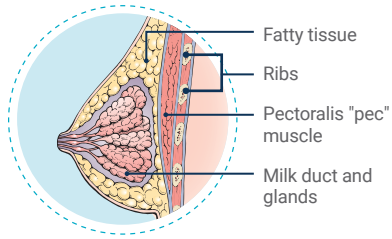


Actual Natrelle® patient.
Individual results may vary.

Pre-breast reconstruction

What gives the breast ITS SHAPE

The breast consists of milk ducts and glands, surrounded by fatty tissue that provides its shape and feel. Beneath the breast is the chest muscle (pectoralis major 'pec' muscle).



Breast cancer surgery could significantly change the shape of the breast, but this can depend on a number of factors. These factors include how much breast tissue is removed in a partial or complete mastectomy, how much skin is removed at the time of surgery, and how much tissue reaction or scarring there is in the remaining breast and skin in response to breast removal surgery, chemotherapy or radiation therapy.

About breast RECONSTRUCTION

Timing of breast reconstruction surgery: Immediate vs. delayed

There are a number of factors that can influence the timing of when breast reconstruction may be carried out. Discuss the various options with your surgeon to decide which route is best for you.



Immediate reconstruction

- The breast reconstruction process starts at the **same time** as the breast cancer surgery
- Requires longer surgical time, but helps avoid the experience of having only one or no breasts



Delayed reconstruction

- The breast reconstruction process starts **after** the breast cancer surgery
- Allows for more time to think about your breast reconstruction options, but you may need to wait several weeks or months before being able to return to your natural body shape

The surgery

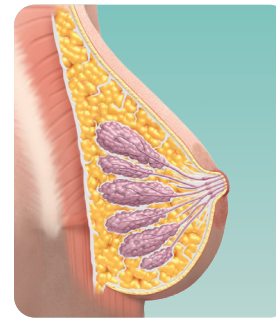
Reconstruction with implants: ONE-STAGE VS. TWO-STAGE BREAST RECONSTRUCTION

One-stage reconstruction

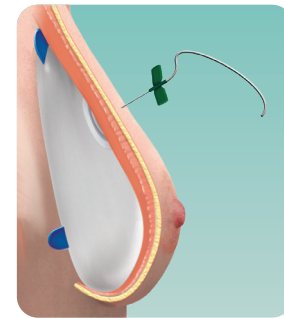
The procedure is carried out in one single operation, involving placement of a breast implant. Some patients are appropriate candidates for this type of surgery, and this should be discussed with your surgeon.

Two-stage reconstruction

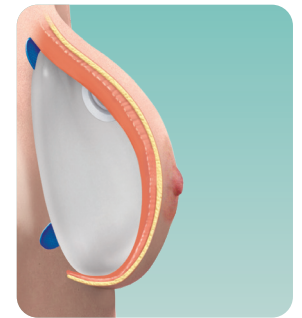
Two-stage breast reconstruction is most common. It involves the insertion of a **tissue expander**, a temporary, inflatable, silicone balloon-type device that is gradually filled with **saline** to stretch the skin and create the room needed for the permanent implant. This process is similar to what occurs naturally to your abdominal skin during pregnancy.



Before mastectomy



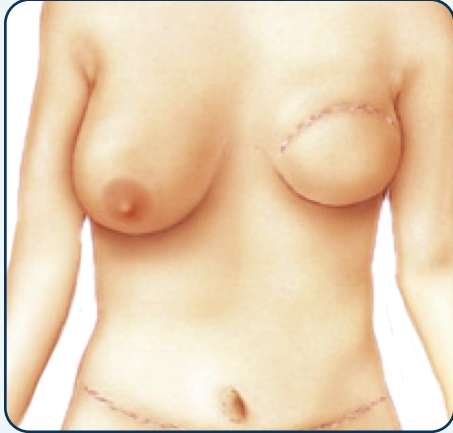
Placed tissue expander



Inflated tissue expander

Options for breast reconstruction surgery: With body tissue vs. with implants

Breast reconstruction can be carried out with the aid of a breast implant, by using your own tissue or using a combination of the two. Talk to your surgeon about the options relevant to you.



With own tissue (*Autologous reconstruction*)

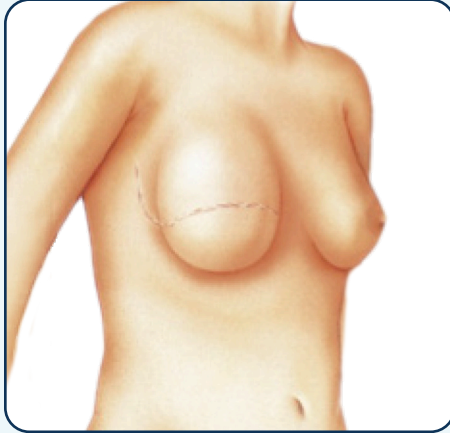
Uses your own fat, skin or muscle to make a breast

Section of tissue or flap may be taken from areas such as the abdomen or back:

- **TRAM flap (pedicle or free)** procedure uses fat, skin, and muscle from the abdomen
- **DIEP flap** procedure uses fat and skin from the abdomen without the muscle
- **Latissimus dorsi flap** uses skin and muscle from the upper back

Combination of both

In some cases, both may be required to obtain desired results



With an implant (*Alloplastic reconstruction*)

Uses a breast implant, placed under the muscle

Sometimes requires stretching of the skin with an inflatable tissue expander first, before placing the final implant

**“I found the person
that I always wanted
to be and I couldn’t
be happier”**

—Tara



Actual Natrelle® patient.
Individual results may vary.

Help find the RIGHT FIT FOR YOU

Everyone's body is different. Even small differences matter when planning breast reconstruction with implants.

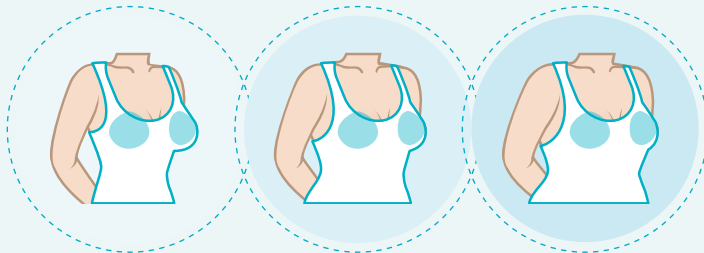
Before recommending an implant, your surgeon will perform a series of measurements and assess your skin and breast tissue in a process known as biodimensional planning. These measurements play a key role in determining what kind of implant fits your unique shape.

Your surgeon may consider factors such as:

- The **symmetry** of your breasts
- The width of your breasts
- Your skin and breast-tissue characteristics
- The locations of the incision and the implant
- Your goals and desires for surgery

Careful pre-operative planning is essential when choosing breast implants, to ensure that both their size and shape fit your body. Choosing implants that are too large for your tissue can cause excessive stretching of the skin and speed up the effects of gravity. This can lead to earlier drooping or sagging and may be noticeable under the skin, potentially contributing to the need for future corrective surgeries. Your surgeon will guide you toward the implants most appropriate for your body and situation.

Here you'll see how the same implant fits different body types:



Height: 156 cm
Weight: 60 kg

Height: 167 cm
Weight: 61 kg

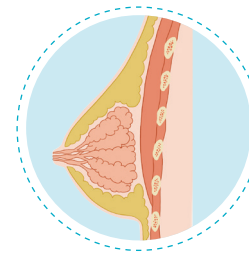
Height: 178 cm
Weight: 64 kg

Reconstruction INCISION SITES

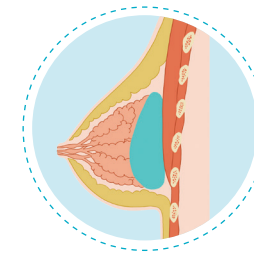
In reconstructive surgery the incision placement and length is decided by your surgeon, and largely influenced by the type of cancer surgery you have. Most implants in breast reconstruction use the mastectomy scar either immediately (during the mastectomy procedure) or after tissue expansion.

The placement of your BREAST IMPLANTS

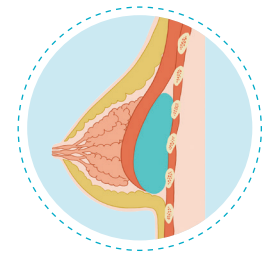
Your breast implant can be placed either wholly or partially under the pectoralis major 'pec' muscle (**submuscular** or **dual plane**, respectively), or on top of the muscle and under the breast glands (**prepectoral**). Discuss with your surgeon the advantages and disadvantages of the implant placement selected for you.



Breast before mastectomy



Breast after **prepectoral** reconstruction

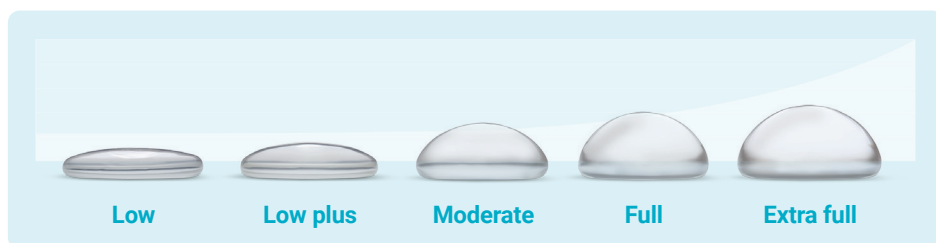


Breast after **submuscular** reconstruction

The *Natrelle* INSPIRA® collection

Personalized options to support every body and reconstruction goal

The *Natrelle* INSPIRA® Collection offers **5 projections**, providing over **240 options** to help achieve the best possible outcome. Your plastic surgeon will discuss with you the implant size that is most suitable for your needs.



Width

Selecting the proper implant width is critical to help ensure your long-term satisfaction with your breast surgery. *Natrelle*® breast implants are available in different diameters, so your surgeon will be able to find the right match to fit the width of your breast, creating a more natural look.

Projection

Projection means the distance your implants will extend forward from your chest wall. A higher projection can be a way to give the impression of a larger breast size. Only *Natrelle* INSPIRA® offers you 5 different projection options, all with optimal fill, to meet your aesthetic goals.

Volume

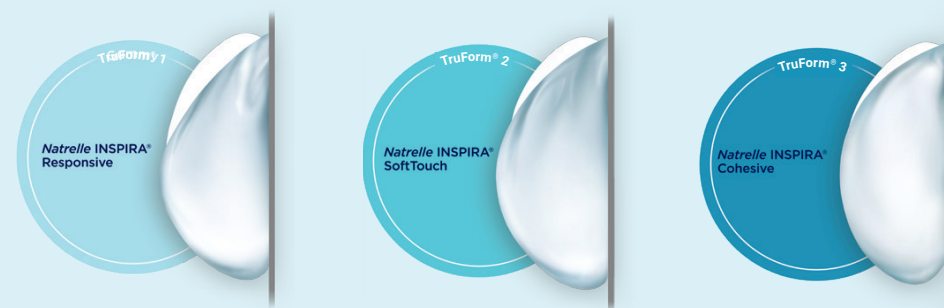
Breast implants are measured by volume [cubic centimetres (**cc**) or grams], not cup size. Selecting the right volume for your body is key to achieving your desired look. *Natrelle*® offers a wide range of volumes, so you and your surgeon will be able to find the volume that you are looking for.

Shape

Breast cancer surgery can significantly change the shape of the breast, depending on how much breast tissue is removed, how much skin is removed at the time of surgery, and how much tissue reaction or scarring there is. Breast reconstruction surgery helps to restore your breast shape after a mastectomy, and uses round shaped implants that are filled with a cohesive gel to give the breast a "rounded" look.

Gel

Only *Natrelle*® offers 3 different choices of silicone gels, which differ in firmness. Breast implants filled with firmer silicone gels maintain their shape better, keeping the fullness in the upper part (or upper pole) of the implant over time. You should consult with your surgeon on which of these gel fillers may best suit your needs.



TruForm® 1 Soft

The softest gel

TruForm® 2 Slightly firm

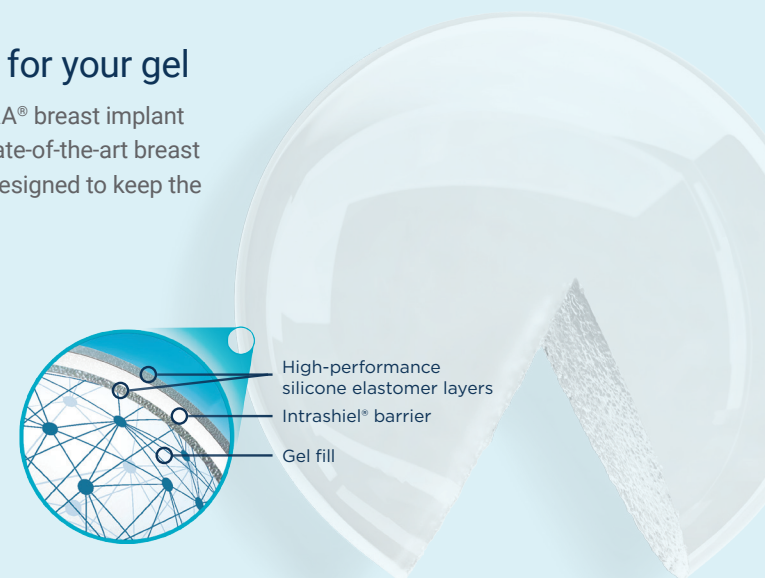
A slightly firmer gel, offering shape control with natural movement and feeling

TruForm® 3 Firm

The firmest gel for ultimate shape and control

A strong shell for your gel

Every *Natrelle* INSPIRA® breast implant is surrounded by a state-of-the-art breast implant shell that is designed to keep the gel in place.



Kayla

A brave 26-year-old with a family history of breast cancer who tested positive for a BRCA2 gene mutation and chose a double mastectomy and breast reconstruction.



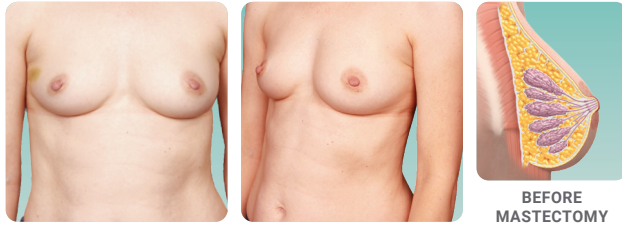
With recent advancements in the development of breast reconstruction technology, your plastic surgeon now has more options to create a plan that revolves around your specific needs.

Actual Natrelle® patient. Individual results may vary.

The two-stage RECONSTRUCTION STEPS

Once there is enough space in the breast, a second surgery will replace the tissue expander with a breast implant.

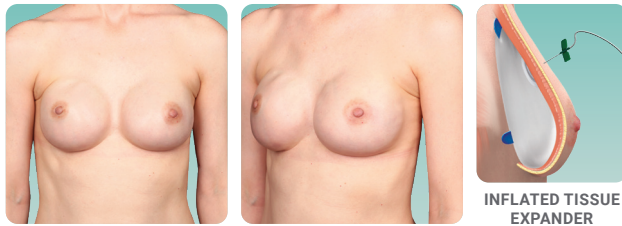
Before mastectomy



Stage 1

Tissue expanders are inserted and inflated

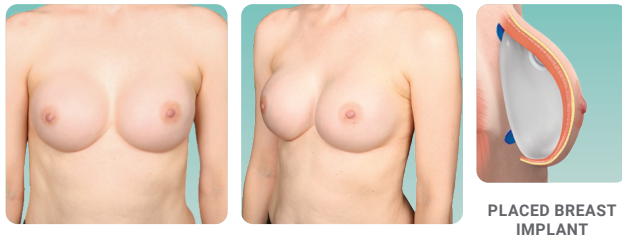
Natrelle® tissue expander



Stage 2

Tissue expanders are replaced with implants

Natrelle INSPIRA® style SCLP-250 breast implant



Photos provided by Dr. Allen Gabriel. Actual Natrelle® patients. Individual results may vary.

Natrelle® 133S tissue expanders

The Natrelle® 133S tissue expanders are available in a wide range of options that are made to match the Natrelle® INSPIRA® round implants in both their width and projection. The Natrelle® 133S tissue expanders can be used in two-stage breast reconstruction to help prepare the tissue for an implant.

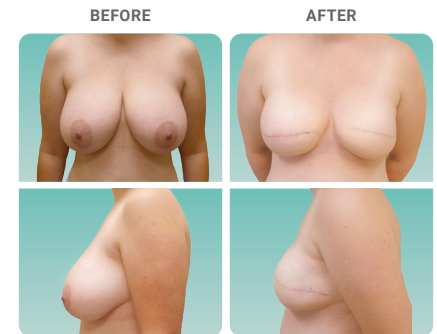


Pre- vs. post-reconstruction: REAL NATRELLE® PATIENTS

Reconstruction with Full Profile TruForm® 2 SoftTouch Implants

Natrelle® INSPIRA® style SSF-520

Photos provided by Dr. Maurice Nahabedian. Individual results may vary.



Prepectoral Reconstruction with Full Profile TruForm® 3 Cohesive Implants and Fat Transfer

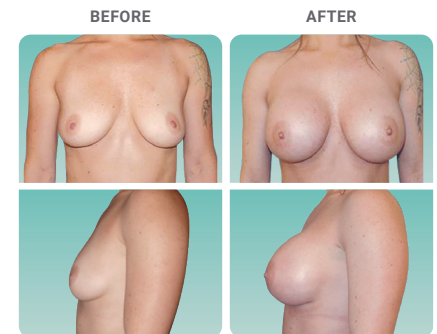
Natrelle® INSPIRA® style Style SCF-415

Photos provided by Dr. Maurice Nahabedian. Individual results may vary.



Natrelle® INSPIRA® style Style SCF-650

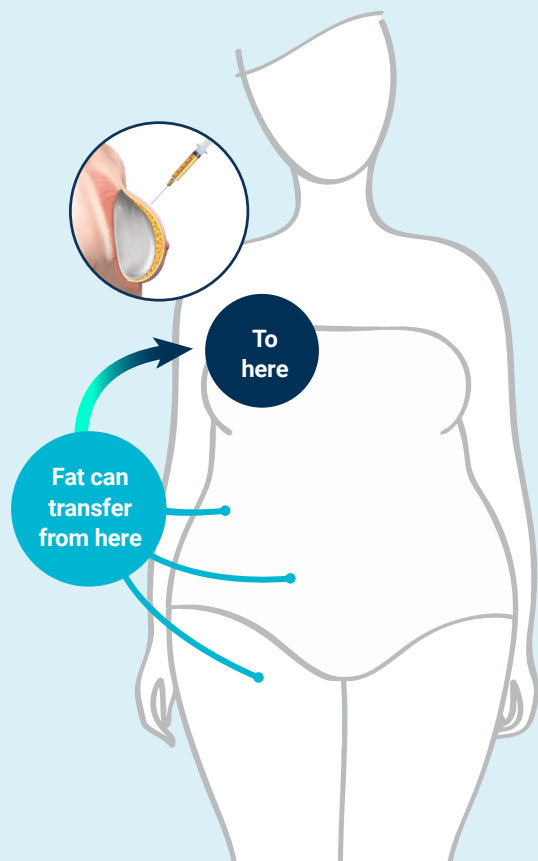
Photos provided by Dr. Ritu Chopra. Individual results may vary.



Enhancing YOUR FULLNESS

Fat transfer can help give you more fullness than an implant can sometimes provide.

Your plastic surgeon may suggest a fat transfer as part of your breast implant reconstruction. Fat transfer allows your plastic surgeon to transfer your own fat from one area of your body to another. Adding fat to reconstructed areas, such as your breasts, can fill in contour irregularities or slightly increase size.



BEFORE



AFTER



Breast reconstruction

Natrelle® INSPIRA® style SSF-520

Fat transfer added

Natrelle® INSPIRA® style SSF-485

Photos provided by Dr. Jacob Unger. Individual results may vary.

Ask the right QUESTIONS

Asking the surgeon the right questions and sharing any concerns you may have are important steps in getting the individual results that are right for you. Please consider the following important questions for discussion at your next consultation:

What breast reconstruction options are available to me?

What should I expect to happen the day of the surgery and how long before reconstruction is complete?

What are the risks and/or possible complications with implant-based breast reconstruction?

How should I prepare for the surgery recovery?

How much time is needed for the recovery process and when can I resume my regular daily activities?

What happens if the cancer returns or develops in the other breast?

What long-term changes should I expect after reconstruction (for example, sensation or tightness)?

Am I a candidate for nipple-sparing mastectomy, and how would this affect my reconstruction?

What can I expect DURING RECOVERY

It's natural to wonder how you'll feel after surgery. The good news: shorter recovery times are now more common, thanks to advances in surgical techniques. Although everyone's experience is different, here is what you can generally expect:

- Pain is usually minimal and subsides quickly over the first week of recovery.
- Sleeping on your back is generally recommended for a period of time to help the implant position to stabilize.
- You will be required to refrain from vigorous exercise or other activities.

For more information on what you can expect during and after your surgery, speak with your surgeon.

Post-operative CHECKLIST

Review this checklist with your surgeon to ensure you have received all your required information after your surgery.



Device identification card(s)

Supplied to you following surgery



Device tracking form

Completed and returned by your surgeon's office to Allergan, if applicable



Post-operative care

Information for your specific post-operative care provided by your surgeon's office

Frequently asked QUESTIONS

Are silicone implants safe to use?

Yes. Silicone is used safely in many medical devices and products, including pacemakers, heart valves, artificial joints and medical tubing. Silicone gel-filled breast implants are arguably the most studied medical devices in the world—with decades of research. Silicone implants have been used extensively throughout the world, and in Canada since 2006.

What are the potential complications with silicone implants?

Like any medical device, there is a risk of complications with silicone implants. Here are the most common:

Rupture

It's important to know that breast implants are *not* lifetime devices. Breast implants can **rupture** when the shell develops a tear or hole. Ruptures are more likely to occur the longer the implant is in the body. If your surgeon determines you have signs of a rupture, you should discuss having the implant and any gel removed, with or without replacement of the implant. Not all patients will require replacement unless medically necessary.

Capsular contracture

A **capsule** is the layer of natural tissue that your body forms around the implant. This capsule becomes the home for the new implant, keeping it secure and stable in its position. While not dangerous, it can change the shape and feel of the implant, sometimes making the breast feel firm or uncomfortable. In some cases, this requires surgical adjustment.

Anaplastic large cell lymphoma (ALCL)

Anaplastic large cell lymphoma (ALCL) is a type of cancer that begins in the cells of the immune system. It can occur in children and adults, including women with or without breast implants. Over the last two decades, there have been reports of ALCL occurring in women with breast implants. This has led the medical community to recognize a new and different type of ALCL referred to as Breast Implant-Associated ALCL, or BIA-ALCL for short. If you have any concerns or questions, your surgeon is there to help.

Breast implant-associated anaplastic large cell lymphoma (BIA-ALCL)

BIA-ALCL is not breast cancer—it is a type of non-Hodgkin's lymphoma (cancer of the immune system). In most cases, BIA-ALCL is found in the scar tissue and fluid near the implant, but in some cases, it can spread throughout the body. In the cases that it has spread beyond the scar tissue and fluid near the implant, rare cases of death have been reported.

Health Canada recognizes a higher risk of BIA-ALCL with implants having a textured surface, versus those with a smoother surface.

Do breast implants increase my likelihood of breast cancer?

No. Medical studies indicate that patients with breast implants are not at a greater risk than those without breast implants for developing breast cancer. Women with breast implants are still able to have accurate **mammograms**, though it may be more difficult. Women should ask to have their mammography exams performed and interpreted at centres experienced in the evaluation of women with breast implants. Other breast screening exams, such as ultrasound and MRI, can also be performed when necessary.

Can breast implants impact a mother's ability to breastfeed?

Many women with breast implants have successfully breastfed their children. However, breast surgery of any kind has the potential to impact **lactation** ability. In cases where both breasts have been removed (double mastectomy), breastfeeding will not be possible. Your plastic surgeon will discuss your options for incision placement, implant position, and other factors that could affect future breastfeeding.

How long will it take my implants to settle?

Implants can take varying amounts of time to settle based on a number of factors, including individual anatomy, implant size, and how they are implanted. On average, implants will take 2-4 months to settle. There is no right or wrong length of time—let your surgeon be your guide during your recovery process.

Do I need to have my implants replaced every 10 years?

No. It is a common misconception that implants require replacement every decade. With improvements in technology and more stable gels, your implants should not require replacement unless you have concerns, symptoms, or a change in your aesthetic preferences. In reconstruction, replacement may also be needed if your medical team identifies a complication.

How much does breast reconstruction cost?

In Canada, post-mastectomy breast cancer reconstruction is covered by most provincial and territorial health plans. However, breast implants are not lifetime devices and will need to be replaced. Speak with your surgeon to discuss the options available to you.

Breast reconstruction surgery is not without risks and complications. The decision whether or not to have surgery and which procedure can be appropriate for you should be discussed with a trained and certified plastic surgeon.

For the listing of risks and complications, please visit:

<https://www.allerganaesthetics.ca/en/our-products/medical-devices>

Your surgical record

Use this section to record important dates and contact information related to **YOUR BREAST SURGERY**

Surgery date

Surgery location

Contact person at surgery location

Contact phone number

Post-operative appointment date

Notes

Allergan Aesthetics' **long-standing commitment** to advancing breast reconstruction care and patient outcomes

#1

medical aesthetics company

50

years as a global leader in breast aesthetics*

100+

countries worldwide

* Based on Global Aesthetic Market Study XI, January 2013.

More
COVERAGE
for peace of mind



SILICONE-FILLED breast implants

The *Natrella*® ConfidencePlus™ Warranty Program:

	Rupture	Capsular contracture (Baker grade III/IV)‡	Late seroma‡	BIA-ALCL§
Complimentary product replacement*	Lifetime	10 years	10 years	Lifetime
Financial assistance†	Up to \$3,500 USD within 10 years			Up to \$7,500 USD
Enrolment fee	Automatic—there is no fee			

For any warranty claim initiated **on or after July 1, 2025**.

SALINE-FILLED breast implants

The *Natrella*® ConfidencePlus™ Warranty Program:

	Saline deflation	Capsular contracture (Baker grade III/IV)‡	Late seroma‡	BIA-ALCL§
Complimentary product replacement*	Lifetime (Complimentary round silicone-gel implant upgrades upon request)	10 years	10 years	Lifetime
Financial assistance†	Up to \$1,200 USD within 10 years			Up to \$7,500 USD
Enrolment fee	Automatic—there is no fee			

For any warranty claim initiated **on or after July 1, 2025**.

For complete *Natrella*® ConfidencePlus™ Warranty Program details and restrictions, please visit [Natrella.ca](https://www.natrella.ca)

BIA-ALCL, breast implant-associated anaplastic large cell lymphoma.
* Free **contralateral** breast implant replacement at surgeon's request.
† For out-of-pocket expenses not covered by insurance; subject to review and approval by Allergan following submission of all required documentation.
‡ For cases diagnosed within 10 years of the original surgery date.
§ BIA-ALCL coverage applies to all *Natrella*® breast implants.

Glossary

The defined words in this glossary have been **bolded** the first time they appear within this brochure.

Alloplastic: The use of an implant for breast reconstruction

Anaplastic large cell lymphoma (ALCL): A type of lymphoma, which is a cancer that begins in the cells of the immune system and can also occur in the breasts. A variety of ALCLs may occur in women with or without breast implants. When associated with implants, ALCL is often referred to as Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL). ALCL is not the same as primary breast cancer.

Autologous: The use of your own tissue (fat, skin, or muscle) for breast reconstruction.

BRCA: A gene associated with breast cancer. Specifically, mutations in the BRCA1 (breast cancer gene 1) and BRCA2 (breast cancer gene 2) genes increase a woman's risk of developing breast cancer.

Breast reconstruction: A surgical procedure to replace breast tissue that has been removed due to cancer or trauma, or that has failed to develop properly due to a severe breast abnormality.

Capsular contracture: A tightening of the tissue capsule surrounding an implant, resulting in firmness or hardening of the breast, and squeezing of the implant if severe. Capsular contracture is classified by Baker grades, where grades III or IV are the most severe, and often results in the need for additional surgery because of pain and possible abnormal appearance. Capsular contracture can be a risk for rupture.

Capsule: Scar tissue which forms around the breast implant.

cc: Cubic centimetre—the measurement used for breast volume.

Contralateral: Opposite side.

DIAP flap: A tissue section (flap) of fat and skin from the abdomen, without the muscle, used for autologous reconstruction.

Drain: Tubes placed at the site of implant(s) post-surgery in order to remove any excess fluid buildup.

Dual plane placement: Placement of breast implants partially underneath the chest muscles.

Incision: A cut made to the body tissue during surgery.

Latissimus dorsi flap: A tissue section (flap) of skin and muscle from the upper back used for autologous reconstruction.

Lumpectomy: Surgery used to remove cancer or abnormal tissue from the breast.

Mammograms: A type of X-ray examination of the breast used to detect cancer.

Mastectomy: Partial or full removal of the breast tissue, which is done to remove cancer cells from the body.

One-stage reconstruction: Breast reconstruction procedure that is carried out in one operation that involves the placement of the breast implant.

Pectoralis: Major muscle of the chest; also known as “pec”.

Post-operative: After surgery.

Pre-operative: Before surgery.

Prepectoral: Placement of breast implants underneath and within the breast glands, but on top of the chest muscles.

Primary reconstruction: The first time a breast implant is placed for the purpose of breast reconstruction

Revision-reconstruction: The correction or improvement of primary-augmentation. For this brochure, it refers to the surgical removal and replace of breast implants.

Rupture: A tear or hole in the implant shell. Saline implants will deflate when they rupture.

Saline: A liquid solution that is made up of water and a small amount of salt.

Seroma: A buildup of the watery portion of the blood in a tissue location.

Submuscular placement: Placement of breast implants wholly or partially underneath the chest muscles.

Tissue expander: A temporary, inflatable silicone balloon-type device that is gradually filled with saline (salt-water solution) to stretch the skin and create the room needed for the permanent implant.

TRAM flap: A tissue (flap) of fat, skin, and muscle from the abdomen used for autologous reconstruction. For a pedicle TRAM flap, the tissue flap is left attached to its original blood supply and moved to the breast area through a tunnel under the skin. For a free TRAM flap, the tissue flap is removed completely and reattached to the blood supply in the breast area.

Two-stage reconstruction: Breast reconstruction procedure that is carried out in two separate operations that involves the placement of the breast implant after a skin expansion process.

Moving forward on my
**RECONSTRUCTION
EXPERIENCE**

Natrelle

Talk to your plastic surgeon about
your breast reconstruction options,
including *Natrelle*®.



For more information, visit natrelle.ca

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