

A close-up, artistic photograph of a woman's face and shoulder, showing her lips and the curve of her shoulder. The lighting is soft and warm, creating a serene and intimate atmosphere. The background is a plain, light color.

Patient Information on
**BREAST
RECONSTRUCTION**

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Distributors of Allergan tissue expanders &
implants for breast reconstruction.

Breast Reconstruction

Breast reconstruction is an operation to try to get back the shape of the breast after mastectomy (removal of a breast), or lumpectomy (removal of part of the breast). The aim of breast reconstruction is to match the remaining natural breast as closely as possible.

The loss of a breast is traumatic for any woman, but fortunately many women who have undergone breast reconstruction surgery enjoy significant improvement in their emotional and physical well-being. Breast reconstruction offers women many emotional benefits and can help to restore your self confidence, renew your sense of femininity, attractiveness and sexuality, and also complete the recovery process by helping you to return to your previous shape.

Breast reconstruction does not restrict any later treatments that might be necessary or interfere with radiotherapy, chemotherapy or hormonal therapy. Scans and x-rays of the breast area are still possible and if the cancer comes back in the breast area, this can still also be detected. Ideally your GP or surgeon will initiate a discussion about reconstruction, but all mastectomy patients should feel free to request this option. It is a legitimate request, not a matter of vanity.

It is your choice. So make sure you are thoroughly informed of all aspects of the operation you are considering and understand what breast reconstruction may be able to do in your situation, before making a decision about whether to have it. You need to have realistic expectations about the possible result and be aware of the limitations. To help you with this difficult decision we have provided information and answers to frequently asked questions with regards to the timing of reconstruction, what your options are, what the procedure involves, possible complications, how to find a surgeon in your area and also what to expect after the reconstruction has taken place.

The various breast reconstruction options

There are various ways to reconstruct the breast. The choice you make depends on a variety of personal details such as your state of health, the shape and size of your breasts, your remaining skin and tissue, your wishes and your lifestyle. In breast reconstruction, every situation is unique - after all, you are unique. Breast reconstruction can be carried out with the aid of a breast implant, by using your own tissue, or by a combination of the two.

In the method using your own tissue, the plastic surgeon uses your own fat, skin and muscle tissue, from your back or abdomen. The TRAM flap uses abdominal tissue (i.e. skin and fat from the stomach and, if necessary, muscle tissue). For the Latissimus Dorsi flap, tissue from the back is used.

The TRAM flap (pedicled or free) or abdominal muscle method

TRAM stands for Transverse Rectus Abdominal Muscle. The particular feature of this method is that it uses a section of abdominal fat and muscle to create an implant. A graft is cut from the lower abdomen and is transplanted to the site where the breast is to be created. When it is possible for the blood supply and the connection to the abdominal muscle to be preserved, it is called a Pedicled TRAM flap. When the graft is completely cut away and is re-attached later in the breast region by microsurgery, it is called a Free TRAM flap. This method is particularly suitable for women with surplus fat in the area of the lower abdomen. It will get rid of the roll of fat, but you will probably be left with a sizeable scar on your abdomen, and weaker abdominal muscles.

What are the advantages and disadvantages?

The advantage of the TRAM flap method is that your own tissue is used to fashion a new breast. Another advantage of the TRAM flap is that your stomach will be a bit flatter after this operation. This method may be chosen when other options are not possible, for example if there are too many scars on the site of the breast, or if a large breast needs to be reconstructed and the remaining skin is no longer sufficiently elastic as a result of radiotherapy. Surgery using the method utilizing the patient's own tissue represents a major operation. You will have to stay in hospital for several days and it takes longer for you to make a complete recovery. Scarring occurs both at the site where the skin flap is removed and at the site of the

The Latissimus Dorsi flap Muscle Method

In the dorsal muscle method, the surgeon transplants a section of skin and muscle from the back, under the arm, to the breast area to be reconstructed. It is preferable for the dorsal muscle to be grafted complete with blood vessels and nerves. If this is not possible, muscle tissue and blood vessels are re-attached. As this flap of skin is usually thinner than a flap from the abdomen, this method of reconstruction is often carried out in combination with a breast implant. This creates greater volume and gives the new breast a more natural shape.

What are the advantages and disadvantages?

The advantage of the dorsal muscle method is that, just as with the abdominal muscle method, the patient's own tissue is used to fashion a new breast. It is also the method indicated if the skin on the chest has been damaged, for example by radiotherapy. The dorsal muscle method can also be used if a larger breast is desired. Like the abdominal muscle method, surgery using the dorsal muscle method represents a major operation. You will usually have to spend longer in hospital and take a bit longer to recover than in the case of reconstruction using a breast implant. You will have a scar on your back, though this will usually be covered by your bra. The reconstructed breast will also have more scars than in the case with a breast implant. With this method too, you will have to take a slight difference in colour into account; the skin on the back is a slightly different colour from that on the breast.

For whom is the dorsal muscle method suitable?

This method is a solution for women for whom an implant cannot be inserted easily because they have too little surviving breast tissue or their breast tissue is no longer sufficiently elastic (as a result of radiotherapy, among other things). It is a reliable method that is suitable for many women and causes relatively little trouble and pain. If you are very slim, the method using the patient's own tissue is less suitable, since there may be too little tissue available. This also applies if you have previously undergone surgery in this area. In any case, the surgeon will begin by checking whether you are in good health and that you have no problems with your circulation. This means that women who smoke will usually be advised against this method. You need to bear in mind that the method using the patient's own tissue usually involves a major operation. Good general health and strong motivation are important preconditions.

Are there different breast implant shapes?

As every woman is unique, implants also exist in different shapes and sizes. Some implants are round, while others are shaped more like a teardrop, closely resembling the natural shape of a breast (sometimes these are called anatomical).

Round implants

In general, round implants will make the upper part of your breasts appear round at first. However, in the course of time, as a result of gravity and the ageing of the skin, the upper part of the breasts will become “emptier”, which means they will droop more.

Anatomical implants

Implants shaped more like a teardrop follow the body’s natural lines. This means that the upper part of the breast still remains filled over the long term. This gives your breasts a more natural shape. Both types of implants can increase the size of your breasts. It is a personal decision which type of implant you choose.

Reconstruction with the aid of a breast implant

Breast reconstruction using an implant can be done in two ways: with or without a preceding period of expanding or stretching. If you decide in favour of a preceding period of skin and muscle stretching, reconstruction is carried out in two stages.

1. Insertion of a breast implant without a preceding period of expanding or stretching

The simplest way of having a breast reconstructed is with the aid of a breast implant. However, this can only be done under certain conditions. The skin must be healthy and undamaged and must be sufficiently supple to allow room for a breast implant. In addition, the greater pectoral muscle must be intact to provide coverage for the implant. This method is primarily suitable for the reconstruction of slightly smaller breasts. The incision required for insertion of the breast implant is made into the mastectomy scar. First the tissue under the greater pectoral muscle is detached, and then the surgeon slides the implant into the resulting cavity. Finally the incision is sutured. A tube, called a drain, is inserted so that blood and accumulated fluid can drain out. The drain can be removed after a few days.

The advantages and disadvantages

The advantage of this method is that it is not a very complicated operation and no extra scars are created. The disadvantage is that this method is not suitable for the reconstruction of larger breasts.

physical stress, it does make demands on your time. There are also implants that fulfil both functions, i.e. the implant acts as an expander as well as an actual implant. This means that instead of two operations, only one is needed, together with nipple reconstruction if required. The implant is composed of two parts: one part is filled with a saline solution, the other with silicone gel. The effect is, in principle, the same as with the method discussed above.

For whom is the expander method suitable?

One precondition for employing the expander method is that both your self and the skin on your breast must be in good physical condition. This means that the method is less suitable for women who have had to undergo a lengthy period of radiotherapy. This method is particularly suitable for women who opt to have breast reconstruction at the same time as the mastectomy. It is also especially suitable for women with small or medium-sized breasts. Larger breasts are often reconstructed by using an implant in combination with a method using the patient's own tissue.

How long does the operation take with the expander method, and how long does it take to recover?

The insertion of the expander is a relatively minor operation, which takes around one to two hours. The second operation also takes one to two hours. Both operations involve spending a few days in hospital. You will be able to resume your normal daily activities after two to three weeks. The question of which method you finally choose depends very much on your general health, the condition of your skin in the chest area, and whether you have had a partial or total mastectomy. Ask your surgeon to give you as much information as possible. Your surgeon will be able to give you more details from his or her own experience about the options of reconstruction using own tissue, breast implants (with or without the aid of an expander), or a combination of the two. He or she can also tell about the limitations, side-effects, and possible complications that may occur, and can advise you which is the most suitable method for you. Read as much as you can about breast reconstruction, and make sure you have the opportunity to ask your surgeon all the questions that come to mind. In this way you can assess the pros and cons intelligently and choose what is best for you.

Making the two breasts symmetrical

If the two breasts are not symmetrical following breast reconstruction, the shape of the healthy breast can be corrected in such a way that it forms a more attractive whole with the reconstructed breast. Women who are already a bit older, have had children and have breast-fed them, often have slightly drooping breasts. Reconstructed breasts are a little firmer and more erect, like young women's breasts. Your surgeon may recommend that you have your other breast lifted slightly (mastopexy) or enlarged (augmentation).

What to expect after breast reconstruction

Many factors can influence your result of breast reconstruction. Your surgeon or breast care nurse can tell you what is likely in your case and can give you information about breast reconstruction, based on their experience and understanding. They can also put you in touch with other women who have had the operation, if you would like to talk to them.

Results from breast reconstruction surgery vary a great deal, but every effort is made to give the best possible result. Although it is impossible to have a perfect match with your natural breast, the result of reconstruction can be very acceptable, giving you an 'evenly balanced' appearance when wearing a bra.

There is usually much less sensation in the reconstructed breast and when you are undressed, you may find that the reconstructed breast has less of a droop and appears more proud and firmer to the touch than your natural breast.

Breast prostheses can be used in your bra to give a better balance, if the shape of the reconstructed breast varies from your natural breast even when wearing underwear. Breast prostheses come in a wide range of shapes, sizes and skin colours. They are made of soft silicone, which can bend to create the natural curves of your breast, including the nipple outline. A well-fitting prosthesis can give back the overall shape of your breast.

Check your wound (incision line) regularly once you are back at home after surgery. Tell your breast care nurse or doctor immediately if you have any of the following:

- Increased redness or change in colour over the breast, around the scar area, or both
- Discharge (fluid being released) from the wound
- A fever, with your temperature going above 38C (100.5F).

Collection of fluid under the wound

After breast reconstruction surgery, you will have drainage tubes into the wound to drain away any fluid that may collect. These are long, thin, plastic tubes attached to vacuum drainage bottles. They are usually removed several days after your operation. However, after the removal of the drains, a collection of fluid (a *seroma*), or blood (a *haematoma*), sometimes develops under the wound. The body may absorb these if the amount of fluid or blood is small, but if they are large they may need to be removed by a surgeon or nurse, using a small needle and syringe.

Tingling or numbness

After immediate breast reconstruction (carried out at the same time as breast cancer surgery) you may feel tingling sensations down your arm on the side of the new breast. You may also have some numbness in the upper and inner arm. This is an effect of the surgery on the nerves in that area. It may gradually fade over time but is often permanent.

Difficulty moving

If your reconstruction involved taking tissue from your abdomen, you will find bending and stretching uncomfortable for a few weeks after surgery. Supporting your wound with your hands when you bend should help.

Using a flap from your back (latissimus dorsi) may reduce your shoulder movement, because of the loss of muscle. This can sometimes make it difficult to do everyday activities like getting into and out of the bath, or can affect your ability to do some sporting activities, such as skiing

The Cost of breast reconstruction

The costs of breast reconstruction include the surgeon's fee, anesthesia, the cost of the implant and the charge for hospitalisation. The costs will vary depending on your medical and physical condition and the specific cover provided by your insurance company. In general, reconstruction using an implant is less expensive than the method using the patient's own tissue, and immediate reconstruction is cheaper than delayed reconstruction. Please contact your surgeon and your insurance company for more information.

Finding a surgeon to carry out breast reconstruction

Breast reconstruction is very specialised surgery. Surgeons who carry out this type of breast surgery can be breast oncology surgeons or plastic surgeons. Some surgeons are trained in both these specialities and are known as *oncoplastic surgeons*. Some reconstruction operations need surgeons who are skilled in microsurgery, and it can sometimes be difficult to find people trained in these techniques. You may need to travel to a hospital some distance from your home to have this type of specialist surgery.

To find a surgeon who is experienced in the particular type of reconstruction most appropriate for you, you can ask your breast cancer surgeon if there is anyone in your hospital who carries out breast reconstruction. If there is not, your surgeon may be able to recommend another doctor in your area. It may be difficult to get a referral to a breast surgeon with expertise in this type of surgery because only a limited number of surgeons in this country carry out breast reconstruction operations.

Before you go to see a reconstructive surgeon, it may help you to ask your breast surgeon about the reconstructive surgeon's qualifications, experience and reputation in breast reconstruction surgery.

Frequently Asked Questions (FAQs)

1) Can I be reconstructed at the same time as my mastectomy?

Yes. This is known as “immediate reconstruction”. Some of the best aesthetic results are accomplished when the reconstructions are performed at the time of mastectomy in conjunction with a skin-sparing mastectomy. The total surgical time is unchanged because the breast surgeon and the reconstructive surgeons work together at the same time.

2) What is autogenous breast reconstruction?

Autogenous breast reconstruction is the use of your own body’s tissue to reconstruct the breast. This includes the TRAM (transverse rectus abdominus myocutaneous flap), gluteal flap (gluteus maximus myocutaneous flap), latissimus dorsi flap, DIEP (deep inferior epigastric perforator flap), SIEA (superficial inferior epigastric artery flap) and GAP (gluteal artery perforator flap) techniques.

3) What are the benefits of autogenous reconstruction ?

Since autogenous reconstruction uses your own body’s tissue to reconstruct the breast, the tissue is there for life. You cannot reject it. It will change in volume as your normal weight fluctuations occur through life and often tends to improve in shape over time. The breast is reconstructed with fat, which is similar in density to breast tissue, thus the “feel” is similar to that of a normal breast.

4) How long does implant reconstruction take?

Implant reconstructions are typically shorter operations than autogenous reconstructions. They typically take approximately 1-2 hours and do not prolong hospitalization.

5) How long after chemotherapy or radiation therapy do I need to wait before reconstruction?

You should wait 3-6 months following chemotherapy. This allows your body time to recover from the chemotherapy before stressing it with an operation. You should wait 6 months or

10) Could a breast implant hide a new cancer?

Specialists consider that there is little or no difficulty in detecting a recurrence of cancer either beneath or around an implant, using examination by hand or mammography (x-rays of the breast). If cancer comes back, it is most likely to be just under the skin and so should be easy to detect.

11) Will I have any feeling or sensation in my breasts after reconstruction?

Most women have very little feeling in their reconstructed breast. Occasionally there may be sensation in the skin, but often not. If you have a nipple reconstructed, it won't have any sensation. You may experience phantom nipple sensations, but these disappear with time.

12) Is breast reconstruction covered by Medicare?

Yes, but only partly.

13) Are there any costs involved? What are they?

Surgical, anaesthetist, assistants, hospital and implant costs. These will depend on one's health insurance.

14) How will I feel afterwards?

You are likely to experience some degree of discomfort following your breast reconstruction, as you would after any operation. Some women experience more pain than others, and they may need painkilling injections for a day or so after the operation. However, many women have less pain than they expected.

15) Is it possible for me to have a breast reconstruction?

Breast reconstruction is possible for most women who have had all or part of their breast removed. Providing you are well enough, you can have a breast reconstruction at any age.

16) Which approach would you recommend for me and why?

The choice will depend on for example, the size of your breast and whether you are having one breast or both reconstructed. It will also depend on whether or not you have had previous radiotherapy.