Breast Reconstruction

This article explores the latest options in breast reconstruction after a mastectomy (removal of the entire breast) and topics to talk about with the doctor before having breast reconstruction. Learn more about the issues a woman faces and the options available after a mastectomy [1].

What is breast reconstruction?

Breast reconstruction is a surgical option to rebuild and restore the appearance of a natural breast. It can help a woman gain back her sense of femininity and sexuality that may have been lost after a mastectomy and reduce feelings of self-consciousness. Most women who have had a mastectomy are able to undergo breast reconstruction. A woman who has had a lumpectomy, in which the tumor and some of the surrounding healthy tissue in the breast is removed, usually doesn't need reconstructive surgery.

Depending on a woman's desire and treatment options, breast reconstruction is either done at the same time as the mastectomy or months or years later. In general, the reconstruction results are better when done during the mastectomy because the skin and other soft tissues surrounding the area haven't tightened and scarred. Delaying surgery may be recommended, however, when radiation therapy is needed after a mastectomy, as radiation therapy may cause skin and other tissue to tighten.

Types of breast reconstruction procedures

The techniques discussed below are typically used to shape a new breast.

Implants. A breast implant uses saline-filled or silicone gel-filled forms to reshape the breast. The saline-filled implant is most commonly used. The outside of this implant is made up of silicone, and it is filled with sterile saline (salt water). Silicone gel-filled implants are filled with silicone instead of saline. They were thought to cause connective tissue disorders, but clear evidence of this has not been found. Talk with your doctor about the benefits and risks of silicone versus saline implants. Other important factors to consider when choosing implants include:

- Saline implants sometimes "crinkle" at the top or shift with time, but many women don't find it bothersome enough to replace.
- Saline implants tend to feel different than silicone implants. They are often firmer to the touch than silicone implants.
- There can be problems with breast implants, such as rupture (when the implant breaks), pain, capsular contracture (scar tissue around the implant), infection, and/or problems with the shape or appearance. Although these problems are very unusual, talk with your doctor about the risks.

Tissue flap procedures. These techniques use muscle and tissue from elsewhere in the body to reshape the breast. There are two common tissue flap procedures: the transverse rectus abdominis muscle (TRAM) flap, which uses muscle and tissue from the lower stomach wall; and the latissimus dorsi flap, which uses muscle and tissue from the upper back. Because blood vessels are involved, these procedures are usually not recommended for a woman with a history of diabetes or connective tissue or vascular disease, or for a woman who smokes, as the risk of problems during and after surgery is much higher.

Two newer types of tissue flap techniques include the deep inferior epigastric artery perforator (DIEP) flap and the gluteal free flap. The DIEP flap is similar to the TRAM flap, but it does not use muscle to form the breast mound and does not require surgery to connect the tiny blood vessels. The gluteal free flap uses tissue and muscle from the buttocks to create a new breast. The surgery involved with these procedures is longer and the recovery time is longer, but the appearance of the breast is usually better, especially when radiation therapy is part of the treatment plan.

The breast reconstruction process

Reconstruction is typically done in more than one surgery. The first surgery is the longest and most complicated. It is usually done at the same time as the mastectomy. The remaining surgeries are commonly done on an outpatient basis, meaning an overnight hospital stay is not needed. The secondary procedures usually include exchanging expanders for implants and reconstruction of the nipple and areola (the darker area surrounding the nipple). Tissue for the nipple and areola reconstruction is taken from various areas of the body, including the opposite breast nipple, ear, or upper thigh. The skin can then be tattooed to match the color of the remaining nipple and areola.

Procedures to reshape the remaining breast to make it symmetrical with the reconstructed one (more common with the flap procedures) or to address complications after surgery may be needed but are less common. Years later, it may be necessary to replace implants with new ones, as their shape may change over time.

Choosing breast reconstruction

There are many other factors to consider when choosing breast reconstruction, including:

- Your overall health
- The stage of breast cancer
- The size of your natural breast
- The amount of tissue available (for example, a very thin woman may not have enough body tissue to make tissue flaps possible)
- Your desire to match the appearance of the opposite breast
- Your personal preference; for example, although breast reconstruction restores the shape of the breast, it does not restore normal feeling in the breast.

Other factors to talk about with your doctor include:

- The results of surgery. Because these vary, first talk with the doctor about your expectations and all possible options.
- How quickly you will heal. The ability to heal may be affected by previous surgeries, chemotherapy or radiation therapy, medications, lifestyle choices (such as smoking and alcohol use), and other health conditions, such as diabetes.
- Whether you will need surgery to the remaining breast. Sometimes it may also be necessary to have surgery on the remaining breast to reshape it to match the reconstructed breast.

After breast reconstruction

Recovery time should take between six to eight weeks. However, it can take as long as one to two years to completely heal and for scars to fade. It's important to remember that it may take you time to adjust emotionally to having a reconstructed breast. Talking with other women who have had the procedure [2], or to a mental health professional [3] about any feelings of anxiety or uncertainty may help.

Keep in mind that breast reconstruction is not known to increase your risk of having a recurrence (cancer that comes back after treatment), and it should not cause problems with chemotherapy or radiation therapy if the cancer does recur. Talk with your doctor about your risk of recurrence because it is different for each woman.

Questions to Ask the Doctor

After a breast cancer diagnosis, it's important to discuss treatment and post-treatment options, including breast reconstruction, with the doctor or surgeon. If you choose to have reconstructive surgery, your doctor will likely refer you to a plastic surgeon. After a thorough examination of your health and consideration of other factors such as your age, lifestyle, body type, and goals of the surgery, the surgeon will discuss the risks and benefits of each option. Consider asking the following questions:

- What type of reconstructive surgery do you recommend? Why?
- Will this surgery interfere with chemotherapy or radiation therapy?
- What kinds of changes to the reconstructed breast should I expect over time?
- What results can I realistically expect?
- When will I be able to return to daily activities, such as driving, exercising, and working?
- How will my reconstructed breast feel to the touch? Will it match my other breast in size and shape?
- Will I need surgery on the other breast?
- What should I expect after surgery?

More Information

Guide to Breast Cancer [4]

Choosing a Breast Prosthesis [5]

Self-Image and Cancer [6]

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Links:
[1] http://www.cancer.net/node/24592
[2] http://www.cancer.net/node/25383
[3] http://www.cancer.net/node/24699
[4] http://www.cancer.net/node/18618
[5] http://www.cancer.net/node/24478
[6] http://www.cancer.net/node/25264