

## Breast Reconstruction

### What is breast reconstruction?

Breast reconstruction is the process of creating a new breast when the woman's original breast has been removed, damaged or is congenitally absent. There are many types of breast reconstruction which will be discussed below.

### Why choose breast reconstruction?

There are practical and psychological reasons to undergo breast reconstruction. After a mastectomy a woman may choose to remain flat chested, to wear an external prosthesis or to undergo breast reconstruction. Practically speaking a reconstructed breast is always present, usually looks better in tight or revealing clothing such as swimwear, is usually more comfortable in a bra compared to an external prosthesis and can feel quite natural.

From a psychological point of view studies have shown that women who undergo breast reconstruction have improved mental health, emotional well-being and body image.

### When can breast reconstruction be performed?

Breast reconstruction can be performed under the same anaesthetic as the mastectomy (immediate breast reconstruction) or at any time after the mastectomy (delayed breast reconstruction). There are advantages and disadvantages of each (see below). Unfortunately some women may not have a choice due to the type of treatment required for their breast cancer. This is all discussed with your breast cancer surgeon and yourself.

To some women it is very beneficial to find out about breast reconstruction prior to their mastectomy even though they may choose to delay reconstruction. For others it is too much to contemplate at the time of breast cancer diagnosis and treatment. The good thing about breast reconstruction is that it can be performed even many years after the original surgery.

Any type of mastectomy and reconstruction will result in scarring of the breast. The shape and size of the scars, however, vary between immediate and delayed reconstruction.

## Comparison of timing of reconstruction

### Immediate breast reconstruction

#### Possible advantages

- Better cosmetic results
- Smaller breast scars
- One anaesthetic and recovery period
- One hospital stay
- Lower psychological impact - no time without a breast shape

#### Possible disadvantages

- Longer anaesthetic and recovery time
- Increased risk of infection
- Distortion of reconstructed breast if radiotherapy is required

### Delayed Breast reconstruction

#### Possible advantages

- Staggered surgery resulting in easier and shorter recovery after each procedure
- Time to consider whether reconstruction is right for you without delaying cancer treatment
- Less to deal with at once

#### Possible disadvantages

- Longer breast scars
- More time off work due to multiple operations
- Multiple hospitalisations

## What are the different types of reconstruction?

There are 3 main categories of breast reconstruction. The first uses your own tissues (flap or autologous reconstruction); the second uses breast implants (prosthetic or implant reconstruction); the third uses the combination of a flap and an implant. There are advantages and disadvantages of each method and your options also depend on the treatment you require, your physical characteristics, your other breast size and shape and your overall health.

All of the procedures are performed in hospital, under general anaesthesia. The length of time in hospital and the recovery time varies from procedure to procedure. Dr Boorer will talk to you about what to expect.

## Flap reconstruction

Flap reconstruction usually refers to transferring the skin and fat from the lower abdomen to the chest. This is known as a TRAM or DIEP flap. The abdominal tissue is then shaped into a breast form. The abdomen is closed in the same fashion as in a 'tummy tuck' operation resulting in a flatter, taut appearance. As the tissue is alive and natural, it provides the most natural shape and feel to the reconstructed breast at the expense of undergoing surgery and creating scars in healthy parts of your body.

Abdominal flap reconstruction is by far the most complex form of breast reconstruction. The operation and recovery time is considerably longer than the other forms of reconstruction.

## Implant reconstruction

Implant reconstruction involves making a space on your chest between your ribcage and 'pec' muscles and inserting an implant into this 'pocket'. The first implant inserted is usually an 'expander'. An expander is like a deflated balloon made of silicone. Over a 3-6 month period the expander is filled with saline (salty water) to gradually expand the pec muscles and skin to the desired size. At a second operation the expander is removed and a breast shaped silicone implant is inserted into the pocket. The operations are performed using the same scar as the mastectomy surgery. Operating and recovery times are relatively short for each stage.

## Combination reconstruction

Combination reconstruction usually refers to breast reconstruction using a muscle flap from the back (the latissimus dorsi flap) in combination with a silicone breast implant. The latissimus muscle is usually not large enough on its own to reconstruct a breast so a breast implant is also used to increase the breast volume. This is usually a one stage operation.

Most women will not have any problems related to the absence of this muscle as the other back muscles become stronger to compensate. Compared with implant-only reconstruction, the extra muscle covering the implant provides a slightly more natural shape and feel. Skin can also be transferred along with the muscle when the skin of the chest is unsuitable. In addition to the breast scar there will be a transverse scar on the back which is usually hidden by the bra strap.

The women who choose this type of reconstruction are usually unsuitable for or unwilling to undergo an abdominal flap (TRAM) reconstruction.

Dr Boorer will determine and discuss suitable options for you at the initial consultation. A second consultation is usually required due to the amount and complexity of information that you need to absorb and understand. It is important that you take your time to come to the right decision for you. Dr Boorer is more than happy for you to bring a support person along to the consultations.

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## Comparison of techniques

### Implant reconstruction

#### Possible advantages

- Short and relatively simple surgery
- Short anaesthetic and recovery time
- No operating on healthy tissue or extra scars
- No tissue missing elsewhere in the body

#### Possible disadvantages

- Requires multiple expansions and second operation
- Less symmetrical shape match with remaining breast
- Firmer texture
- Unsuitable for reconstructing large breasts
- Implant may need to be replaced

### Flap reconstruction

#### Possible advantages

- Most natural feel and appearance
- Most long lasting result
- Usually one operation
- No artificial materials
- Bonus 'tummy tuck'

#### Possible disadvantages

- Major operation with longer operating time, hospital stay and recovery time
- Extra scars
- Risk of complications or weakness at other body sites

## Nipple reconstruction

Nipple reconstruction is performed as a final stage of breast reconstruction, after the breast has reached its final shape and size, and when you are happy with your reconstruction (usually at least 6 months after breast reconstruction). The nipple is created using your own tissue (day surgery only) and the areola is usually tattooed in around 6 weeks later.

## Will it be necessary to operate on the other breast?

Although a good match can often be achieved by reconstructing the affected breast alone, the best symmetry is obtained by also considering surgery to the unaffected breast. For some women, reconstruction gives an opportunity to address any concerns with existing shape or size of their breasts, and it is possible to complete reconstruction with bigger, smaller or less droopy breasts than before. Other women would prefer to leave the healthy breast alone.

The options for the other breast include:

- Do nothing
- Breast reduction
- Breast enlargement
- Breast lift

For women at high risk of cancer in the unaffected breast we need to consider mastectomy and reconstruction for both breasts

## Is there a risk of unexpected outcomes?

The large majority of patients who have breast reconstruction performed by an experienced and well trained surgeon do not run into any unexpected outcomes. All surgery, however involves some risks. Dr Boorer always takes the utmost care, and will use the most up to date techniques and preventative measures to minimise these.

The risks differ depending on the reconstruction used. During the consultation risks associated with your particular reconstruction will be fully explained and you will be given some information to take home to read and discuss with your family should you choose. In the event of an unexpected outcome she will keep a very close eye on you and keep you fully informed.