Breast Reconstruction

for the Patients of
Dr. Steven F. Morris
Breast Reconstruction

Introduction

This pamphlet will help you understand more about breast reconstruction - when it is appropriate, how it is done, and what you can expect. It will help you understand the different surgical options that are available and how they might impact your life, so that you can choose what is right for you. Medical terms used in this pamphlet are listed near the end.

If you are considering reconstructive procedures, you should have the chance to learn about and take part in decisions about your treatment. This pamphlet is written to help communication between you and the medical specialists who provide reconstructive services. If you are informed, you will get more out of your consultation with your reconstructive surgeon. Don’t hesitate to ask for more information from your doctors and nurses.

What is breast reconstruction?

Medical techniques have made it possible for surgeons to create a breast close in form and appearance to a natural breast. Most women who have had a mastectomy or lumpectomy can have their breast reconstructed. Breast reconstruction is covered by most provincial health plans.

Breast reconstruction is not a simple procedure. There are many options to consider as you and your doctor explore what is best for you.

The decision to have reconstruction is a very personal one. It is based on your feelings about your body, your health, your sexuality, and your tolerance for additional surgery. Reconstruction is not right for everyone. Many women choose to do nothing or to wear an artificial breast form (prosthesis). It is quite literally “a woman’s choice.”

No matter what you decide to do, your decision is valid, and will be respected by your health care providers and your loved ones.
Why might I choose to have breast reconstruction?

There are many reasons why you might choose to have breast reconstruction.

Some examples:

- So clothes will fit better.
- To look and feel normal.
- To feel more sexually attractive.
- To avoid wearing an external prosthesis.
- To be more physically active or athletic.
- To be reminded less about breast cancer.
- To feel physically whole again.

Although some women are able to cope with mastectomy and feel no need for reconstruction, the loss of a breast can sometimes lead to depression, lower self-esteem, and loss of femininity. Scarring from mastectomy can also be a reminder of cancer, and can lead to feelings of poor health.

External (outside your body) breast prosthesis can work for many women after mastectomy. It may be unpleasant to use, cause neck or back pain, or limit clothing options and physical activities. Breast reconstruction after mastectomy is well accepted as an important part of the restoration and rehabilitation in the treatment of breast cancer.

When considering breast reconstruction, it is important to realize that every surgical procedure has a certain amount of risk. Risks associated with all breast reconstruction procedures include bleeding, infection, changes in skin sensation (feeling), scarring, slowed healing, fluid build-up, allergic reactions, reactions to anesthesia (medicine to put you to sleep), breast asymmetry (uneven), and unsatisfactory results.

Where do I begin?

This guide can help you with the first steps towards breast reconstruction. A consultation with your plastic surgeon will help you to understand which procedures may be available for you to consider. A consultation will help you to understand what’s available and what a likely outcome may be.
When should breast reconstruction be done?

Reconstruction can be done at the time of mastectomy – which is called immediate reconstruction. It can also be done later, which is called delayed reconstruction.

If you’re having immediate reconstruction, your plastic surgeon will take over right after the mastectomy, while you are still under anesthesia. You will wake up from your mastectomy with a new breast mound. The best candidates for immediate reconstruction are women whose cancer is completely removed by mastectomy, and who have no spread of cancer to nearby lymph nodes.

Delayed breast reconstruction can be done months or even years after your mastectomy. Delayed reconstruction requires another surgery; however, it is appropriate in some cases. Some women are uncomfortable weighing all the options for breast reconstruction while coping with a diagnosis of cancer. Also, women with other health conditions such as obesity, high blood pressure, diabetes, or smoking may be advised to wait.

It is important to talk about these factors with your plastic surgeon. If you are considering breast reconstruction, even if it is to be done at a later date, it is important to meet with a plastic surgeon before your mastectomy.

Immediate reconstruction

- You don’t wake up from your surgery without a breast.
- One surgery rather than 2 means fewer problems from an anesthetic, one hospital stay and faster recovery time.

Delayed reconstruction

- Gives more time to make reconstructive choices.
- May be better if you are having other treatment, such as radiation, or chemotherapy.

What type of breast reconstruction is best for me?

Reconstruction of the breast mound can be done either with a synthetic (artificial) implant or with your own tissue. Synthetic implants are round silicone implants filled with saline (salt water) that are inserted under the skin to create the form of a breast. Autologous reconstruction (using your own tissue) involves replacing breast tissue lost during mastectomy by moving “flaps” of skin, fat, and muscle from another part of the body to the breast area. The different types of synthetic and autologous breast reconstruction will be described in the next few pages.
Implant reconstruction

Implants
Synthetic implants are round pouches made of silicone and filled with saline that are inserted underneath the skin and muscle. If you are interested in synthetic implants, you will meet with a plastic surgeon before your mastectomy and choose an implant that will match the size of your other breast. Synthetic implants can be inserted through the mastectomy incision (cut), so there is no new scar.

Implants are most suitable for women who have:
- Small breasts.
- A modified mastectomy.
- A healthy chest muscle.
- Not had radiation.

Some advantages of implants are:
- It is a shorter procedure (1-2 hours), with a fast recovery time (4-5 weeks).
- The surgery is usually done in 2 stages about 3-4 months apart.
- It is possible to match the natural skin colour and texture.
- Skin sensation usually returns.

Some disadvantages of implants are:
- There is no natural aging or droop to the reconstructed breast.
- Implants cannot be used to create a large breast.
- Implants cannot be used for women who have had a radical mastectomy, or tight skin on the chest wall.
- Implants may not last a lifetime. They may have to be adjusted, or replaced in the future.
- It is difficult to get good breast symmetry with an implant because they often don’t look like a normal breast.
Some possible complications of implants are:

- The implant may become displaced (moved to a different, abnormal position).
- Build-up of scar tissue can cause a lot of firmness in the reconstructed breast.
- Infection, rupture, capsular contracture (hardening of the implant).

**Tissue expanders**

Tissue expanders are the most common form of synthetic reconstruction. A tissue expander is an empty silicone bag that is placed behind the skin and chest muscle.

The tissue expander is then inflated over time with saline through an attached valve over 3-8 weeks after the surgery. After the implant is fully inflated, a second surgery may be needed to remove the expander, and replace it with a permanent implant.

**Tissue expanders are most appropriate for women who have:**

- Skin that is too tight for a silicone implant.
- Large breasts.

**Some advantages of tissue expanders are:**

- Medium to large breasts can be reconstructed.
- It is a short procedure (1-2 hours), with a fast recovery time (4-5 weeks).
- It is possible to match the natural skin colour and texture of the expander to your skin.
- Skin sensation usually returns.
Some disadvantages of tissue expanders are:

- Several outpatient visits are needed for inflation.
- There may be some discomfort during inflation.
- A second operation is needed to replace the expander with a permanent implant.
- No natural aging or droop in the reconstructed breast.
- The permanent implants may not last a lifetime. They may have to be adjusted or replaced in the future.

Some rare complications of tissue expanders are:

- The expander moves to a new position.
- Build-up of scar tissue can cause a lot of firmness of the reconstructed breast.
- Valve failure in the tissue expander may happen.

What is autologous breast reconstruction?

Autologous breast reconstruction is surgery to restore the breast after mastectomy or lumpectomy using your body's own (autologous) tissues.

Why do autologous breast reconstruction?

Autologous breast reconstruction is preferred by many since it provides natural tissue which is very similar to the breast.
Your breast reconstructive surgery
You are going to have autologous breast reconstruction surgery. Autologous means using your own tissue instead of implants.

There are several different types of autologous breast reconstruction surgeries performed at the Queen Elizabeth II Health Sciences Centre.

Flap: A flap simply means a portion of your body which is transferred with its blood supply.

Pedicled Flap: If the flap remains attached to its origin, it is a pedicled flap.

Free Flap: If the flap is removed and then the small blood vessels are reattached, it is called a free microvascular flap.

DIEP (Deep Inferior Epigastric Perforator) Flap:
This is the most common type of flap used for autologous breast reconstruction.
Skin is taken from the abdomen (belly), which usually improves the shape of the abdomen. The muscles of the abdomen are preserved. The DIEP Flap results in a long scar across the lower abdomen.

TRAM (Transverse Rectus Abdominis Myocutaneous) Flap:
Skin is taken from the lower abdomen and the rectus abdominis muscle. The shape of the abdomen is usually improved. The TRAM Flap results in a long scar across the lower abdomen.
Latissimus Dorsi Flap (Lat Dorsi Flap):
A section of skin and muscle (latissimus dorsi muscle) is taken from the back on the same side as the mastectomy or lumpectomy. The muscle, skin and fat are detached and slid around through a tunnel under the skin to form a new breast. Usually, a breast implant is also used to fill the reconstructed breast to the correct size.

TAP (Thoracodorsal Artery Perforator) Flap:
The TAP Flap is similar to the Lat Dorsi Flap. However, only the skin and fat from the back are used to form the new breast. A breast implant may also be used to fill out the breast size.

Other Flaps:
There are a number of other flaps which can be used to reconstruct the breast, including the DCIA (Deep Circumflex Iliac Artery) Flap, the PFA (Profunda Femoris Artery Perforator) Flap, the SGAP (Superior Gluteal Artery) Flap, the IGAP (Inferior Gluteal Artery) Flap and the Lumbar Artery Flap.

Your surgeon will talk with you about the best type of breast reconstruction for you.
Nipple and areola reconstruction

Some women also choose to have the nipple and areola (colored ring around the nipple) reconstructed. This procedure is usually done 4–6 months after the first surgery so that the breast mound has time to settle in place. Skin from the inner thigh, buttocks, or part of the opposite nipple can be used to make a new nipple. The areola can be created using medical tattooing. Nipple and areola reconstruction is usually done under local anesthetic. The reconstructed nipple does not have the same sensation as a natural nipple.

Which option is right for me?

You should talk about your options with a plastic surgeon to make sure that you understand the positives and negatives of each procedure. Different women have different reasons for getting breast reconstruction. You must carefully consider what is important to you in order to make an appropriate choice. MSI will also cover modifications to the opposite breast in order to achieve breast symmetry (both breast evenly shaped). These modifications can either be done at the same time as the reconstruction, or at a later date. However, MSI may consider some secondary procedures to be non-insured and patients then have to decide if they will go ahead with the surgery (eg. fat grafting).

Remember, this is a personal choice, so there is no right or wrong answer. Your decision must be respected by those who are close to you and by your health care team.
Summary of effects of surgery

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Getting back to normal

Recovery time varies between the different surgical options and between different patients. Most scars will fade a lot over time, however it may take several years, and they will never disappear entirely. Exercise is an important part of your recovery; however, too much activity too quickly may slow your recovery. Light activities such as walking can be a good way to start getting back to normal. Follow your surgeon’s advice on when to return to your normal activities.

Losing a breast can be a devastating experience. It is normal to feel anger, despair, fear, hope, or sadness. It will take time to adjust to your new breast shape and sensation. As time passes, your new breast will begin to feel more and more like a part of you.
Questions to ask your plastic surgeon

If you decide to have breast reconstruction, it is important to remember that it is your decision and your body. You should be able to talk with healthcare workers and feel comfortable asking questions. It is OK to make requests, be critical, and ask for changes. If you understand the procedure and have realistic expectations, you are much more likely to be satisfied with your results.

Here are some questions you may wish to ask your plastic surgeon:

- What will my breast reconstruction look like: In 1 month? In 6 months? In 1 year?
- When can I go back to work?
- When can I return to other activities (such as running, lifting heavy objects, having sex)?
- Can I see photos of another patient who has had this procedure?
- Can I talk to other patients who have had breast reconstruction?
- How long will I have to stay in the hospital?
- Will my new breast look and feel like the opposite breast?
- What type of surgery would you recommend for me?
- What are the risks of this procedure?
- What are the possible complications?
- How likely are these complications to happen?
Some medical words

Breast augmentation
A surgical procedure which makes the breast larger by implanting a prosthesis.

Breast implant
A silicone pouch filled with saline (salt water) or silicone gel that can be placed in the body for simulated (artificial) breast tissue.

Breast reconstruction
A surgical procedure that rebuilds a removed breast after lumpectomy or mastectomy.

Capsular contracture
Scar tissue growth around an implant which results in a hard sometimes deformed or painful appearance.

Delayed reconstruction
Breast reconstruction that takes place weeks, months, or years after a mastectomy.

Tissue expander
A breast implant that is inflated over time with saline to stretch the tissues and create a breast mound.

Flap
A portion of tissue (muscle, fat, and skin) that can be moved with its blood supply from one part of the body to another.

Flap reconstruction
Rebuilding of a removed breast using a flap to form the breast mound.

Immediate reconstruction
Breast reconstruction that takes place during the same surgical procedure as a mastectomy.

Inpatient surgery
A surgical procedure in which the patient stays overnight in a hospital.
Latissimus Dorsi Flap Reconstruction
Breast reconstruction that uses the patient’s own tissue from the latissimus dorsi muscle (located in the back) to build a breast mound.

Lumpectomy
Removing a cancerous tumour along with a small amount of surrounding tissue during surgery.

Lymph nodes
Structures in your body that act as filters, catching bacteria and cancer cells, and that contribute to the body’s immune system.

Mastectomy
The removal of breast tissue because of a cancerous or precancerous growth.

Mastopexy
Breast lift to tighten the breast by removing skin that gravity and aging have caused to sag.

Modified radical mastectomy
Removing the breast, some fat, and most of the lymph nodes in the armpit during surgery, leaving the chest wall muscles largely in place.

Outpatient surgery
Surgery in which the patient does not stay overnight in a hospital.

Pectoralis major
A muscle in the upper chest which gives support for the breasts and is needed for arm movements.

Prosthesis
Any artificial (fake) body part.
Ptosis
Sagging. Breast ptosis is usually because of normal aging and the pull of gravity or changes caused by pregnancy or weight loss.

Radical mastectomy
Removal of the breast, underlying muscles, and underarm lymph nodes.

Saline
A liquid that is made up of water and a small amount of salt. Approximately 60% of an adult’s body weight consists of this salt water solution.

Silicone
A material that is widely used in medical implants, made mainly of silicone, carbon, hydrogen, and oxygen.

Silicone gel
Silicone made in a half solid, half liquid state, used as a filling in breast implants. It is similar in consistency to a normal breast.

Simple mastectomy
Removal of the breast only.

Tissue expander
An adjustable implant that can be inflated with salt water to stretch the tissues at the mastectomy site.

Tram Flap reconstruction
Breast reconstruction that uses a woman’s own lower abdominal tissue and muscle to build a breast mound.
Resources

Canadian Cancer Society: 902-423-6183
Cancer Information Service and Cancer Connection: 1-888-939-3333
Canadian Breast Cancer Foundation- Atlantic Region: 902-422-5520
Cancer Care Nova Scotia: 902-473-4645

Online resources

Information about surgical techniques and finding a plastic surgeon:
› www.breastreconstructioncanada.ca

Excellent information, patient videos, and support resources:
› www.cancersupportcommunity.org/MainMenu/About-Cancer/Types-of-Cancer/Breast-Cancer/Breast-Reconstruction

Basic information on breast reconstruction, helpful additional links:
› www.willow.org/get-information/breast-reconstruction/breast-reconstruction-basics/

Information about the positives and negatives of breast reconstruction:
› www.breastcancer.org

Canadian Society of Plastic Surgery. (Information about surgical techniques and selecting a plastic surgeon):
› www.plasticsurgery.ca

American Society of Plastic Surgeons. (Information about surgical techniques and selecting a plastic surgeon):
› www.plasticsurgery.org

Information about risks and incidence of complications:
› www.cancer.org
Books
If you have any questions, please ask. We are here to help you.

Questions for the health care team:
Looking for more health information?
Contact your local public library for books, videos, magazines, and other resources.
For more information go to http://library.novascotia.ca

Capital Health promotes a smoke-free, vape-free, and scent-free environment.
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