

Breast Reconstruction

What is breast reconstruction?

Breast reconstruction is surgery to rebuild your breast after a mastectomy. A plastic surgeon uses an implant or your own body tissue to create a new breast.

Implant: An implant is a shaped silicone bag filled with saltwater or silicone gel. Implants can break or leak and almost half of all implants need to be replaced or removed within the first 10 years after surgery. There have been concerns about the safety of implants filled with silicone gel. After review, the US Food and Drug Administration (FDA) reported that the implants are safe and effective.

Flap: A flap of tissue taken from your belly or back may also be used to reconstruct your breast. A flap may give a better cosmetic result. It acts like the rest of your body, and will shrink or enlarge if you gain or lose weight. There is no risk that a flap will leak or need to be replaced.

When is it used?

Breast reconstruction may be started when you have your mastectomy or done at any time afterwards. You may need 2 or 3 operations over a 4 to 6 month period before the reconstruction is complete.

Your provider may recommend that you wait to have breast reconstruction until after you finish chemotherapy, radiation therapy or both. Healing from reconstruction surgery can cause a delay in chemotherapy treatment. Radiation therapy may change the look and feel of a reconstructed breast.

Instead of this procedure, you may choose to accept the way you look and feel without a breast. If you choose not to have reconstruction surgery, there are silicone breast shapes (also called a prosthesis) that you can wear inside your bra.

Ask your healthcare provider about your choices for treatment and the risks. Also, it is helpful to have a family member or friend listen to the choices with you.

How do I prepare for this procedure?

There are many support groups for women who have had mastectomies. These support groups are usually made up of former cancer patients. Contacting one of these groups can help you learn what to expect from the surgery and give you emotional support.

Talk to your provider about the size and shape of breast you would like to have. Silicone implant reconstruction and tissue reconstruction produce different results. You may need surgery on the other breast to give the best match in size and shape. Ask your surgeon about this.

- Plan for your care and find someone to give you a ride home after the procedure.
- Tell your healthcare provider if you have had any reactions to iodine-containing foods or chemicals, such as seafood or X-ray contrast dye.

- Some medicines (like aspirin) may increase your risk of bleeding during or after the procedure. You may or may not need to take your regular medicines the day of the procedure, depending on what they are and when you need to take them. Tell your healthcare provider about all medicines and supplements that you take. Ask your healthcare provider if you need to avoid taking any medicine or supplements before the procedure.
- Follow any other instructions your healthcare provider gives you.
- Ask any questions you have before the procedure. You should understand what your healthcare provider is going to do.

What happens during the procedure?

The procedure will be done at a hospital. You will be given general anesthesia to keep you from feeling pain during the procedure. General anesthesia relaxes your muscles and you will be asleep.

If you have reconstruction at the same time as your mastectomy, the surgeon will place an implant or flap in the area where your breast tissue was removed, or under the muscles on your chest.

If you decide to wait to have reconstruction:

- For reconstruction using an implant, the surgeon will put a balloonlike expander under your skin and chest muscles in the area where your breast was removed. The expander is inflated with saltwater to stretch the skin. More saltwater is injected into the expander every few weeks. The stretching takes many weeks, depending on how much skin there is and how much it needs to be stretched.

When the skin has stretched to the right size, you will have the next operation. You will be given an anesthetic and then the surgeon may replace the expander with an implant under your skin.

- For reconstruction using your own tissue, the surgeon will rebuild your breast using a flap of skin, fat, and sometimes muscle from your belly or back. In addition to the scar from the removal of the breast, you will have a scar in the area where the skin and muscle tissues were taken from. The scars will fade over time, but they will never go away completely.

As the final step, the surgeon may create a new nipple and areola (the dark circle of skin around your nipple). The surgeon may use tissue from your breast or a graft of skin from your underarm or groin. Sometimes the surgeon will tattoo the center of your breast to make it look like a nipple. Reconstruction cannot make the nipple or breast feel like it used to, but sometimes some feeling does come back.

What happens after the procedure?

You may be in the hospital for 24 hours if you have an expander placed under your skin. If a tissue flap is used to rebuild your breast, you may be in the hospital several days.

You will have drainage tubes through your skin for a few days after surgery. The tubes remove fluid from the area where you had surgery. Your surgeon will tell you how to care for these drains and arrange for you to come to the office for their removal. You will also get instructions for caring for yourself.

Ask your healthcare provider:

- How and when you will hear your test results
- How long it will take to recover
- What activities you should avoid, including how much weight you can lift and when you can return to your normal activities
- How to take care of yourself at home (For example, tight clothes might reduce blood supply to the surgery area. Check with your healthcare provider before choosing a bra.)
- What symptoms or problems you should watch for and what to do if you have them

Make sure you know when you should come back for a checkup.

What are the risks of this procedure?

Your healthcare provider will explain the procedure and any risks. Some possible risks include:

- Anesthesia has some risks. Discuss these risks with your healthcare provider.
- You may have infection, bleeding, or blood clots.
- Several days after surgery you may develop a collection of fluid in the area where you had surgery. This usually happens after the drains have been removed. The fluid can be removed by your healthcare provider with a needle and syringe.
- A hard shell may form around the implant. The area may get firm or tender and need regular massage.
- Your reconstructed breast may feel hard, lumpy, or tight.
- Your breasts may be a different size or shape, or they may not point in the same direction. You may want more surgery on one or both of the breasts to try to make them similar.
- You may have pain and it may be hard to move your arm and shoulder. You may need to do exercises recommended by your healthcare provider to get normal movement back.
- An implant may leak or deflate. You may need more surgery to remove and replace the implant.

Every procedure or treatment has risks. Ask your healthcare provider how these risks apply to you. Be sure to discuss any other questions or concerns that you may have.

For more information, contact:

- American Cancer Society, Inc.
800-227-2345
<http://www.cancer.org>

- Cancer Information Service
800-422-6237
<http://www.cancer.gov/aboutnci/cis>
- US Food and Drug Administration (FDA)
888-463-6332
<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/>

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