Breast Reconstruction

Reconstruction of a breast that has been removed due to cancer, trauma or other disease is one of the most rewarding surgical procedures available today. New medical techniques and devices have made it possible for surgeons to create a breast that can come close in form to matching a natural breast. Frequently, breast reconstruction is possible immediately following breast removal (mastectomy) so the patient wakes up with a breast mound already in place, having been spared the experience of seeing herself with no breast at all. But bear in mind, post-mastectomy breast reconstruction is not one simple procedure. There are often many options to consider, since a lot depends on your individual circumstances.

With advances in earlier detection of breast cancer the majority of patients are not treated with mastectomy (loss of the breast). They receive a localized removal of the breast cancer (Lumpectomy) often with adjuvant radiation therapy. Some form of Chemotherapy is often added to assist in improving survival and decreasing the chances of recurrence of the breast cancer. At the time of the Lumpectomy the axillary lymph nodes are assessed for spread of the cancer. If they are positive the patient could require additional radiation to that area. Combination therapy of surgery, radiation and chemotherapy often can result in the best survival in breast cancer patients.

After discussion with your breast surgeon if it becomes evident that you will require removal of your breast (Mastectomy) for whatever reason. It is at this point the patient should consider breast reconstruction. Ask for a referral to a plastic surgeon to discus the matter. He will advise you wether this would be an advisable procedure to consider. Some patients due to the aggressiveness of the breast cancer, need for extensive post operative radiation or poor health are not good candidates.

The best candidates for breast reconstruction are women whose cancer seems to have been eliminated by mastectomy. Still, there are legitimate reasons to wait and not have your breast reconstruction at the time of the mastectomy. Many women aren't comfortable weighing all the options while they're struggling to cope with a diagnosis of cancer. Others simply don't want to have any more surgery than is absolutely necessary. Women with other health conditions placing them at a higher risk such as obesity, high blood pressure or smoking may also be advised to wait.

The common reasons given to support immediate breast reconstruction include the emotional and psychological impact of starting on the road to reconstruction at the time of mastectomy and the decreased financial costs associated with combining two surgical procedures in one. Cosmetic results following immediate breast reconstruction tend to be more appealing as there is often less scaring. Often if radiation is required in the postoperative period immediate breast reconstruction will be deferred.
Breast reconstruction is divided into three basic groups. The utilization of artificial material (implants and tissue expanders), autogenous tissue or utilizing your own body parts to build a breast and combinations of the artificial material and autogenous tissue.

All these various procedures require stages of complete reconstruction the the lost breast. It is not with one operation.

Most patients presently choose utilization of artificial material (implants and tissue expanders) for breast reconstruction. Many reasons are given but a quicker recovery and a less extensive procedure are often given as reasons by patients. Depending upon the size of the breast and the amount of skin that has to be removed the patient could require a tissue expander be placed or proceed directly to a permanent implant. A tissue expander allows for stretching of the skin envelope on the chest to allow for an appropriately sized permanent implant. The permanent implant and adjustment of the breast mound position are often done in a second procedure after the tissue expander has been removed. The final two procedures are creation of the nipple and tattooing of the nipple areolar complex. Often a total of four staged procedures are required to complete breast reconstruction when artificial material is utilized for breast reconstruction.

Breast reconstruction with utilizing your own bodies tissue or autogenous breast reconstruction can be complicated and extensive surgical procedures. The patient must be screened to make sure they are an good candidate for these procedures are their presently limited sources where tissue can be taken to build a breast. Recovery can also be longer following these procedures. Often the excessive tummy skin and fat are utilized to build the breast. It is not a tummy tuck but your abdomen could be flatter. Consult with your plastic surgeon to see if you are a appropriate candidate for autogenous breast reconstruction. Again, an average number of three to four staged procedures can be required to build a breast with autogenous breast reconstruction.

Combinations of of the artificial material and autogenous tissue for breast reconstruction are less common today than in the past. Sometimes the muscle of the back or the latisumus dorsi muscle is utilized with an implant or tissue expander to build a breast mound. With the advent of technology these types of procedures have become less common. Artificial structural fillers like artificial dermis have decreased the need for such procedures.

The last issue with breast reconstruction is the contralateral or other breast. Often for symmetry the contralateral breast will either be lifted, reduced or augmented to better match the appearance of the reconstructed breast. Consult with your breast and plastic surgeon regarding the contralateral or other breast. Remember, breast reconstruction is a covered service by insurance carriers by Federal Law thanks the the efforts of the American Society of Plastic Surgeons (ASPS). It includes treatment of the contralateral or other breast to obtain symmetry. Breast reconstruction can have a significant emotional and psychological effect on patients but requires a significant effort and commitment by the patient to complete the process.