

Breast reconstruction after cancer: What are my options?

By Alex Lechtman, MD

Breast reconstruction after mastectomy can be a very important part of woman's recovery from breast cancer. Reconstruction is a personal decision and one woman's concerns and feelings are just as valid and real as any others.

When considering breast reconstruction, it is important to know what is available and then spend time with your plastic surgeon and discuss it with him or her. You may not be a candidate for a particular method of reconstruction, but there are others available that may work very well for you. Also, reconstruction after mastectomy has to be covered by your insurance. It is federal law from the Women's Health Act of 1998.

In general, there are four options when considering reconstruction:

Option 1: Do nothing. For a lot of women, this is a very real option. Reconstruction, like any operation has its risks and recovery time. Many women want to get back to their lives as quickly as possible. There are prosthetics that can be inserted in the bra to make you look very natural in clothing. It is very important to remember that reconstruction can be done at any time so delaying it till you and your family are at a better place is perfectly OK.

Option 2: Tissue expanders and/or Permanent Implants. A tissue expander is like an uninflated balloon. Once under the skin, the expander is inflated each week till you and your surgeon are happy with the size. Time is allowed for the skin to fully stretch and then a permanent implant can be placed. Advantages include minimal down time and good appearance in clothing. This is also an excellent option for women who are considering having both breasts removed at the same time. Disadvantages include multiple office visits, the implant rarely looks like a natural breast and may require that the uninvolved breast be altered, and all the potential risks of an implant including rupture, infection and scarring around the implant.

Option 3: Latissimus muscle flap. The latissimus muscle is that "V" shaped muscle on the back of a well-developed man or woman, which extends from the lower back to the shoulder. It can be taken from the back and swung around to the front to replace the breast. Typically, there isn't enough soft tissue to reconstruct more than a small breast. An implant can also be placed to add more projection.



Option 4: "TRAM" flap. The Transverse Rectus Abdominus Myocutaneous flap takes the extra tissue at the waistline and moves it up to the breast. While the actual mechanism of that transfer varies, this flap represents the best overall option for the most natural appearing breast from both a size and ptosis (normal mature droop) standpoint. Another plus is that a tummy tuck is a byproduct of the flap option.

One of my patients, Mrs. G, opted for an implant reconstruction. Over the course of about 18 months, she underwent four operations to create a breast mound, place a permanent implant, reduce and raise the normal breast to provide a better match, and to create a nipple. Medical grade tattooing was then done to recreate the color of her nipple and areola, matched to her normal side. None of her operations required overnight hospital stays.

Considerations: Breast reconstruction can be done both immediately (at the time of the mastectomy) or delayed until you have completely recovered from the operation and any chemotherapy or radiation. It is important to be aware of the fact that as you increase the option number (1 to 4), you increase the amount of time needed for the operation and you increase the amount of time needed for recuperation and recovery. Also, smoking greatly impacts these operations and increases the risk of complications.

One piece of information your plastic surgeon needs is whether or not you've had radiation or if radiation is likely after mastectomy. Radiation adversely affects human tissue and can significantly impact the options available for both immediate and delayed reconstruction.

There is no one method of reconstruction that is right for every patient. Options do exist that allow tailoring of the operation to fit the desires and lifestyles of most women. Only by discussing these with your plastic surgeon can you truly make an informed decision.

(Alex Lechtman, MD, is a Board-certified plastic surgeon with The Aesthetic Center of Visalia Medical Clinic.)

