BREAST RECONSTRUCTION

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October is Breast Cancer Awareness Month. In the United States today, about one in eight women develops breast cancer over their lifetime. In the past many

women avoided treatment for breast cancer because they thought that they

would be deformed, that their breasts would be removed. They waited until the disease was far advanced before they sought therapy.

The development of reconstructive breast surgery and breast conservation treatment has helped ease those fears. Not all breast cancers need a total mastectomy, but if a mastectomy is done, then we can reconstruct a breast mound and nipple. Reconstruction can be performed immediately at the time of the mastectomy, or delayed (after the mastectomy is healed).

The choice of immediate or delayed reconstruction depends on your health

and the type of reconstruction you prefer. Immediate reconstruction saves you one surgery and may allow you to wake up with a breast mound after your mastectomy.

Nothing is without potential problems. With immediate reconstruction, if you have a complication it may interfere with the timing of your chemotherapy or radiation therapy. Current testing of cancer cells for DNA and immune markers allows your physicians insight into how aggressive your cancer may be in the future, but this information is only available weeks after your surgery.

An advantage of delayed reconstruction is that you have time to consider the different types of breast reconstruction and you are not in a hurry when you choose one. Often women have a difficult time making a well thought out decision right after they hear that they have cancer. It is hard to concentrate on so many choices with your thoughts on survival from the cancer.

Another advantage of delayed reconstruction is that you have time to bank your own blood, if needed, for surgery. It also allows you time to recover from any chemotherapy and radiation therapy that you may need.

Autologous breast reconstruction uses your own tissue moved to the breast site to

mimic the breast mound. Lower abdominal tissue, back tissue and even thigh or buttock tissue can be moved to your breast site to recreate the breast mound.

If this flap of tissue is moved and the blood vessels are left intact it is called a

pedicle flap. A TRAM flap (lower abdominal fat and skin) or the back (a latissimus dorsi flap) are the most common pedicle flaps.

Free tissue transfer is possible at certain large medical centers. It involves taking the fat and skin from one area of your body, disconnecting it from its blood supply, and using a microscope to reconnect it to the blood vessels on the chest wall.

It involves a stay in the intensive care unit, a longer hospital stay than the

traditional pedicle flaps, and has some extra risks associated with it.

The free tissue transfer is usually performed by a team of surgeons.

You must be highly motivated and healthy to be a candidate for autologous

reconstruction. The surgery usually takes several hours and often involves a blood

transfusion.

Smoking, being very overweight, having had previous surgery in the flap

site or being very thin may keep you from being a candidate for this surgery.

Reconstruction can also be done with implants.

Many women do not have enough tissue on their stomachs or backs for breast reconstruction, or they may not want the risks associated with autologous reconstruction, so they elect to have an implant placed. Most women will not have enough skin left after a mastectomy to cover an implant.

A tissue expander is a balloon of silicone plastic that can be inserted under the muscle and skin of the breast site. Saline is injected into a port in the expander

on a weekly basis to stretch the skin. In the second stage of this surgery, the final implant is placed about three months after the final expansion.

Sometimes a single stage tissue expander breast reconstruction can be performed.

In this instance, a special saline filled tissue expander is used; one with a port that can be removed after the right size breast mound is achieved. Unfortunately,

as with all prostheses (like heart valves, knee and hip replacements)

breast prostheses will not last forever, and eventually need to be replaced whether the implant is saline or silicone.

The opposite breast can also be an issue in reconstruction. Unfortunately, we are

unable to exactly duplicate the appearance of a real breast. Women's breasts come in all shapes and sizes. If a breast is particularly large or droopy we will not be able to match it even closely. We may have to reduce a large breast, lift a droopy breast or augment a small breast to better match our reconstruction. Insurance coverage for breast reconstruction and for a balancing procedure on the opposite breast was

mandated in 1998, although Medicare and Medicaid may not allow for a balancing

procedure in every patient.

If both breasts are involved and lost to cancer, tissue expanders and implants make an excellent choice as the same implants can be used on each side and the result will be more symmetrical.

Nipples can be reconstructed on the new breast mound. Sometimes this is performed at the time of the main reconstruction, and sometimes after the reconstruction has had time to settle into place. The new nipple should project out from the skin and may need to be tattooed for the correct color. This part of the reconstruction can often be done under local anesthesia.

There are many types of breast prostheses available if you choose not to be

reconstructed. Some can be attached to your chest wall for a few days with special

adhesive. Many prostheses feel like breast tissue, and if someone hugs you, the

prosthesis is soft and very natural feeling. They may be made of polyester fiber, foam rubber, liquid, or even gel, and some come with nipples. Most insurance companies and Medicare will cover the prosthesis and mastectomy brassiere.

Other information and support on breast cancer is available at the American Cancer

Society (www.cancer.org) or 1-800-ACS-2345 (local office 843-213-0333) and the Reach to Recovery Volunteers.