

Breast Reconstruction

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Reconstruction of a breast that has been removed due to cancer or other disease is one of the most rewarding surgical procedures I offer patients. New medical techniques and devices have made it possible for us to create a breast that can come close in form and appearance to matching a natural breast. Frequently, 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, please, do bear in mind, post-mastectomy breast reconstruction is not a simple procedure. Most mastectomy patients are medically appropriate for reconstruction, many at the same time that the breast is removed. Reconstruction cannot restore normal sensation to your breast, but in time, some feeling may return. Most scars will fade substantially over time, though it may take as long as one to two years, but they'll never disappear entirely. The best candidates, however, are women whose cancer, as far as can be determined, seems to have been eliminated by mastectomy.



Still, there are legitimate reasons to wait. 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. I may advise you to wait, particularly if the breast is being rebuilt in a more complicated procedure using flaps of skin and underlying tissue. Women with other health conditions, such as obesity, high blood pressure, or smoking, may also be advised to wait. In any case, being informed of your reconstruction options before surgery can help you prepare for a mastectomy with a more positive outlook for the future.

Reconstruction has no known effect on the recurrence of disease in the breast, nor does it generally interfere with chemotherapy or radiation treatment, should cancer recur. You can begin talking about reconstruction as soon as you're diagnosed with cancer. Ideally, you'll want your breast surgeon working together with me to develop a strategy that will put you in the best possible condition for reconstruction.

Skin expansion with a tissue expander is the most common technique combines skin expansion and subsequent insertion of an implant. Following mastectomy, I will place a balloon expander beneath your skin and chest muscle. Through a tiny valve mechanism buried beneath the skin, I will periodically inject a salt-water solution to gradually fill the expander over several weeks or months. After the skin over the breast area has stretched enough, the expander may be removed in a second operation and a more permanent implant will be inserted. Some expanders are designed to be left in place as the final implant. Some patients do not require preliminary tissue expansion before receiving an implant. For these women, the surgeon will proceed with inserting an implant as the first step.

Flap reconstruction is an alternative approach to implant reconstruction involves creation of a skin flap using tissue taken from other parts of the body, such as the back, abdomen, or buttocks. In one type of flap surgery, the tissue remains attached to its original site, retaining its blood supply. The flap, consisting of the skin, fat, and muscle with its blood supply, are tunneled beneath the skin to the chest, creating a pocket for an implant or, in some cases, creating the breast mound itself, without need for an implant.

Most breast reconstruction involves a series of procedures that occur over time. Usually, the initial reconstructive operation is the most complex. Follow-up surgery may be required to replace a tissue expander with an implant or to reconstruct the nipple and the areola. The nipple and the dark skin surrounding it, called the areola, are reconstructed in a subsequent procedure. I reconstruct the nipple areolar complex using a combination of tattoo and local skin flaps. I may also recommend an additional operation to enlarge, reduce, or lift the natural breast to match the reconstructed breast. But keep in mind, this procedure may leave scars on an otherwise normal breast and may not be covered by insurance. It may take you up to six weeks to recover from a combined mastectomy and reconstruction or from a flap reconstruction alone. If implants are used without flaps and reconstruction is done apart from the mastectomy, your recovery time may be less.