
Breast reconstruction

Breast reconstruction can help restore the look and feel of the breast after a mastectomy. It can be done at the same time as the mastectomy or at a later date.

You may have reconstruction options based on the need for other treatment. Talk with your plastic surgeon, breast surgeon and oncologist (and your radiation oncologist if you are having radiation therapy) about your options.

Smokers and women who are overweight have a higher risk of problems with surgery. Sometimes, waiting to have reconstruction until after you quit smoking or lose weight may lower these risks.

Should I have breast reconstruction?

Here are a few things to consider if you are thinking about breast reconstruction:

- Are you OK with how your chest will look (without a breast) after mastectomy? If so, you may not want breast reconstruction.
- Have you talked with a plastic surgeon about your options? You may not be able to have some types of reconstruction. For example, it can be hard to place a breast implant if you have had radiation therapy. But, it can be done before radiation therapy.
- Are you willing to have a second surgery? Reconstruction can often be done at the time of the mastectomy or later. You may not have to make a choice right away. Talk with other women who have had reconstruction. You may also want to get a second opinion.
- Does your health insurance cover breast reconstruction? The Women's Health and Cancer Rights Act requires all health insurance providers and health maintenance organizations (HMOs) that pay for mastectomy to also pay for reconstruction.

Types of reconstructive surgery

Talk with your doctors about which reconstruction option would be best for you. Remember to ask about the recovery time. Also ask about pain, scars and limits in activities that may result. Talk about how treatment with radiation may impact your options.

If you are having breast reconstruction right away, the surgeon may try to keep as much of the skin of the breast as possible. This skin can then be used to cover a tissue flap or an implant.

Tissue flaps — These flaps use your own tissue to form a breast. The most common flaps use tissue from the back, abdomen or buttocks. These surgeries take longer and have a higher risk of problems than an implant. Since they use your own skin, muscle and fat, the reconstructed breast will have a more natural look and feel than an implant. In some flaps, an entire muscle is taken to reconstruct the breast. This can cause weakness in that part of the body. It also may affect some physical or athletic activities. If you are active, talk with your plastic surgeon.

Implants — There are two types of implants: saline and silicone. They come in different shapes to match the look of the natural breast. Inserting an implant is a fairly simple process. It is usually done in three steps. A tissue expander is put between the skin and chest muscle to stretch the skin to make room for a permanent implant. During office visits, more saline is added to the expander until it reaches the desired size. Then, the expander is removed and the final implant is put in. Breast implants typically last about 10 years. They will need to be replaced at some time in the future.

A combination of tissue flaps and implants — Some types of reconstruction combine a flap procedure with an implant.

Nipple and areola reconstruction

Recreating the nipple and areola gives the reconstructed breast a more natural look and can help hide scars. The nipple can be recreated with tissue from the reconstructed breast after the skin on the breast has healed. The areola may be recreated with a tattoo or by grafting skin from the groin area (which has a similar tone as the skin on the areola).

Breast prosthesis

If you don't want to have reconstruction, you can get a breast prosthesis. This is a breast form made of silicone gel, foam or other materials that is fitted to your chest. The form is either placed directly on top of your skin or in the pocket of a special bra. It helps maintain a balanced look when you are dressed.

If you choose to use a prosthesis

A member of your health care team can suggest places where you can buy prostheses. Many cancer center boutiques and some medical supply stores carry them. Some specialty lingerie stores have staff to help fit a prosthesis.

- Before you go, call ahead for an appointment with a fitting specialist.
- Wear a form-fitting top.
- Try on different ready-made prostheses. Decide which one is the best match for you. They come in a wide variety of shapes and sizes. If you have had a double mastectomy, you can buy two that match.
- Find out what your insurance will cover. Most plans will pay for a standard, new prosthesis every two years.

There are some online vendors, but it is best to get fit in person. Once you are fit, you can buy bras and mastectomy bathing suits online.

Resources

Susan G. Komen®
1-877 GO KOMEN (1-877-465-6636)
www.komen.org

American Cancer Society's Reach to Recovery
Program 1-800-ACS-2345
www.cancer.org

American Society of Clinical Oncology
1-888-282-2552
www.asco.org

Living Beyond Breast Cancer
1-888-753-5222
www.lbbc.org

National Comprehensive Cancer Network
1-866-788-NCCN
www.nccn.org

See more information on tissue flap methods at
<http://www5.komen.org/BreastCancer/BreastReconstruction.html>.

Related fact sheets in this series:

- Breast Cancer Surgery
- Follow-up after Breast Cancer Treatment
- Talking With Your Doctor

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