



A Guide to Your Breast Reconstruction Options

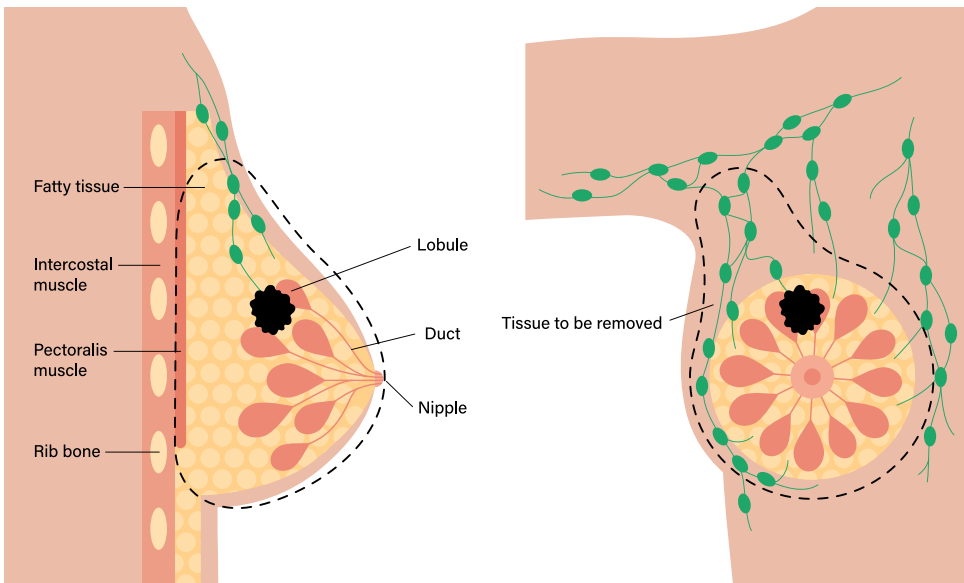


Breast Reconstruction after a mastectomy (breast removal) is an important decision.

Breast reconstruction is a procedure to rebuild absent or malformed breast(s) and make it/ them similar in shape and size to your original breast(s). Breast reconstructions are performed by Plastic Surgeons. Plastic surgeons work in collaboration with your specialists to give you the best possible results. We are sensitive to the unique needs of breast cancer patients and work especially closely with the entire cancer team (surgeon who performs the mastectomy, oncologist, nurse navigator) to create a specialized care plan just for you.

Our goal is to give you up-to-date information about breast reconstruction options so that you know what to expect and can make the best decision for your personal well-being. Plastic surgeons perform breast reconstruction surgery. Reading this guide before your visit with a plastic surgeon will provide you with the basic knowledge you need to partner with your plastic surgeon to determine which options may be right for you.

All treatment decisions are made as a collaborative effort between you and your surgical team, which also includes your breast cancer surgeon (i.e., general surgeon or surgical oncologist).



Making Your Decision

Deciding to have breast reconstruction can be complicated because there are so many options. Your plastic surgeon is here to help guide you through your options, but you can start by asking yourself these important questions to help you think about your goals:

Should I have breast reconstruction?

Advantages:

- You may feel more “balanced” in terms of breast weight and looks
- You may feel more “normal” in and out of your clothing
- You may be able to wear new types of clothing you wouldn’t have considered before
- You may feel more feminine or attractive
- It may help you emotionally throughout your cancer journey, not only having one breast

Disadvantages:

- Reconstruction requires more surgery
- You may need additional time to heal, which may cut into work and family life
- You may have more scars
- There are risks, like with any surgery, such as infection, swelling or delayed healing, etc.
- Reconstructed breasts will not look precisely the same as the breast that was removed
- Although rare, problems can occur years later like infections, hernias, or breast implant complications, etc.

When should I have breast reconstruction?

Breast reconstruction can be performed at various time intervals following mastectomy.

- Immediate reconstruction – performed at the time of your mastectomy
- Immediate delayed reconstruction – performed at some time shortly after your mastectomy but not on the same day
- Delayed reconstruction – performed at any time after your mastectomy (even years later)

Not all patients are candidates for immediate breast reconstruction. There are various reasons why patients may be recommended to have reconstruction at the same time or sometime after their mastectomy. Reasons can involve surgical risk, need for chemoradiation therapy, healing of mastectomy skin flaps and other contributory factors.



What is the goal of breast reconstruction?

The goal of breast reconstruction surgery is to restore the appearance of one or both breasts following mastectomy (surgical removal of the breast) or lumpectomy (removal of a portion of the breast) due to breast cancer or other conditions. Breast reconstruction aims to help restore a sense of wholeness, femininity and confidence for women who have undergone breast surgery. Specifically, breast reconstruction surgery aims to:

- **Restore Breast Shape and Volume:** The plastic surgeon uses various techniques to recreate a breast mound that closely resembles the natural breast in terms of size, shape, and symmetry
- **Improve Body Image and Self-Esteem:** Reconstruction can help women feel more comfortable with their bodies and regain confidence in their appearance after breast cancer treatment
- **Provide Psychological Benefits:** Many women experience emotional distress after losing a breast to cancer surgery. Breast reconstruction can alleviate some of this distress by restoring a sense of normalcy and completeness
- **Enhance Clothing Fit and Prosthesis Use:** Reconstructed breasts allow for more comfortable and natural fitting of clothing and bras, and they may reduce the need for external breast prostheses
- **Support Physical Recovery:** Breast reconstruction can aid in the overall physical recovery process by addressing the aesthetic concerns associated with breast surgery and promoting a sense of healing and closure

It's important to note that breast reconstruction is a personal decision, and not all women choose to undergo this procedure. Factors such as individual preferences, medical considerations and lifestyle factors play a significant role in the decision-making process. Additionally, there are various techniques and options available for breast reconstruction, and the choice of approach depends on factors such as the patient's anatomy, cancer treatment plan and personal preferences.

Which surgical option is best for me?

The two main types of breast reconstruction are:

Implant-based Reconstruction: In this approach, breast implants are used to recreate the breast mound. This method typically involves a staged process:

- **Tissue Expander Placement:** Initially, a tissue expander is placed beneath the chest muscle. Over several weeks or months, the expander is gradually filled with saline solution through a port to stretch the skin and muscle to the desired size.
- **Implant Exchange:** Once the desired size is achieved, the tissue expander is replaced with a permanent breast implant made of silicone or saline.
- **Additional Procedures:** Sometimes additional procedures such as fat grafting or nipple reconstruction may be performed to enhance the aesthetic outcome.

Autologous Tissue Reconstruction (Flap Reconstruction): In this technique, tissue from another part of the patient's body is used to reconstruct the breast mound. Common donor sites include the abdomen, back, buttocks, or thighs. Flaps can either be based on pedicle and rotated into position (latissimus flap) or a free flap involving complex microsurgery (DIEP flap).

Each type of reconstruction has its advantages and considerations, and the choice depends on factors such as the patient's anatomy, medical history, lifestyle, personal preferences, and technical skills of your surgeon. It's essential for patients to discuss these options thoroughly with their plastic surgeon to determine the most suitable approach for their individual needs and goals.

Additional Surgical Options Following Breast Reconstruction (Symmetry procedures for the contralateral breast):

There are additional surgeries available to make your breast(s) look as natural and symmetrical as possible after breast reconstruction. These include:

Breast Augmentation

If your natural breast is smaller than your reconstructed breast, your plastic surgeon can insert an implant into your natural breast to make it larger.

Advantages:

- The augmented breast will match the shape of your reconstructed breast more closely

Disadvantages:

- An additional surgery
- Your implant may develop complications over the years (i.e., leakage or excess scar tissue)

Breast Lift (Mastopexy) of the Opposite Natural Breast

The plastic surgeon can do a breast lift, on the natural breast, to make it look more youthful and match the reconstructed breast (if one-sided)

Advantages:

- The lifted breast will match the shape of your reconstructed breast more closely
- The lifted breast will be higher and firmer after a breast lift

Disadvantages:

- Additional surgery with permanent scars
- You may permanently lose feeling in your nipple or breast

Breast Reduction

A breast reduction removes skin and fat from your natural breast if it is larger than your reconstructed breast.

Advantages:

- The reduced breast will match the shape of your reconstructed breast more closely
- The reduced breast will be smaller, therefore possibly relieving strain on your back and neck and reducing irritation in the breast crease if you have naturally large breasts

Disadvantages:

- Additional surgery with permanent scars
- May leave your nipples and breast skin numb for up to a year, and a small possibility that you may lose feeling in your nipple or breast

Fat Grafting

Grafting fat can be used from other areas of the body to improve the shape of your breasts after either an implant-based or natural tissue breast reconstruction.

Advantages:

- Can improve size, shape, and symmetry of the breasts
- A relatively minor procedure with minimal scarring
- Can fill out areas of the breast that implants and flaps may not reach (i.e., area under the collar bone)

Disadvantages:

- There may be some volume loss of fat in the first several months following the surgery
- Can leave a palpable lump, which may need to be removed.

Nipple Reconstruction (optional)

Surgeons are able to take a small flap of skin from the breast and make it into a new nipple, while taking skin from another part of the body and reconstructing an areola. Other options include 3D nipple tattooing.

Plastic surgeons often have you wait 6 months to a year after the breast reconstruction to schedule a nipple reconstruction.

Advantages:

- Your breast reconstruction will match your natural breast more closely
- You can go bra-less and have the shape of a nipple on both sides

Disadvantages:

- An additional surgery with an additional recovery period
- An additional scar if tissue is taken from a new tissue site

Frequently Asked Questions:

Does health insurance cover breast reconstruction?

Insurance companies and managed care organizations are required to pay for breast reconstruction for patients who have had a mastectomy. They are also often required to pay for surgery to make the other natural breast match the reconstructed breast. It is always best to contact your insurance company, prior to any procedures to find out what exactly is covered as sometimes they require authorization to be obtained before a surgery that is not considered an emergency. If you do not have health insurance, you can speak with a financial counselor or social worker about applying for Medicaid or possible payment options for breast reconstruction and associated office visits.

Should I go for mammograms after I have had breast reconstruction?

All cancer surveillance should be discussed with your breast cancer surgeon. You should continue to have mammograms on your natural breast as recommended by your doctor.

Are there non-surgical options available?

Some patients choose to not undergo additional surgeries for breast reconstruction for a variety of reasons such as feeling comfortable as they are, not wanting the additional risk of further surgeries or additional medical comorbidities that may deem them as not an ideal candidate for breast reconstruction. Some patients choose to use breast prosthesis or live without a breast replacement. Prostheses can be purchased at surgical supply stores, pharmacies and custom clothing stores. If you are interested in breast prostheses in lieu of breast reconstruction surgery speak with your breast cancer surgeon for more information.



Each procedure has its own set of advantages and disadvantages. Scan the QR code to learn more about our plastic and reconstructive surgeries.



Dr. Andrea Little

Plastic and Reconstructive Surgery
Hand Surgery

Dr. Andrea Little

is a highly skilled plastic and reconstructive surgeon with additional expertise in hand surgery. She graduated as a national merit scholar with honors from the University of Florida where she earned her bachelor's degree in nutrition. She later went on to complete a combined MD/MBA program at the University of South Florida Morsani College of Medicine where she was awarded the Golden Bull Award – the highest honor given for outstanding leadership within the community, success and academic achievement through research, pursuit of knowledge and critical thinking skills. Dr. Little also completed a rigorous Plastic & Reconstructive Surgery residency at Spectrum Health Michigan State University in Grand Rapids, Michigan followed by additional focused training with a fellowship in Hand Surgery at the University of Connecticut. She has authored many academic papers and has presented both nationally and internationally in the business and healthcare arenas. **Dr. Little's special interests include, but are not limited to, breast surgery, cancer reconstruction, cosmetic surgery, burn reconstruction and hand surgery.**

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**Dr. Little is now accepting new patients!
Call to learn more or to make an appointment.**



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