



PATIENT LEAFLET - BREAST RECONSTRUCTION

WHAT IS A BREAST RECONSTRUCTION?

Breast reconstruction is surgery to make a new breast shape after removal of the breast (mastectomy) or removal of a significant amount of breast tissue (lumpectomy or wide local excision).

The main ways of making a new breast shape include:

- Using a tissue expander to expand your skin and then replacing it with a fixed volume silicone breast implant. This is NOT suitable for women who have previously had radiotherapy to that area of skin.
- Removing just the breast tissue, but leaving the skin, and putting in an implant (a skin sparing mastectomy)
- Reconstruction with your own living tissue taken from another part of your body
- A combination of your own tissue and an implant

You will need to speak to Miss Bright-Thomas to find out which type of reconstruction is suitable for you.

Miss Bright-Thomas aims to create a breast similar in size and shape to your own breast. But a reconstructed breast won't be identical. When you are undressed you are likely to notice differences in symmetry and shape. After your reconstruction, you may need to have further surgery to create a nipple or change the shape of your other breast to match your reconstructed one.

WHEN TO HAVE BREAST RECONSTRUCTION

You can have reconstruction at the same time as your breast cancer surgery (immediate reconstruction) or some time later (delayed reconstruction). It is a very personal decision and you can choose what feels right for you.

If you are having a mastectomy, Miss Bright-Thomas will discuss with you whether you want to have immediate breast reconstruction. She will advise you, taking into account

- The type and stage of your cancer
- Other treatments you are likely to need
- Your feelings and preferences
- Benefits of immediate reconstruction

IMMEDIATE BREAST RECONSTRUCTION

An immediate reconstruction gives you a new breast straight away. The breast will be different to the one that was removed, but some women find that immediate reconstruction helps them cope more easily with their feelings about the loss of a breast.

You will have your new reconstructed breast when you wake up after your mastectomy or breast conserving surgery. You have fewer operations, so fewer anaesthetics.

Your finished breast may look better because the surgeon is usually able to use the breast skin already there.

Drawbacks of immediate reconstruction

You may not have as much time to decide on the type of reconstruction you want

If you are having radiotherapy after surgery for breast cancer, it may damage the reconstruction

Your doctor may advise you not to have implant reconstruction if you are having radiotherapy afterwards, but you may have a temporary implant during radiotherapy with a second reconstruction operation after the radiotherapy.

If you have complications of surgery, it may delay any chemotherapy you need. This is important. Reconstruction is major and complex surgery. Chemotherapy stops the body from being able to heal itself so well. So if you have any problems with wound healing after your reconstruction, you won't be able to start chemotherapy until the problems have cleared up. Chemotherapy at this time would stop the wound healing and you could get a serious infection. There is good research evidence that chemotherapy works best if you start it within 3 months of your cancer surgery. And that may not be possible if things don't go according to plan with the reconstruction.

DELAYED RECONSTRUCTION

Up to 70% of women prefer to get over the mastectomy and breast cancer treatment before they think about reconstruction. With delayed reconstruction:

- You have more time to look at your options and discuss them with Miss Bright-Thomas and possibly with other plastic surgeons as well.
- Your breast cancer treatment will be finished and won't be affected by your reconstruction surgery
- You may have a larger scar on the reconstructed breast

Remember that if you are interested in immediate reconstruction (during mastectomy surgery) talk it over beforehand with Miss Bright-Thomas. She will tell you if it is advisable or not, and can talk through the pros and cons with you.

WHO CAN HAVE BREAST RECONSTRUCTION

Breast reconstruction is possible for most women who have had their whole breast removed. Even if you

- Have had a radical mastectomy
- Have had radiotherapy
- Have large breasts

If you are well enough, you may have a breast reconstruction at any age. But reconstruction may be difficult in women who smoke, are very overweight, or who have illnesses that increase the risk of surgery. Miss Bright-Thomas will discuss this with you.

RECONSTRUCTION AND CONSERVATIVE BREAST SURGERY

The appearance of the breast after conservative surgery plus radiotherapy is usually very good. Few women need reconstructive surgery when only part of their breast is removed. But for some women reconstruction of the remaining breast tissue during the initial operation is needed.

It is sometimes possible to get back the shape of the breast by remodelling the breast's glandular tissue at the time of the original surgery (called oncoplastic breast surgery). Miss Bright-Thomas is trained in this and uses it as part of her normal surgical practice. Alternatively if a larger amount of breast tissue needs to be removed you may need a therapeutic mammoplasty (using a breast reduction technique to remove a breast cancer). Again Miss Bright-Thomas does this procedure regularly with very high patient satisfaction. Finally if you need a whole quarter or more of the breast removed it might be possible to fill the dent with a small area of living tissue. Miss Bright-Thomas usually uses tissue from your back to do this – called a latissimus dorsi flap. You will still need radiotherapy to the remaining breast tissue to reduce the risk of the cancer coming back.