

Breast Reconstruction Options

Female Patient

After a diagnosis of breast cancer you are confronted with many decisions about surgery and treatment options. One of these decisions may be whether or not you would like to have your breast reconstructed after a mastectomy. Recovery from breast cancer surgery is the beginning of your journey from being a victim of cancer to becoming a breast cancer survivor. You are encouraged to investigate and take advantage of all options, including reconstruction, to make your journey one that helps you adjust emotionally and physically.

Often the reconstruction decision is difficult because you desire to have treatment over so that you can get on with your life and you wonder if adding another procedure is the best decision at this time. You may be concerned about the additional pain or time required for another procedure. The best advice is to ask, *"How would I want my body to look a year from now?"* A woman's loss of her feminine body image can be a cause for low self-esteem for some and not for others. If you would like to know that a year from now you would have your body image restored, this is a good indicator that taking the extra time now will help put you on the fast track to getting back to life. This is a decision that **you** need to make based on how you would feel. The good news is that if you decide this is not the right time, reconstruction may be performed at a later time.

There are many types of breast reconstruction available today. Breast reconstruction can be performed at the time of your breast surgery or delayed until years later. Talk to your breast reconstructive surgeon about the options that would be appropriate for you. Ask to see pictures of women who have had reconstruction using the type that you are considering. Talk to other women who have had their breast reconstructed after surgery. This is your opportunity to regain your body image after a mastectomy for breast cancer.

Advantages of Breast Reconstruction:

- Restores feminine body image
- Requires no prosthesis or special bras to be purchased and worn
- Allows you to wear any clothing, including swimsuits and low-neck attire
- Allows you to go braless for short periods of time, if needed
- Eliminates the daily reminder of breast surgery by having to wear a prosthesis
- Proves psychologically beneficial in allowing most women to adjust better to the disease

Disadvantages of Breast Reconstruction:

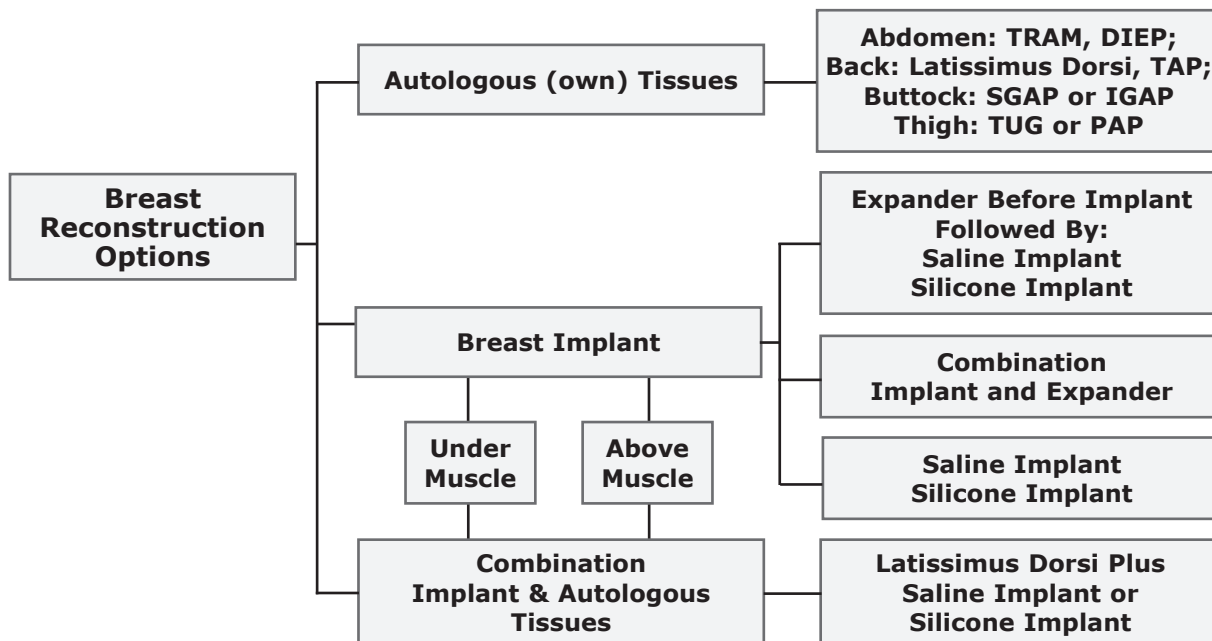
- Increases physical recovery time from surgery; increases amount of pain
- Increases potential for infection or surgical complications due to the more complex surgery

What May Disqualify You?

Only your reconstructive surgeon can evaluate your past and current physical condition to determine if you are a candidate for breast reconstruction and which surgery best suits your present health condition.

Potential Limiting Factors:

- Obesity (especially more than 25 – 35% over ideal body weight)
- History of radiation therapy to the chest wall
- Smoker or recent history of smoking
- Autoimmune disease (lupus, multiple sclerosis, insulin dependent diabetes mellitus, scleroderma, Hashimoto’s thyroiditis, fibromyalgia)
- History of chronic lung disease
- History of psychiatric disorder
- History of substance abuse
- Patient compliance (ability to understand procedures and options; ability to tolerate pain from procedure)
- Abdominal scarring from previous surgery, including liposuction, if choosing a TRAM procedure (may prohibit use of abdominal muscle tissue in breast reconstruction)



The Good News

A woman is never too old for reconstructive surgery if she is in good health. Ask your physician, Breast Health Navigator or nurse for reconstruction information and names of reconstructive surgeons in your facility.

Often, women fear that reconstruction may hide or prevent the detection of cancer recurrence in the breast area. There is **no evidence** that breast reconstruction, with either your own body tissues or an implant, **causes cancer to grow or recur**. There is little difficulty in detecting an early local recurrence after reconstruction. This should not be a concern in making your decision.