Reclaim Your Curves

Choices for women thinking about breast reconstruction.

EMPOWER SUPPORT ADVOCATE

About breast reconstruction

Breast reconstruction is the rebuilding of your breast after a mastectomy due to breast cancer, or the prevention of breast cancer for very high risk women. Breast reconstruction can take place during or soon after your mastectomy, or in some cases many months or even years after mastectomy.

Every woman reacts to losing a breast in her own way. It's normal to feel sad, anxious, uncertain and mournful. You may experience an ongoing sense of loss about giving up a part of your body that may have played a significant role in your life. Breasts may play a role in your sexuality, they fill out your clothes, they may have fed your babies. Your breasts are a part of your body that is simply just you.

Breast reconstruction offers you the opportunity to get back something that breast cancer has taken away. Exploring your options for breast reconstruction and carefully thinking about what is best for you will help you move forward and make a full recovery from breast cancer.

Breast reconstruction is planned between you and your surgeon, and sometimes your oncologist. Each woman's unique circumstances determine her suitability for breast reconstruction and the timing that surgery can take place.

"After single mastectomy I always said I would not do reconstruction. But I hated how I looked with a large scar and a large boob. I wouldn't let anyone see me. 2 years down the track I woke up one day and thought I can't do this anymore. So 2 months later I had a tram flap recon. It was a hard road but 2 years later I feel whole again. It's not perfect but it's my new normal. I look like everyone else (with my clothes on!) and that's all I wanted. " Lynne

Working out what you want

Most women who have undergone reconstructive procedures are happy with their results and glad they pursued it. Lots of women get through with no problems at all, while other ladies, unfortunately, have some hiccups along the way, so it is good to get a realistic idea of what can be achieved and how the stages might play out before you embark on reconstruction.

There are a few key things that will help you to achieve the best outcome for you:

Get informed - Do your research and learn as much as you can early in your breast cancer journey, because decisions you make now can impact on your options later. Become your own advocate.

Work out what you want - Consider the relevant information, speak to surgeons and women who have experience. Decide what is important to you.

Define your goal - Breast reconstruction usually happens in 3 stages; stage 1 is your original reconstruction surgery (either immediate or delayed), stage 2 is any revision (this may be more than 1 surgery), stage 3 is deciding what to do about nipples. You can stop after any stage if you are satisfied with that result. You can take a break if you want to. What can be helpful is if you have an idea of what you might be satisfied with so you know when you have reached your goal. But also remember you can move the goal posts, if you choose, when you choose.

Choosing the best technique for you

There are many factors to consider when selecting the best type of procedure for you. It's not only balancing what is medically safest and aesthetically pleasing, but taking into account other physical factors that might impact on your quality of life in the subsequent years.

A great way to learn about what it is like to live with the various types of reconstruction is to get in touch with women who have undergone these procedures recently, and also talk to those who have been complete for a longer period.

Some things to consider are;

- Personal preference
- Age
- Lifestyle
- Medical history and your general health
- Family responsibilities
- Work commitments
- Friends and family.

Mastectomy

A mastectomy is a medical procedure usually carried out to treat breast cancer. In some cases, people believed to be at high risk of breast cancer have the operation prophylactically, that is, as a preventive measure.

TYPES OF MASTECTOMY

Total mastectomy: (also called simple mastectomy). In this procedure, the entire breast tissue is removed, but the axillary contents are undisturbed. People with ductal carcinoma in situ (DCIS), are more likely to have this type of mastectomy, as are those who are removing the breast because of the possibility of breast cancer occurring in the future (prophylactic mastectomies) Sometimes the decision is made to remove the healthy breast alongside the cancerous one in order to reduce the risk of recurrence.This procedure is called a contralateral prophylactic mastectomy.

Modified radical mastectomy: This procedure involves removing the entire breast as well as the lymph nodes under the arm.

Partial mastectomy: Partial mastectomy is the removal of the cancerous part of the breast tissue and some normal tissue around it. While lumpectomy is technically a form of partial mastectomy, more tissue is removed in partial mastectomy than in lumpectomy.

Prophylactic mastectomy: This procedure is used as a preventative measure against breast cancer. This surgery aims to remove all breast tissue that could potentially develop into breast cancer.

Skin sparing: With this technique, the skin of the breast is preserved, but not the nipple and areola, which are removed. The breast tissue is removed through a conservative incision made around the areola (the dark part surrounding the nipple). The increased amount of skin preserved, as compared to traditional mastectomy resections, serves to facilitate breast reconstruction procedures and results in less scarring and a better aesthetic outcome. Patients with cancers that involve the skin, such as inflammatory breast cancer, are not candidates for skin-sparing mastectomy.

Nipple sparing: Breast tissue is removed, but the nipple-areola complex is preserved. This is the treatment of choice for prophylactic cases, for mastectomy for benign disease or if the cancer is a considerable distance away from the nipple-areolar complex.

If the cancer is close to the nipple-areolar complex then this method of mastectomy is not recommended due to fears of increased cancer development in any retained areolar ductal tissue.

"My cancer was picked up early through breast screening, however also having Lupus meant my treatment ruled out radiotherapy, so mastectomy was my only option. I then decided that I would have both breasts removed with immediate reconstruction with tissue expanders. My decision turned out to be a good one when another small area of cancer and DCIS was found. The shock of having to have a mastectomy, had definitely been softened by the process of restoring my shape and feeling like a whole woman again. "Most" days I feel fortunate and happy to be getting on with my new life!" Ali

Breast Reconstruction

Your mastectomy will be completed by a breast surgeon and your reconstruction carried out either by the same breast surgeon or a specialist plastic surgeon. Breast surgeons may perform some types of reconstruction, usually implants. For immediate reconstructions in particular, the breast surgeon plays a very important role because the quality of the reconstruction is interlinked with the quality of the mastectomy. In many cases the breast surgeon will perform the whole reconstruction, or will work closely together with a plastic surgeon. Typically autologous procedures are performed only by specialist plastic surgeons.

There are often several stages to breast reconstruction with the final stages including nipple reconstruction and/or tattooing.

TIMING OF BREAST RECONSTRUCTION

Immediate reconstruction: This reconstruction is done as soon as the breast tissue is removed by the breast cancer surgeon. A new breast is then created using either tissue from another location on your body or an implant (and sometimes both). Nearly all of the work is done during one operation, and you wake up with a rebuilt breast (or breasts).

Delayed reconstruction: Delayed reconstruction is completed after mastectomy or partial mastectomy surgery, as well as after any radiation therapy, chemotherapy, or targeted therapies. If radiation to the breast is part of the treatment plan then special consideration is given to the timing and staging of the reconstruction. Delayed reconstruction may be carried out months, or even years, after mastectomy.

TYPES OF BREAST RECONSTRUCTION

One the big decisions you face is what type of breast reconstruction will suit you and your lifestyle, your body and any treatment you will be having for breast cancer. Additional factors that might influence your decision is the availability of a procedure in your location or preferred hospital. Not all hospitals can offer all types of reconstruction, in the same way that every surgeon cannot always perform all possible surgical techniques. Keep these things in mind when weighing up the pros and cons and when interviewing potential surgeons.

There are two main techniques for reconstructing your breast:

1. Implant reconstruction: This is the most common form of reconstruction and involves inserting an implant that's filled with salt water (saline), silicone gel, or a combination of the two onto the chest wall. There are two methods for implant breast reconstruction.

One stage - This procedure is suitable for selected women who have had skin-sparing mastectomies and are seeking immediate reconstruction. This technique aims to provide one-step surgery through the use of a specialised surgical mesh to create a sling within the chest that cradles the implant, which is inserted at the same time. As the surgeon can manipulate the implant position within the sling the result is a more natural looking breast.

Two stage - This type of procedure is most often used for delayed reconstruction procedures. In the first stage of this procedure, a tissue expander is inserted into a pocket created under your skin and chest muscle. The traditional tissue expander is a silicone balloon filled with saline (sterile salt water). The expander is partially inflated with saline after insertion whilst you are asleep. Following the initial operation and over a period of weeks to months, a

valve in the expander allows the surgeon or nurse to inject further solution and gradually fill the expander, helping to stretch the muscle and skin to the breast size desired.

After the skin over the breast has been fully stretched to achieve the desired size and allow for placement of the permanent implant, a second operation is undertaken to exchange the tissue expander for a permanent implant.

The needle-free, wireless tissue expander is a new form of tissue expander using a temporary implant filled with carbon dioxide. Like traditional expanders it is placed under the skin following a mastectomy. However, instead of injections to stretch out a pocket of skin where the permanent implant will be placed, patients use a wireless remote control, held over the breast area to slowly inflate the temporary implant with controlled daily doses given over the course of a few weeks.

This new form of tissue expansion does not use any needles, and patients are able to complete the expansion process in their own homes, and at their own pace, rather than having to attend weekly surgery visits. Just as with the traditional expansion method, a permanent implant replaces the gas filled tissue expander after expansion to the required size is complete. Recovery from implant exchange is the same as for the traditional expanders.

2. Autologous or "flap" reconstruction: Also called tissue flap reconstructions, these techniques use your own body tissue to make a new breast. In this type of reconstruction fat, skin and blood vessels, and often times muscle, are cut from the wall of the lower belly or other donor site and moved up to the chest to recreate a breast shape. The surgeon reattaches the blood vessels of the flap removed from the donor site to small blood vessels in the chest using microsurgery. As the breast is recreated from your own tissue, the breast has a softer, more natural feel and appearance, compared with implant reconstructions.

There are several types of tissue flaps able to be used for the purpose of breast reconstruction. Each one has a unique donor site that will be compromised somewhat in strength and/or appearance post-surgery. In some cases an implant may also be used to achieve the desired volume and shape.

The most common tissue flap techniques include:

DIEP Flap: DIEP stands for deep inferior epigastric perforators, which are the blood vessels within the abdomen.
Because no muscle is used in a DIEP reconstruction, most women recover more quickly and have a lower risk of losing abdominal muscle strength. In this technique fat, skin and blood vessels, but not muscle, are cut from the wall of the lower belly and moved up to the chest to recreate a breast shape.

"Life without breasts to me would be like going out without my watch or mobile phone - a constant feeling that something is missing... not only just looking at my naked reflection in the mirror but how my clothes fit, how I look in clothes even my self- confidence. Whilst I accept not everyone would choose recon, for me it was a case of I could not choose no recon. I would have done anything to feel "whole" again. It has all been worth it and I don't regret any choice I have made". Chris

TRAM Flap: TRAM stands for transverse rectus abdominis muscle, a muscle in your lower abdomen between your waist and your pubic bone. A flap of this skin, fat, and all or part of the underlying rectus abdominus ("6-pack") muscle are used to reconstruct the breast.

Latissimus Dorsi Flap: This technique almost always requires an implant, too, so it is not purely a flap reconstruction. In this procedure, the surgeon uses a large muscle in your back, the latissimus dorsi, to reconstruct your breast. The latissimus dorsi is located just beneath your shoulder blade and behind your armpit, and is the muscle that helps you do things such as lifting, twisting, swimming and playing tennis. This procedure involves moving an oval flap of skin, fat, muscle and blood vessels from your back to your chest to form a new breast "mound". The flap is moved under your skin and put into position on your chest. An implant is usually (although not always) required under the flap to make your breast large enough to match your remaining breast and achieve the desired shape, size and projection.

The physical effects of each type of autologous reconstruction are highly individual to your body, your range of motion, your physical strength, and your normal day-to-day activities.

New techniques are developing all the time as surgeons become more skilled and as technology develops to facilitate improved physical and emotional outcomes for patients.

New advances that are being used more and more include:

- Scarless Latissimus Dorsi where the surgeon can leave your back with no visible scaring
- Fat Grafting where your own fat is utilised to achieve symmetry and correct minor flaws. This technique is sometimes used to fill the whole skin envelope, such as with the BRAVA method.
- BRAVA method where the skin pocket is stretched from the outside using a specially designed bra which has a suction device
- New biomaterials called acellular dermal matrices are being used to aid the development of one-step implant procedures
- Gas filled tissue expansion where a needle-free, remote controlled device allows the patient to control their own expansion process in a much shorter timeframe.

Ask your surgeon about advances in his or her surgical techniques.

What are the risks?

As with any surgery there are risks that need to be weighed up against the proposed benefits. Your surgeon will discuss the risks with you in relation to your personal situation. The possible risks of breast reconstruction include, but are not limited to, bleeding, infection, poor healing of incisions, and anaesthesia risks. There are also specific and unique issues with the different techniques that you should also be aware of, and your surgeon will be able to discuss these with you in detail.

We are here for you

Reclaim Your Curves offers face to face and online support to help you at every stage of your breast reconstruction journey. Contact us via our website www.reclaimyourcurves.org.au

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Find our wonderfully supportive private communities on Facebook and on Breast Cancer Network Australia (BCNA) online network.

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