BREAST RECONSTRUCTION

PATIENT REVIEWED
PATIENT APPROVED

YOUR OPTIONS FOR BREAST RECONSTRUCTION SURGERY

The decision to pursue breast reconstruction is personal and your options vary based on your personal and medical history. This resource intends to give you information to help you make a decision about breast reconstruction and to provide you with knowledge before your consultation with the Plastic Surgeon.

Not all patients are candidates for all types of breast reconstruction surgery. Your health care team can give you the best information about your breast reconstruction options based on your particular needs, body type and previous treatments.

It is important that you understand and feel comfortable with your options for breast reconstruction. If you have concerns or questions, talk to a member of your health care team.

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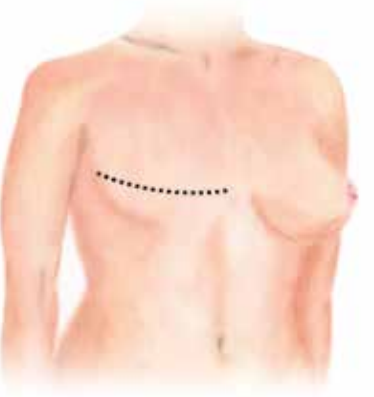
ABOUT BREAST CANCER RECONSTRUCTION SURGERY



Your Breast Surgeon may recommend a mastectomy (removal of your breast) in order to treat breast cancer or to prevent cancer if you are at a high risk of the disease.

Breast reconstruction is surgery designed to rebuild your breast after a mastectomy.

It is important to know that your Plastic Surgeon will be creating an entirely new breast mound, which will not be the same as your original breast. Despite this, it has been shown that patients who undergo breast reconstruction experience many benefits, including increased self-esteem, a sense of wholeness, as well as practical benefits such as getting rid of a breast prosthesis.

THREE MAIN STEPS IN BREAST RECONSTRUCTION

1. Creating a new breast shape.

2. Making small changes to the reconstructed breast or the other breast to achieve symmetry. **This is optional.**

3. Creating a new nipple and areola in the new breast. **This is optional.**

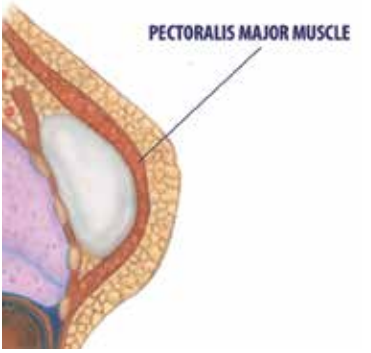
This resource is designed to guide you through these three steps, and to help you decide along with your Plastic Surgeon what reconstruction option is best for you.

STEP ONE: CREATING A NEW BREAST SHAPE

THREE TYPES OF RECONSTRUCTION

1. Implant / Expander

Using a breast implant to make the new breast shape.



This type of reconstruction involves two separate surgeries. In the first surgery, a temporary tissue expander (a balloon) is placed underneath the pectoralis major muscle (see photo). Over the next few months, the tissue expander is slowly filled with saline to the desired size. This requires visits to your Plastic Surgeon every few weeks to slowly expand the balloon. During this procedure, you will feel pressure as the saline is injected, but this will resolve after a few days. In a second surgery, the tissue expander is replaced with a permanent implant. This is done after 4-6 months to give the skin time to relax.

In very specific cases, you may be able to have a permanent implant at the time of your mastectomy. In these cases, your Plastic Surgeon creates a special "sling" either from your own skin or other human tissue. This type of reconstruction is offered at Windsor Regional Hospital.

<u>Considerations:</u>

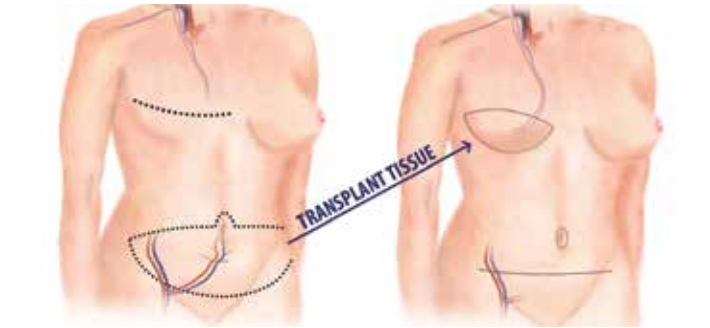
In general, the reconstructed breast will feel firmer than the natural breast. This is usually caused by scarring around the implant. This occurs with every implant and is called capsular contracture. In few cases, this scar becomes very firm or painful and requires surgery to fix. Other complications can include infection, exposure of tissue expander or implant, implant rupture, implant malposition, and/or visibility/wrinkling of the implant.

2. Autologous Free Flap

Using your own tissue to make a new breast shape.

In this type of reconstruction, you are "borrowing" or transplanting tissue from another part of your body to create the breast. The typical area is your stomach (DIEP flap), but other areas include thighs or buttocks.

Tissue transplanting requires microsurgery, as the skin and fat is separated with its blood vessels and has to be reconnected (sewed) to blood vessels in the chest wall. This is currently not offered at the Windsor Regional Hospital. If you are a candidate for this type of surgery, you will be referred outside the region for assessment.



<u>Considerations:</u>

In general, the reconstructed breast will feel soft and more like your natural breast. Because it is your own tissue, the breast will respond to changes in your body such as weight loss.

The surgery is 6-12 hours long. You will be admitted to hospital for up to 5 days to ensure the surgery is successful, as in some cases the flap may not work. More commonly, fat necrosis can occur. This is when the transplanted fat cells die due to lack of blood supply and can occur months after reconstruction.

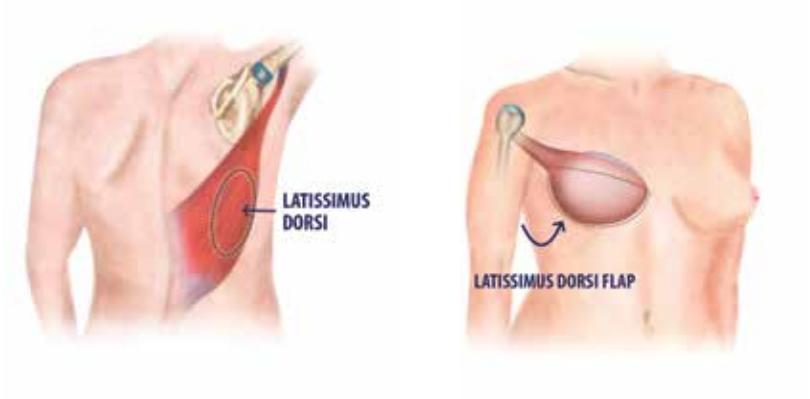
With this type of reconstruction, you will have a second surgical site, typically the stomach. The most common complication of using the stomach is having an abdominal bulge.

3. Tissue and Implant

Combining the use of both "borrowed" tissue from your body, as well as an implant to make a new breast shape.

This type of reconstruction is reserved for specific situations, commonly if you have had radiation and are not a candidate for Autologous Free Flap. It combines the use of "borrowed" tissue from your body and an implant because using your own tissue is typically not enough to create the breast size.

The usual combination is using the Latissimus Dorsi (back) muscle flap with the implant. This type of surgery is offered in Windsor.



STEP TWO: SMALL CHANGES FOR SYMMETRY

Completing Your Breast Reconstruction

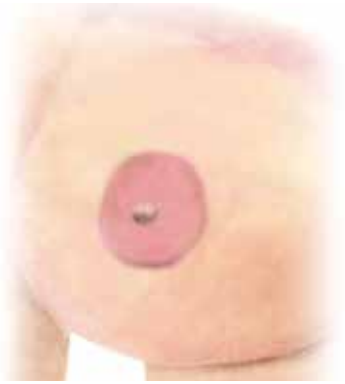
Symmetry: If only one breast is affected, it alone may be reconstructed. To make your breasts look more similar, a breast lift, breast reduction or breast augmentation may be recommended for the opposite breast.

For example, if you have large breasts, you may want surgery to make your opposite breast smaller, or if you have smaller breasts that sag, you may choose surgery to lift the natural breast. This decision is made with your Plastic Surgeon.

Fat grafting can also be used to make changes to your breasts. This is a technique of transferring fat cells from one part of the body to the chest wall or the reconstructed breast. The fat is harvested through liposuction and then purified before the transfer. Not all of the fat cells survive the transfer and you may require multiple surgeries for the best results. The indications for using this technique are very specific and your Plastic Surgeon will discuss this with you.

STEP THREE: CREATING A NEW NIPPLE AND AREOLA

You may also choose to have "finishing touches" that make your breast look more natural.



Your Plastic Surgeon can usually make a nipple and areola (the area around the nipple) from the skin and fat of the reconstructed breast, and tattoo this tissue to add colour.

Alternatively, a tattoo artist can create a 3D nipple and areola to match the natural colour and look of your opposite breast. This will look more real than what can be done with surgery. The tattooing is done about 4 months after your breast reconstruction so the reconstructed breast can "settle".

There are local tattoo artists who can do these 3D tattoos – for more information please ask your surgeon.

TIMING OF BREAST RECONSTRUCTION SURGERY

Immediate Reconstruction: For some people, breast reconstruction can be done at the same time as a mastectomy.

Delayed Reconstruction: Breast reconstruction can also be done at a later time. Delayed reconstruction is performed several months or even years after the mastectomy and other cancer treatments are finished. If you are having radiation therapy to your breast, you may need to wait up to 1 year after your radiation therapy to allow time for the chest skin to heal before doing breast reconstruction. Please note that radiation increases the risk of complications, especially in implant-based reconstruction.

Talk to your health care team about the best timing for your breast reconstruction.

WHERE WILL I HAVE MY SURGERY?

Surgery for your breast reconstruction is most often performed in a hospital setting, possibly including a short hospital stay. Your doctor will likely use general anesthesia.

Some follow-up procedures (such as filling the tissue expander) may be performed on an outpatient basis.

Depending on the type of surgery, it may be performed in Windsor-Essex, or you may be required to go to a different hospital. Patients requesting Autologous Free-Flap Reconstruction requires referral outside of Windsor-Essex.

THINGS TO KEEP IN MIND ABOUT BREAST RECONSTRUCTION

Look and Feel of the Reconstruction

- A reconstructed breast will not have the same sensation or feel as the breast it replaces.
- You may see incision lines on the breast, whether from reconstruction or mastectomy.
- If you choose to "borrow" tissue from your own body, there will be another surgical scar at the "donor site", commonly located on the stomach, back, thighs or buttocks.

Risk of Complications:

- Remember, as with any type of surgery, there is a chance you may have complications from breast reconstruction. These risks depend on the type of surgery you choose and if you are receiving other treatments, such as radiation. Your surgeon will review with you the risks before your procedure.

Follow-Up Appointments

- You will need to follow-up with your health care team and have regular check-ups with a physical examination of your chest wall and breasts.
- You may need imaging if you have changes or unusual symptoms in your reconstructed breast, such as lumps or skin changes.

BREAST RECONSTRUCTION COMPARISON CHART

This is a quick reference of your options for reconstruction. All timelines are approximate and should only be used as a guide when making decisions. Remember, every person is different and your care team will be able to provide you with more details specific to your case as you review these options with them.

	SURGERY	RECOVERY	CONSIDERATIONS	LOCATION OF PROCEDURE
IMPLANT / EXPANDER	Two surgeries: 1. Inserting expander 2. Replacing expander with permanent implant 2 hours each, day surgeries	2-4 weeks for each surgery	• Return visits required to fill expander every 2 weeks; pressure and discomfort after injections • Scar from mastectomy only • Breast feels more firm, due to scarring around implant, looks less natural over time • No natural sag	Offered at Windsor Regional Hospital
AUTOLOGOUS	• One surgery • 6-12 hours • Approx. 5 days in hospital after your surgery	6-8 weeks	• Scar from mastectomy and where tissue was removed (donor site) • Surgery does not work for some (1-3% risk of total failure/flap loss) • Breast feels very natural, soft	Requires travel outside the region
TISSUE AND IMPLANT	Two surgeries: 1. Harvesting flap and inserting tissue expander. Surgery is 3 hours. Overnight stay in hospital 2. Replacing expander with permanent implant. Surgery is 2 hours, day surgery.	3-4 weeks 2 weeks	• Flap insert at mastectomy scar • Scar where tissue was removed (donor site) • Return visits required to fill expander every 2 weeks • More natural than implants alone • Less strength when doing overhead activities	Offered at Windsor Regional Hospital

YOUR PLASTIC SURGERY TEAM

Dr. Farhang Khoee

Dr. Farhang Khoee graduated from medical school at the University of Toronto in 2010. She then completed the Plastic Surgery Program at McMaster University and became a Fellow of the Royal College of Physicians and Surgeons of Canada (FRCSC) in June 2015. She has a special interest in Breast Reconstruction, and she completed the Memorial Sloan Kettering Cancer Center (MSKCC) Breast Reconstruction and Microsurgery Fellowship in New York City. During this time, she worked with world-renown Plastic Surgeons learning the latest surgical advances on Breast Reconstruction, as well as patient outcomes using the Breast-Q. Dr. Farhang Khoee is also an Adjunct Professor at Western University and works closely with the medical students and residents. She is committed to the advancement of surgical education and enjoys mentoring students.

Dr. Kristina Lutz

Dr. Kristina Lutz graduated from medical school at the University of Western Ontario in 2010. She completed her Plastic Surgery residency at the University of Western Ontario and became a Fellow of the Royal College of Physicians and Surgeons (FRSCS) in June 2015. She has a special interest in hand/microsurgery surgery and breast reconstruction. She spent one year in New York City at Mount Sinai and NYU doing a fellowship in hand and microsurgery. Dr. Lutz is an Adjunct Professor at Western University and is committed to providing excellent care in our community and advancing our field through clinical research and the mentoring of residents and medical students.

ADDITIONAL RESOURCES

Breast Reconstruction Information Booklet*
University Health Network (UHN)
http://www.uhn.ca/PatientsFamilies/Health_Information/Health_topics/Documents/Breast_Reconstruction_A_Personal_Choice.pdf

Personalized Breast Reconstruction –
Patient Education Resource*
University Health Network (UHN)
http://www.myreconstruction.ca/UHN_booklet_web_03.pdf

Breast Reconstruction – Facts and Patient Information *
Canadian Cancer Society
http://www.bra-day.com/breast-reconstruction/

*Denotes sources used and consulted in the creation of this material.

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