

**(Parkland Life Column for October 2007)**

## **About Implant Safety and Breast Reconstruction**

**By David J. Levens, MD, PA, FACS**

In recognition of Breast Cancer Awareness Month, I'd like to address two issues which concern many women. First, do breast implants interfere with mammograms, and second, how is breast reconstruction performed.

Regarding implants (either saline or silicone-filled), they can be placed beneath the breast tissue or beneath the muscle. In either case, the breast tissue is located in front of the implant where it can be readily examined. Mammography is a very helpful screening test for breast cancer. The presence of breast Implants should not interfere significantly with proper detection as long as all women follow through with regular examinations and those with implants have specialized views performed. Magnetic Resonance Imaging (MRI) of the breast is becoming more routine for breast imaging and may be ordered to further evaluate the breast tissue and status of implants.

Regarding breast reconstruction, a 1998 law mandated private insurance companies to cover reconstructive breast surgery. It can be done at the same time as mastectomy or after the mastectomy has healed. Sometimes medical issues mandate that reconstruction be delayed. Also, some patients don't want to have more surgery than is absolutely necessary. But when given the option, most patients choose to have reconstruction at the same time as the mastectomy as there are clear psychological benefits to doing so.

Reconstruction has no known effect on the recurrence of cancer in the breast, nor does it generally interfere with chemotherapy or radiation treatment, should cancer recur. Breast reconstruction usually involves more than one operation. The first and typically more complex stage, whether done at the same time as the mastectomy or later on, is usually performed in a hospital. Follow-up procedures are generally more minor and can be performed in an outpatient facility.

The most common breast reconstruction technique combines expansion of chest wall tissues and subsequent insertion of an implant.

Here's a brief overview of how it works: After the mastectomy, the plastic surgeon inserts a balloon expander beneath the patient's skin and chest muscle. Through a tiny valve mechanism buried beneath the skin, the surgeon will periodically inject a salt-water solution to gradually fill the expander over several weeks or months. After the skin and tissues have stretched enough, the expander may be removed in a second operation and a more permanent implant will be inserted. Some expanders are designed to be left in place as the

final implant. The nipple and the dark skin surrounding it, called the areola, are reconstructed in a subsequent procedure.

Rarely, for women who do not require preliminary tissue expansion before receiving an implant, the surgeon will proceed with inserting an implant as the first step. An alternative to implant reconstruction is called flap reconstruction. It involves creation of a skin flap using tissue taken from other parts of the body, such as the back, abdomen, or buttocks. In many cases, surgeons recommend an additional, follow-up operation to enlarge, reduce, or lift the natural breast to match the reconstructed breast.

Reconstruction patients are typically released from the hospital in one to two days. If drains have been inserted to remove excess fluids from surgical sites, these are removed within one or two weeks after surgery. Most stitches are removed in 10 to 14 days. It can take up to six weeks to recover from a combined mastectomy and reconstruction or from a flap reconstruction alone. If implants are used without flaps and reconstruction is done apart from the mastectomy, recovery time may be less.

Once the patient has healed, the reconstructed breast will feel firmer and look rounder or flatter than the natural breast and it will not be an exact match for the remaining natural breast (in fact, no two natural breasts are identical). But only the patient and her partner should notice these small differences. Most mastectomy patients report that breast reconstruction dramatically improved their appearance, quality of life and emotional well being. #

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