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Breast Reconstruction Can Bring Comfort and Renew Self Confidence **By David J. Levens, MD, PA, FACS**

In 2007, more than 57,000 breast reconstructions were performed, mostly on breast cancer patients, according to the American Society of Plastic Surgeons. I speak for all plastic surgeons when I say we look forward to the day when a cure for breast cancer dramatically decreases these numbers.

But until a cure is found, this procedure can be a true blessing for patients because it can give them a profound psychological lift at a time when they often badly need one. Is reconstruction covered by health insurance? Thankfully yes. It has been 10 years since a federal law passed that mandated coverage for reconstruction following cancer surgery.

Significant advances have been made in reconstruction techniques. In the 70s, the focus was on simply creating a breast mound, something to fill a bra cup. Mastectomy surgery was much more extensive and deforming. In the late 80's, more conservative (less deforming) removal techniques ("skin-sparing mastectomy") combined with refinements of reconstructive procedures allowed for more cosmetic results. In 2008, newer medical techniques and devices have made it possible for surgeons to create a breast or breasts that come very close in appearance to matching a natural breast with as limited scars as possible. The future will hopefully bring potential for total skin, nipple and areola preservation with essentially hidden scars.

Not every breast cancer patient chooses to have reconstruction surgery, nor should anyone ever be pressured to do so. Like any surgery, the procedure (typically performed in a hospital using general anesthesia) carries some risks. Various breast implants are available to simulate a missing breast. However, a reconstructed breast may not have the same feel and nipple sensitivity as the natural breast. Visible incision lines usually are present.

On the other hand, for many women, what can be achieved through reconstruction is more important than what can't be. Freedom from prosthetics, the ability to wear more revealing clothing and bathing suits, and the psychological comfort of having a natural-looking breast—all are benefits of reconstruction.

Reconstruction surgery can be done at the same time as a 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 at one time than is absolutely necessary. When given the option, most choose to have reconstruction at the same time as the mastectomy.

The most common breast reconstruction technique, “implant reconstruction”, combines expansion of chest wall tissues and subsequent insertion of an implant. If only one breast is being reconstructed, a lift, reduction or augmentation may be recommended for the opposite breast to improve symmetry in size and position of both breasts.

During a typical “implant type” reconstruction, the plastic surgeon inserts a balloon expander beneath the patient’s skin and chest muscle. Through a tiny valve mechanism buried beneath the skin, periodic injections of a salt-water solution gradually fill the expander over a few months. After the tissues over the breast area have stretched enough, the expander is usually removed in a second operation and a permanent implant, often silicone gel filled, is inserted. Some expanders are designed to be left in place as the final implant. The nipple and the dark skin surrounding it, the areola, are reconstructed in a subsequent procedure.

Rarely, patients may be able to avoid tissue expansion before receiving an implant. For these women, the surgeon will insert an implant during the initial step. Note: Breast implants do not impair breast health. Careful review of scientific research conducted by independent groups such as the Institute of Medicine has found no proven link between breast implants and autoimmune or other systemic diseases. Also, 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.

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 abdomen, back, buttocks or thighs. This specialized surgery is less common but can provide a very natural and pleasing result, however the procedure and recovery can be more lengthy with potential for remote scarring and tissue loss.

If reconstruction is performed immediately after mastectomy, the patient is typically in the hospital for 1-3 days. Usually a surgical drain is inserted to remove excess fluids from surgical sites, then removed within 1-2 weeks after surgery in the office. 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.

Though the reconstructed breast will never feel or look exactly like the natural breast it replaced, the differences are lessening with advancements and most patients say the surgery dramatically improved their appearance and self confidence. In fact, in cases where both breasts are reconstructed, many patients say they’ve actually “never looked better.” #

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