

Breast Cancer and the Option Of Breast Reconstruction



By Don J. Fontana, MD, PA

The psychological trauma associated with the diagnosis of any type of cancer is severe. For women diagnosed with breast cancer, the trauma may be even more compelling. The issues of biopsy, oncology work-up of scans and tumor markers is daunting and sometimes frightening. The patient must confront not only the physical loss of her breast, but also emotional stress that she may feel less feminine.

Not all breast cancer patients require total removal of the breast and elect to have a lumpectomy and radiation with or without chemotherapy. This is a very attractive option for many women. Some patients, however, require mastectomy with sentinel node biopsy. It is this group

of women who may benefit from a discussion with a plastic surgeon regarding breast reconstruction as an immediate procedure performed at the same time as the mastectomy, or as a delayed procedure. Breast reconstruction is not for every woman. It is an option that is worth discussing. In fact, depending on the technique, there may be medical issues that preclude the operation. For the vast majority of patients, it is one of the positive experiences associated with an otherwise difficult issue. Fortunately, breast reconstruction is considered to be an appropriate medical procedure and it is approved by all insurance plans. In the state of Maryland and in almost all states, surgery to match both breasts is also an insurance covered expense.

The question of performing an immediate versus delayed reconstruction is a decision made jointly with the patient, her internist/family physician, medical oncologist and general surgeon. Only when the conditions are appropriate does the plastic surgeon become involved. The most favorable situation, in my opinion is to perform immediate reconstruction; that is, immediately following the mastectomy. The advantages of this are a single hospitalization and anesthetic. The deformity of mastectomy is not present and the patient

is able to wear a bra when she leaves the hospital. The plastic surgeon follows the patient closely while her incisions are healing and she benefits from a surgical scar closed by the plastic surgeon.

Reconstruction techniques range from procedures requiring approximately an additional 2-2½ hours to autologous free tissue transfers taking 5-7 hours. The major difference in the techniques hinges on whether an implant is used or the patient's own tissue is used to create a breast shape. After the reconstructed breast has healed, the patient chooses whether she wishes to address the shape and size of her opposite breast. In most cases, the woman will require a reduction and/or a breast lift to bring both breasts into balance in terms of size and shape. The last procedure is the surgical creation of a nipple and areola on the reconstructed breast. Although it may seem as though there are multiple procedures to finally complete the reconstruction, the good news is that other than the initial mastectomy and reconstruction, almost all of the subsequent procedures are done as an outpatient.

If you are faced with the diagnosis of breast cancer or have had a mastectomy, consider a consultation with a plastic surgeon to learn about the options of breast reconstruction.