

BREAST RECONSTRUCTION AFTER MASTECTOMY

Breast reconstruction is a type of surgery for women who have had a breast removed (mastectomy). The surgery rebuilds the breast mound so that it is about the same size and shape as it was before. The nipple and the darker area around the nipple (areola) can also be added. Most women who have had a mastectomy can have reconstruction.

After skin cancer, breast cancer is the most common cancer in women, affecting about one out of eight women in their lifetimes. It is no surprise that more than 95,000 breast reconstructions, a frequently performed plastic surgery procedure, are done every year in the United States. There's more than one approach to breast reconstruction, and placement of tissue expander is usually the first choice of reconstruction. A tissue expander is a temporary device that is placed on the chest wall deep to the pectoralis major muscle. This may be done immediately following the mastectomy, or as a delayed procedure.

The purpose of the expander is to create a soft pocket to contain the permanent implant. Tissue expanders are available in a variety of shapes and sizes. At the time of the initial post mastectomy reconstruction operation, when it is first positioned on the chest wall, the tissue expander is partially filled with saline. Within a few weeks after this surgery, once the patient has healed, expansion can be started as an office procedure. The process of expansion takes place at one, two or three week intervals over several months. The timing of expansion can be coordinated with chemotherapy treatments. The amount of fluid that is placed into the expander at the time of the initial surgery will also determine how many expansions are later required.

Once expansion is completed and the patient is medically cleared for another operation, the second stage of reconstruction is performed. This is an outpatient procedure that involves exchanging the expander for an implant, and creating a more refined breast shape. The initial tissue expander placement, and subsequent exchange for an implant, each take about one hour in the operating room.

Together with your surgeon, you will decide which implant best suits your individual needs. There are two general categories for implants: saline-filled, and the new generation of silicone cohesive gel-filled implants.

Once a patient has completed her exchange, she will immediately feel more comfortable than she did with the tissue expander. The degree of tightness and discomfort should continue to decrease once the implant has settled and healed. In two to three months, the next stage of surgery will be performed to reconstruct the nipple areola. If desired, additional contouring procedures, such as fat injections, can be performed to adjust breast shape at this third stage. In some patients, further contouring and shaping procedures may be needed. For patients with a unilateral breast reconstruction, it is very common to require an adjustment procedure on the opposite breast (such as an augmentation, reduction, or lift), in order to achieve better symmetry. For patients undergoing bilateral



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This year Dr. Ceydeli is the Honorary Event Chair for Making Strides Against Breast Cancer in Panama City Beach. He is donating a reconstructive surgery to this year's Making Strides Against Breast Cancer event.

"We will eventually find a cure for the disease, and meanwhile we will make the journey of living with breast cancer better for those who are affected. This year, with the help of Panama City Surgery Center and my anesthesiologist colleagues, we will make a change on one of the survivors' quality of life by reconstructing her breast that she lost due to this disease." -Dr. Ceydeli

reconstruction, symmetry using implants is easier to achieve.

The relatively less invasiveness, the advances in implant quality and variety, and the better preservation of sensation make tissue expansion with subsequent permanent silicone implant installation a popular method of breast reconstruction. Typical results are seen in pictures below.



Dr. Ceydeli's patient, before and after breast reconstruction.

Of course, tissue expansion may not be feasible for all women, especially in those who have radiation therapy, and in some cases implants are not accepted well by host bodies. Autologous tissue is the alternative choice for breast reconstruction. In this approach, a woman's own tissue, usually in lower abdomen, is used to form her new breast. Autologous reconstruction is more invasive with a second site of surgery, but is natural in feel and look, and without any reaction to implant.

With the advents of science and technology, more and more women are being diagnosed with breast cancer in early stages, and the survival from breast cancer is increasing parallel to that. The new developments in breast surgery are not limited to early detection and treatment of the breast cancer, but also in reconstruction as well. The relief and happiness of being cured from your breast cancer now can be complemented with giving your breast back through reconstruction surgery.