

FREQUENTLY ASKED QUESTIONS - BREAST RECONSTRUCTION

1. What is breast reconstruction surgery?

Breast reconstruction surgery is designed to recreate the breast mound on one or both sides at the time of your mastectomy or at a later date, after the obligatory treatment of the breast cancer.

2. Who is a good candidate for the Breast reconstruction surgery?

Unfortunately, cancer of the breast is a relatively common cancer in women and sometimes women in their young and active life become victims of this disease. Fortunately, these days, thanks to the cancer screening awareness and available resources to the Australian women, this is treated early and aggressively to provide a long term cure or relief. There is no surprise that these women consider breast reconstruction for a number of reasons including:

- Maintenance of self-esteem and confidence
- Body image reinforcement
- Social and sexual attractiveness
- Appearance for professional reasons
- To avoid the inconvenience of wearing an external breast prosthesis, which may be uncomfortable and inconvenient in hot weather, especially if the woman plays active sports and swims.

In Australia, more younger women are opting for breast reconstruction, but it is equally available to women of all ages who desire it for any of the above reasons. If you desire to have breast reconstruction surgery your best starting point is your GP. He or she will be able to discuss this with you and would be able to recommend you to a qualified Plastic and Reconstructive surgeon such as Dr Dilip Gahankari. As

soon as you realise you need a mastectomy, you could talk to your general surgeon performing the mastectomy, who could then liaison with Dr. Gahankari to arrange this procedure to be performed as a combined operation. However, breast reconstruction can be done months or years after a mastectomy as well, and some women prefer to separate the two surgical procedures. This allows them to reduce the operating time thereby reducing the surgical and anaesthetic risks of a long operation. This also allows the tissues to heal well before the reconstruction operation. Occasionally this may be an important consideration from the oncological point of view to ascertain the adequate clearance of cancer in the breast and/or lymph nodes.

3. What should you expect during your consultation?

The consultation with Dr Dilip Gahankari can be arranged either before your mastectomy or at any later date if you wish to wait to have the reconstruction done after you have been through the mastectomy surgery. Dr Dilip Gahankari's advice to his patients is to have some thoughts about what you expect from the breast reconstruction surgery before you see him for a consultation. Have some thoughts about:

- a. Size of the new breast/s that you desire,
- b. Whether you are keen to have the breast mound/s made from your own tissues or if you would not hesitate considering an implant enhanced reconstruction.

Dr. Dilip Gahankari will examine you in detail, assess the quality of skin at your mastectomy site and available options in form of your pectoral muscles, back muscles and tummy. He will also take into

consideration if you have had any radiotherapy treatment. He will then explain to you the options available to you and make his recommendation. He will also show you samples of various tissue expanders and implants if that applies in your case.

4. What are common surgical techniques used by Dr Gahankari?

Breast reconstruction involves making a new breast mound from your own tissues with or without the use of the breast implants. This can be done in many ways.

Mainly, there are two types:

One in which the breast mound is entirely made from your own tissues without the use of the implant as described in 1 and is possible with the following options. The alternative with the use of an implant is described in c.???

i. Transverse Rectus Abdominis Muscle (TRAM) Flap:

This procedure involves making a new breast from the unwanted tummy skin and fat. In most women, this is the ideal choice for breast reconstruction as it provides enough tissue to make a 'c' size breast. In fact, if you are having both breasts reconstructed simultaneously, this is possible with TRAM flap.

TRAM flap can be done as a pedicle flap in which the tummy skin and fat are raised on the stalk of attached rectus muscle and swung to the breast area.

It is performed as a microvascular free flap. In this procedure, the chunk of tummy skin and fat are raised with a very small section of the rectus muscle and the attached blood vessels. These blood vessels are then joined to the chest blood vessels under microscope with extremely fine sutures to re-establish the blood supply in the flap. Dr Dilip Gahankari refers this option as the 'Rolls-

Royce' of the breast reconstruction. Indeed it is the reconstruction, against which all other types of reconstruction are compared. World-wide this is most commonly used flap for breast reconstruction. Dr. Gahankari prefers this option if it is applicable to your situation and if you are happy to have it. Major advantage of this flap is that it provides a very reliable and durable breast reconstruction which can be tailored to desires of most women in terms of size and shape. It is however a major surgical procedure. The major 'bonus' of this procedure is that it incorporates a 'tummy tuck' by getting rid of the unsightly 'tire' in your lower belly thus enhancing your body contour!

ii. Latissimus Dorsi muscle-skin flap:

Latissimus Dorsi is one of the muscles in our back often referred to as 'lats'. This reconstruction uses the entire muscle with relatively small part of the back skin. By itself it is only able to produce a small size breast mound (size A). If your other breast is also small or if you are thinking of reducing the other breast to the matching small size, this reconstruction may be for you.

iii. Reconstruction with implant:

Implant alone: If your current breast skin is good quality and the pectoral muscle is intact and if you did not have radiation treatment, this may be a possible option for you, especially if you are looking for a relatively smaller procedure. Usually this is two stages, first comprising of stretching of your breast skin with 'tissue expander' (a silicon balloon inflated gradually over several weeks to produce a mound of your choice. In the second stage, the expander is replaced by a softer silicon gel implant, not different than one used for breast enhancement procedures. It is however possible to make this into one stage with the use of modern saline-silicone combined expander-implant.

Muscle and/or skin are taken from another part of your body (the back, stomach, buttock or other breast) and the size is then enhanced using implants under the flap. Use of muscle and/or skin segment covering the implant is preferred if you are looking for a relatively simple single stage reconstruction. Women who have had previous radiotherapy have been found to have more implant related complications unless the implant is covered by fresh non-irradiated muscle/skin envelope.

Dr. Dilip Gahankari would normally assess your health and possible options for you by examining you thoroughly and will often recommend which is the most appropriate option for you based on your breast size and personal preferences. You may also be given a choice where either may suit. Depending what you prefer, your nipple and areola may or may not be added to the reconstructed breast. Reconstruction of the nipple is often deferred until after the breast reconstruction to allow for better placement of the nipple.

5. What is routine preoperative preparation?

Certain medications such as aspirin, Warfarin or other non-steroidal medications are stopped before surgery as advised by Dr Gahankari. If you are in the process of losing weight, perhaps you can schedule the surgery after you have achieved your desired weight. Smoking is preferably stopped at least 6?? weeks prior to the surgery.

6. What is the usual post-operative care after breast reconstruction surgery?

Post-operative care would normally depend on the nature of surgery that you have undergone. If you had the micro-vascular TRAM flap reconstruction, you would be in hospital at least for 5-7 days. If you had the reconstruction with LD (your back muscle) flap, you may be in the hospital for a day or two. You may go home with the drains if

they still have fluid draining. They would then be removed in the next few days at our office. If you have had the expander inserted for stretching the breast skin for future breast implant, you would be given a schedule for gradual inflation of these expanders with saline at our office. You would also be given prescriptions for antibiotics and pain killers to tide you over first few days of post-operative pain and discomfort.

7. What are the risks and the complications of this procedure?

Risk of breast reconstruction surgery:

- Like all surgical procures, breast reconstruction involves slightly more than a 5% risk of one or more of the following: infection, bleeding, pain, hernia, implant rupture, tissue breakdown (the transplanted tissue does not get adequate blood supply and doesn't thrive), blood clot, seroma or fluid collection.
- If transplanted tissue breaks down because of inadequate blood supply—a rare complication—the dead tissue needs to be trimmed away and the chest area closed. This may occasionally need to be performed in an operating theatre under an anaesthetic.
- The micro-vascular TRAM flap takes longer and carries more risk than the Latissimus Dorsi flap from longer anaesthetic and surgery. There is also a less than 3% risk that the procedure may not be successful because of blockage of the blood vessels that are joined, although if this is recognized early, it can still be revised, thus salvaging the reconstruction.

- The TRAM abdominal incision and removal of the muscle weakens your abdomen. This may cause abdominal wall hernia (when a small portion of the intestine bulges out through a weakened area of the abdominal wall) or persistent pain or discomfort. The risk of developing hernia or infection is less than 5%. If you do develop the hernia, it can be repaired by a separate procedure using a synthetic strengthening mesh.
- Transplanted tissue can form lumps called "fat necrosis," which may or may not go away. Lumps in the breast area can cause some anxiety. In case of significant concern, however they can be surgically removed or biopsied with fine needle to prove that they are not cancerous.
- Any surgical procedure will leave scars. These generally fade in time in most women, but they don't go away entirely. Scars from mastectomy and reconstruction are generally out of sight, even in a bathing suit or low-cut dress or top.

8. What hospital will you be operated in?

Dr. Dilip Gahankari is accredited to several of the Gold Coast hospitals and will suggest the most suitable hospital that would suit you.

9. When would you be able to get back to driving and work?

In most procedures for breast reconstruction other than micro-vascular TRAM flap, you would be in position to be back to driving in approximately two weeks and perhaps to your work if it is relatively less strenuous. Micro-vascular TRAM flap reconstruction however is the major procedure and takes at least about three weeks to feel comfortable enough to get to work. You may feel a bit tired initially, but in about 6 weeks, you are expected to be comfortable. After TRAM flap, Dr Gahankari would advice you against lifting heavy objects or any gym activities other than walking for at least 6 weeks.

10. When can you see the results?

The results of the breast reconstruction surgery may take a fare few months to be appreciated as most of the reconstructed breasts initially look a bit proud. As the skin and soft tissues soften up, more natural looking shape results. This may take about six to twelve months.