

Breast Reconstruction

Breast Cancer is unfortunately a common cancer in women and can even affect women when they are young and active. Fortunately, 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.

For some cancer patients, partial or full mastectomy (removal of the breast) is necessary to remove and stop the cancer. Losing one or both breasts to cancer impacts a woman's self esteem considerably. There is no surprise that more women consider breast reconstruction for maintenance of self-esteem, confidence and body image. They also find it terribly inconvenient to wear an external breast prosthesis during active sports and swimming.

Breast reconstruction procedure 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.

Dr Dilip Gahankari, who is an Australian qualified Plastic and Reconstructive surgeon with interest and experience in various types of breast reconstruction will educate you and work with you to make these important choices.

Breast reconstruction can be performed at the same time as your mastectomy, if it is possible to arrange it as a combined procedure with your breast surgeon. As soon as you realize you need a mastectomy, you could talk to your General Surgeon performing the mastectomy, who then could liaison with Dr. Gahankari to arrange this procedure as a combined operation. It can also be done months or years after a mastectomy. This allows the tissues to heal well before the reconstruction operation. Occasionally this may be an important consideration from the oncologic point of view to ascertain the adequate clearance of cancer in breast and/or lymph nodes.

During the detailed consultation Dr Gahankari will assess what options of breast reconstruction may be available to you. He will then discuss these options with you along with their pros and cons and will help you to choose the option that you prefer. Broadly there are two main types of breast reconstruction. First is making your breast mound entirely with your tissues without the help of the silicone implant. This is most commonly done with microvascular TRAM flap. In simple terms, the breast mound is made from the spare 'tire' of the lower tummy. This tissue is taken with the blood vessels and a small segment of the tummy muscle. The blood vessels are joined to the suitable blood vessels of the chest and the tummy is closed exactly like a 'tummy-tuck' operation. The second type of procedure involves making of a new breast with the help of the silicone implant. There are a few different ways in which this could be done. These include initial use of the tissue expander, which essentially is a temporary silicone balloon, that 'balloons' the remaining skin in the breast area.

Later a silicone implant is placed in under this newly stretched skin. Another option is use of silicone implant under a muscle flap that is swung forward from the back.

This is especially suitable for women who had radiation treatment and who desire an implant assisted reconstruction rather than TRAM flap. TRAM flap reconstruction is the 'Rolls-Royce' of breast reconstruction surgery although it is more extensive and may require hospital stay for at least 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.

All surgical procedures have risks. The risks do depend on the type of procedure performed. Documented risks in breast reconstruction include infection, bleeding, pain, hernia (relevant to TRAM flap), implant rupture, tissue breakdown (failure of the tissue to thrive due to inadequate blood supply), blood clot, or fluid collection. Uncommon but potentially worst complication is non-thriving of the attached flap. 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.

In most procedures for breast reconstruction other than micro-vascular TRAM flap, you would be in position to be back to driving in one to two weeks and perhaps to your work if it is relatively less strenuous. Micro-vascular TRAM flap reconstruction however may take up to three weeks to feel comfortable enough to work. You may feel a bit tired initially, but in about 6 weeks, you are expected to feel almost normal. After TRAM flap, Dr Gahankari normally advises against lifting heavy objects or any strenuous gym activities for at least 6 weeks. The results of the breast reconstruction surgery may take a 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. It is for this reason, Dr Gahankari prefers to nipple reconstruction some months after breast reconstruction.