

BREAST RECONSTRUCTION

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Before



After

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BREAST CANCER is the most frequently diagnosed non-skin cancer in American women and the incidence has been rising since 1980. Currently it represents 32% of all female cancers and is responsible for 15% of female cancer-related deaths. The "gold standard" of treatment has been the mastectomy, though operations that remove less breast tissue and incorporate

radiation treatments have proven to be valid alternatives in properly selected patients. Because insurance reimbursement for breast reconstruction after mastectomy is mandated by California law, almost all women undergoing mastectomy will face the decision of whether to have plastic surgery to restore the breast.

Many advances in breast reconstruction have occurred over the past several decades, and this has resulted in more options (and decisions) than ever before. In general, there are two major approaches to restoring the breast after mastectomy: Reconstruction using implants composed of silicone and/or saline, or reconstruction using one's own body tissue. In general, the implant surgeries are usually faster to perform and less complex than tissue reconstructions, but often do not achieve the same quality as with tissue. Implants are particularly well-suited for patients who need both breasts reconstructed or who are thin and interested in having their "normal" breast enlarged too. They are usually poor choices for mastectomy cases that have received radiation and often require that the chest skin be stretched over a couple of months to create enough space to accommodate them.

Reconstruction with body tissue is generally more complex and lengthy, but often rewards the patient with a superior result. This is largely because tissue reconstruction brings additional skin and blood flow to the mastectomy site. Sources of tissue are usually the tummy or back, but can include other sites. When the tummy is used, patients get the "fringe benefit" of a tummy tuck. From any of these areas a piece of skin with attached fat and sometimes muscle is transferred to the chest and sculpted to match the opposite breast. To survive the transfer, the tissues must have intact blood supply, and this can be adversely affected by cigarette smoking, vascular disease or diabetes.

Most patients that have achieved a successful reconstruction of the breast mound can be offered the chance to have a nipple reconstruction. There are many techniques available to re-build the nipple, including skin grafts or tattooing. While a reconstructed nipple does not function normally or even possess normal sensation, most patients appreciate how valuable it can be in making the breast look closer to normal.

Advances in plastic surgery have improved both the implant as well as tissue approaches. Nowadays, a dizzying array of implants exists for the plastic surgeon to consider. Some have a more "natural" or "tear-

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drop" shape rather than round, for example, and some combine saline with silicone gel in the same device to create a better feel or appearance. Reconstructions with body tissue are continually researched and improved to offer more ways to obtain tissue or to reduce the potential side effects of using these tissues.

Undergoing breast reconstruction after mastectomy is a matter of choice, as some women may opt to wear an external prosthesis in their bra rather than have additional surgery. Plastic surgeons performing breast reconstruction will evaluate each individual patient by taking a detailed history, assessing her overall health status, and evaluating possible sources of tissue if indicated. They will also consider additional therapies, such as chemotherapy or radiation, and how they may affect a reconstruction plan. A detailed consultation with a board-certified plastic surgeon is invaluable in helping women manage these complex issues and should ideally occur as early in the treatment course as possible.



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