

Breast reconstruction and mastectomy

Breast cancer is treated with surgery. The aim of the operation is to remove the cancer so it is less likely to grow or return. The two types of surgery are breast conserving treatment (also known as partial mastectomy or wide local excision or lumpectomy) and mastectomy. Some women choose to have breast reconstruction surgery to give a similar appearance to the look of their original breast in normal clothes.

Breast-conserving treatment (lumpectomy)

The tumour, some of the surrounding breast tissue and possibly nearby lymph nodes in the armpit are removed during breast-conserving treatment. Most of the breast remains, although it will be smaller than (and a different shape to) the remaining breast.

A subsequent operation is sometimes needed to make sure the margins of breast tissue surrounding the excised tumour are free of cancer. Breast conserving treatment (lumpectomy) includes radiotherapy, which is the use of x-rays to kill any remaining cancer cells. Research shows that women have fewer body image and sexuality concerns following breast conserving treatment than after mastectomy.

Mastectomy

Mastectomy is an operation that removes the entire breast. Lymph nodes from the armpit will also be taken out. Usually the underlying chest muscles are still intact.

Breast-conserving treatment, followed by radiotherapy, is just as effective in surviving breast cancer, as a mastectomy and you might have the choice between the two. Sometimes, however, the size and location of the cancer means that mastectomy offers the best chance of getting rid of all the cancer – for example, if the cancer is large compared to the size of the breast or the cancer is in more than one area of the breast.

Your hospital stay will be between two and seven days. In some cases, radiotherapy and chemotherapy might be used after the operation.

Possible complications of breast cancer surgery

All types of surgery carry risks. Some of the possible complications of surgery include:

- Infection
- Death of tissue along the edges of the incision
- Post-mastectomy pain syndrome (sharp pain on the chest wall).

Common side effects of breast cancer surgery

Some of the side effects that happen in the first few months after surgery include:

- Pins and needles across the chest
- Numbness of the armpit and arm – surgery may damage nerves causing numbness. This can improve but may not go away completely. Shoulder exercises can help.
- Seroma – fluid may collect in or around the scar and can last up to six weeks after surgery. Your doctor or breast nurse can drain the fluid
- Shoulder stiffness – exercises can help prevent or manage this. Your physiotherapist or occupational therapist can help
- Lymphoedema – swelling of the arm, if the lymph nodes in the armpit have been removed

- Breast pain
- Changes in balance because the weight of one breast is missing
- Fatigue, depression and anxiety – talk to your medical team about how you can manage these symptoms if they happen.

Your feelings about breast cancer surgery

For most women, having breast surgery brings up many difficult emotions. Feelings of sadness, anxiety and low self-esteem are very natural. Knowing where to get the right help with your feelings and side effects will help you cope better. There is a lot that can be done to help improve many of the side effects. This is why it is important to discuss any side effects with your specialist or breast care nurse.

'Breast forms'

After the operation, you may be given a temporary 'breast form'. This is a soft breast-shaped cushion that you pin inside your bra. After around two months, when you are no longer sore, and your surgical wound has healed you can be fitted for a permanent 'breast form', or 'external prosthesis'. This breast form is weighted to restore your balance. It also moves and looks like your other breast when worn under normal clothes.

Breast reconstruction surgery

Surgeons can build you a new breast, either at the same time as your mastectomy or later on. A reconstructed breast will not look or feel the same as your original breast but, in normal clothes, you will look like you did before the mastectomy. Depending on the type of reconstruction you choose, you may have scars on your breast and on other parts of your body.

There are two major types of breast reconstruction – implant reconstruction and flap reconstruction. In implant reconstruction, an implant is placed under the skin and muscle to recreate the shape of the breast. In flap reconstruction, skin, fat and muscle are taken from elsewhere on the body to make the new breast.

Implant reconstruction (prosthesis)

The prosthetic implant reconstruction is suitable for women with smaller breasts. A special bag called a tissue expander is inserted under the skin and is gradually filled with saline (through a small painless injection, over weeks or months) to promote a 'pocket' of skin. Once the pocket is large enough, a second operation is performed and the tissue expander is removed and a silicone or saline breast implant is inserted.

Saline implants are more susceptible to deflation than silicone, and a subsequent operation to replace the implant may be necessary. The main drawback of using implants is that they don't look or feel like natural breasts, particularly after aging or changes to your weight.

Flap reconstruction

If you have larger breasts, do not have enough skin to cover an implant or for other reasons prefer not to have an implant, one of several flap methods may be used. They are named after the muscles used in the reconstruction.

TRAM flap

Transcutaneous rectus abdominus myocutaneous muscle (TRAM) flap reconstruction is particularly suitable for women who have lax abdominal (loose stomach) skin. A section of skin and fat from the tummy is removed (similar to the 'tummy tuck' cosmetic operation) and transferred, along with a tag of abdominal muscle and two blood vessels, to the chest.

The flap's blood vessels are connected to blood vessels of the armpit or beneath the ribs. The flap is then formed into the shape of a breast and sewn together. TRAM flap reconstruction offers a more natural looking breast (with normal 'hang') than prosthetic implant reconstruction. It does, however, leave a large scar across the abdomen where the muscle was removed.

Some women feel there is benefit in this procedure as they feel they have had a 'tummy tuck' as well. The reconstructed breast will change in size if you gain or lose weight.

Skin flaps from other areas of the body

Other skin flaps used for breast reconstruction include:

- **Breast** – this is known as breast-sharing reconstruction. Tissue from the remaining breast contributes to the reconstruction. This is suitable for women with large breasts.
- **Back** – this operation may be preferred if the chest muscles were removed during the mastectomy. Muscle from the back (latissimus dorsi) and the overlying skin are taken and used to form a breast shape. In many cases, the reconstructed breast has to be filled out with an implant. The back is left with a visible scar and a slight hollowing near the shoulder blade where the muscle was removed.
- **Buttock** – a small flap from the buttock (gluteus muscle) is sometimes taken if the abdominal skin isn't sufficient. A vein needs to be taken from one leg in order to secure a blood supply to the tissue in its new location on the chest wall.
- **Hip** – a flap of skin from the hip may be used if the abdomen and buttock are unsuitable.

Possible complications of breast reconstruction

As with all operations, there is a risk of complications. If these happen your recovery will take longer. Complications might relate to:

- Healing
- Your general health
- The anaesthetic
- Infection
- Bleeding
- Loss of sensation
- Muscle problems
- Scars and body image.

Many complications are temporary but some may be permanent. You should be aware of possible problems and discuss them with your surgeon or breast care nurse before the operation.

Nipple reconstruction

It is best to wait at least three months after breast reconstruction surgery before having a nipple reconstruction. This is to allow the new breast sufficient time to 'drop' into its position. The new nipple is fashioned using skin flaps from either the abdominal scars or the reconstructed breast. It is then medically tattooed to colour-match it to the existing nipple and areola. The reconstructed nipple will not have any feeling.

Some women may prefer to use a nipple prosthesis, which can be attached to the reconstructed breast using special glue.

Making decisions about breast reconstruction and mastectomy

After having a complete mastectomy, there are various choices available. Reactions to the loss of a breast or breasts vary from woman to woman and only you can choose what feels best for you. It is important that you know the advantages and disadvantages of having a reconstruction. Breast reconstruction is a specialised form of surgery and you should talk it over with your breast surgeon first.

Where to get help

- Your doctor
- Your specialists
- Your breast care nurse
- Plastic surgeon
- Women's health clinic
- Cancer Council Victoria, Cancer Information and Support Service, telephone 13 11 20 to be linked over the phone to women who have experienced a successful breast reconstruction.
- Multilingual cancer phoneline, Victoria

Things to remember

- After mastectomy, some women choose to have breast reconstruction surgery to mimic the look of their original breast in normal clothes.
- Breast reconstruction surgery can be performed at the same time as the mastectomy, or later on.
- The different types of breast reconstruction surgery include the insertion of prosthetic implants, and the transfer of skin flaps from other areas of the body to the chest.

This page has been produced in consultation with, and approved by:

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