

Summary Charts

Below you will find two tables intended to summarize information contained in this site. The two tables are:

- [Summary of Most Common Breast Reconstruction Options](#)
- [Summary of Possible Procedures After the Breast Reconstruction](#)

Summary of Most Common Breast Reconstruction Options

	No Reconstruction	Implant Reconstruction		Natural Tissue Reconstruction	
	Prosthesis	No Expansion	With Expansion	TRAM Flap	Latissimus Flap
Indications	All patients who have had a mastectomy	<p>Patients with very small breasts who have had a mastectomy</p> <p>Very thin women who may not have enough excess abdominal tissue for a TRAM procedure</p>	<p>Most patients who have had a mastectomy</p> <p>Very thin women who may not have enough excess abdominal tissue for a TRAM procedure</p>	<p>Most patients who have had a mastectomy</p> <p>Patients in whom alternate methods of breast reconstruction have failed</p>	<p>Most patients who have had a mastectomy</p> <p>Patients who lack excess abdominal tissue or who have had certain previous abdominal incisions</p>
Contraindications	None	<p>Patients who do not have adequate soft tissue or skin left after the mastectomy to safely cover the implant</p>	<p>Patients who do not have adequate soft tissue or skin left after the mastectomy to safely cover the implant</p> <p>Patients who have had a mastectomy followed by aggressive postoperative radiation</p>	<p>Patients who have had certain previous abdominal incisions</p> <p>Smokers</p> <p>Patients with significant pre-existing health problems</p>	<p>Caution should be used if the thoracodorsal vessels have been ligated during an axillary dissection</p>

Timing	Can be used after the mastectomy site has healed (usually after a few weeks)	The implant can either be inserted at the time of the mastectomy or anytime later	A tissue expander is usually inserted at the time of the mastectomy Can be done anytime after the mastectomy Several weeks are needed for expansion before the permanent implant can be inserted	The procedure can either be performed at the time of the mastectomy (i.e. immediate) or anytime after (i.e. delayed)	The procedure can either be performed at the time of the mastectomy (i.e. immediate) or anytime after (i.e. delayed)
Scars	No additional scars	No additional scars	No additional scars	The breast scar becomes an ellipse and a new horizontal scar from hip to hip in the “panty line” is produced	The breast scar becomes an ellipse and a new diagonal scar is produced on the back
Advantages	A natural breast shape under clothes A more "balanced" look No additional surgery required	<i>As compared to natural tissue reconstruction:</i> A shorter operative procedure, hospital stay, and recovery time Produces a predictable breast shape Fewer scars	<i>As compared to natural tissue reconstruction:</i> A shorter operative procedure, hospital stay, and recovery time Produces a predictable breast shape Fewer scars	The reconstructed breast is made of natural tissue No exposure to synthetic materials (i.e. breast implants) Patient gets a “tummy tuck” in the process	May be a safer option for patients who are high-risk candidates for the TRAM procedure The blood supply is highly dependable No abdominal complications

Disadvantages	<p>May be heavy, feel hot, and move around inside the bra</p> <p>May need to wear a special bra.</p> <p>May be less convenient to do certain things while wearing a prosthesis</p> <p>Possibly less comfortable in revealing clothes</p>	<p>May give a less natural breast shape and/or feel</p> <p>The implant may migrate, rupture, or form a capsular contracture</p>	<p>May give a less natural breast shape and/or feel</p> <p>The implant may migrate, rupture, or form a capsular contracture</p> <p>The expansion process is time consuming and may be inconvenient</p> <p>The process requires more than one operation</p> <p>The final breast shape is not immediate</p>	<p>It is a long surgical procedure</p> <p>May have decreased abdominal strength afterward</p> <p>The procedure leaves an additional abdominal scar</p> <p>It can be difficult to predict exactly what the new breast will look like</p>	<p>Most individuals will require the addition of a breast implant</p> <p>A large and noticeable scar on the back</p> <p>A small proportion of patients may have less strength in their arm or shoulder</p>
Risks	<p>None</p>	<p>The implant may migrate, rupture, or form a capsular contracture</p>	<p>The implant or tissue expander may migrate, rupture, or form a capsular contracture</p>	<p>Possible asymmetry of the new breast</p> <p>Possibility of partial or total flap loss</p> <p>May have weaker abdominal muscles</p> <p>Abdominal hernias are possible later</p> <p>Fluid collections (i.e. seromas) may need to be drained</p>	<p>Possible asymmetry of the new breast</p> <p>Fluid collections (i.e. seromas) may occur in the back area</p> <p>Possibility of arm or shoulder weakness</p> <p>If a breast implant is used, it may migrate, rupture, or form a capsular contracture</p>

Recovery Time	No additional recovery time required	Usually may resume regular activities after about one week	<i>For both the tissue expander and breast implant insertion:</i>	May resume some arm exercises 2 to 3 weeks postoperatively	May resume some arm exercises 2 to 3 weeks postoperatively
		Two to four weeks before resuming more strenuous activities or returning to work	Usually may resume regular activities after about one week	Abdominal exercises should be limited for approximately 2 months	Three to six weeks before resuming more strenuous activities or returning to work
			Two to four weeks before resuming more strenuous activities or returning to work	A full recovery is expected within a few months	

Summary of Possible Procedures After the Breast Reconstruction

	On the Reconstructed Breast	On the Opposite Breast			On the Abdomen
	Nipple/Areola Reconstruction	Breast Reduction	Breast Lift	Breast Augmentation	Umbilicus Reconstruction
Indications	Any woman who has had a breast reconstruction	Any woman with large breasts	Any woman with ptotic (i.e. droopy) breasts	Any woman with small breasts	Any woman who has had their umbilicus (i.e. “belly button”) removed during a TRAM flap
Contraindications	None	None	None	None	None

Timing	Usually done at least 3 months after the breast reconstruction	Can be done at the time of the breast reconstruction Most commonly done months after the breast reconstruction	Can be done at the time of the breast reconstruction Most commonly done months after the breast reconstruction	Can be done at the time of the breast reconstruction Most commonly done months after the breast reconstruction	Most commonly done at the time of the breast reconstruction, but can be done anytime after
Scars	<p><i>Nipple reconstruction:</i></p> <p>Small scars around the nipple area and possibly in areas from where a graft was harvested</p> <p><i>Areola reconstruction:</i></p> <p>No scars with tattooing</p> <p>Small scars around the areola and in distant donor areas with graft reconstructions</p>	Most commonly, a scar is produced around the areola, from the areola to the underside of the breast, and along the underside of the breast	In all cases, a scar encircles the areola Most commonly, a scar is also produced from the areola to the underside of the breast and along the underside of the breast	A small 3 to 4 cm linear scar is produced in the area that the breast implant is inserted from	Small scars are produced in the area of the new umbilicus
Advantages	More closely matches a natural breast shape	More closely matches the size of the reconstructed breast May relieve back or shoulder strain	More closely matches the size of the reconstructed breast Produces a higher and firmer breast	More closely matches the size of the reconstructed breast	Creates a new umbilicus in the midline
Disadvantages	It is an additional operation which produces more scars Minimal or no sensation in the new nipple	It is an additional operation which produces more scars	It is an additional operation which produces more scars	It is an additional operation which produces more scars	It is an additional operation which produces more scars The new umbilicus may not exactly look like the original

Risks	Possibility of loss of the new nipple	The nipple area may be numb afterward May interfere with breast feeding	The nipple area may be numb afterward May interfere with breast feeding	The breast implant may migrate, rupture, or form a capsular contracture	Minimal risk
Recovery Time	May resume normal activities within a week or two	May resume normal activities in 3 to 4 weeks	May resume normal activities in 2 to 3 weeks	May resume normal activities in 2 to 3 weeks	May resume normal activities within a week or two