

Frequently Asked Questions

Contents

- [Does medical insurance \(e.g. OHIP\) cover these procedures?](#)
- [How long do these operations take?](#)
- [Why might someone opt for living tissue reconstruction over breast implants?](#)
- [Do most surgeons use saline or silicone breast implants?](#)
- [Why might someone opt for microsurgery?](#)
- [What are the complications associated with these procedures?](#)
- [How long does it take for most patients to heal?](#)
- [When can most patients bathe or shower?](#)
- [When do the sutures come out?](#)
- [When can most patients expect to return to work?](#)
- [When can most patients exercise again?](#)
- [What happens if a patient does not like the results?](#)
- [Can patients have radiation or chemotherapy if they have a reconstruction?](#)

Does medical insurance (e.g. OHIP) cover these procedures?

Currently, in Ontario Canada, all procedures related to reconstructive breast surgery are covered by medical insurance (i.e. the Ontario Health Insurance Plan (or OHIP)). Sometimes, however, balancing procedures on the opposite breast may not be covered.

How long do these operations take?

Depending on the procedure, it can take anywhere from an hour to six or seven hours. In general, it takes between 1 and 2 hours for implant reconstructions, between 2 and 4 hours for pedicled TRAM flap reconstructions or latissimus reconstructions, and between 6 and 8 hours for reconstructions involving microsurgery (e.g. a "free" TRAM flap reconstruction).

Why might someone opt for living tissue reconstruction over breast implants?

In living tissue reconstructions, the reconstructed breast is made of the patient's natural tissue and therefore, there is no exposure to synthetic breast implants. Living tissue can also give a more natural breast shape and feel. However, living tissue reconstructions do require a longer operative procedure, hospital stay and recovery time.

Do most surgeons use saline or silicone breast implants?

Currently, most surgeons are using saline implants. For more information on the availability of silicone implants, the advantages and disadvantages of each, and risks associated with each, please refer to the section entitled "Saline Versus Silicone Implants", which can be found in the "Implant Reconstruction" section.

For information directly from the two companies that produce breast implants in Canada, please see:

- Mentor Corporation (<http://www.mentorcorp.com>)
- McGhan Medical (<http://www.mcghan.com>)

Why might someone opt for microsurgery?

A patient may opt for microsurgery for several reasons. First, when compared to a pedicled TRAM flap reconstruction, there may be less interference with abdominal strength. Second, there is no "bulge" where the pedicle runs through the subcutaneous tunnel (i.e. from the abdomen to the breast site). And finally, often times the procedures that involve microsurgery use a larger calibre blood supply. Therefore, for patients in whom their blood vessels may be suboptimal (e.g. smokers), using microsurgery may result in a lower chance of postoperative blood supply complications. However, microsurgical procedures do require a longer operative procedure and hospital stay, and may have a higher chance of complications overall.

What are the complications associated with these procedures?

There are some common things to expect after any type of surgical procedure. After all operations, there is some bruising and swelling. Most times, this will last about two weeks, but can continue for a month or more. Also, any reconstructive surgery requires cutting the skin, so all types of procedures will leave a scar somewhere on the body. Depending on the type of reconstruction, the scar can be located in several different areas. For most patients, scar(s) heal well and become faint with time. However, in some patients the scar can remain red and thickened. For greater detail on where scars may be placed, please refer to information on the individual procedures. Sometimes, small nerves, which provide sensation to the skin, are damaged during the procedures. This may cause changes in sensation, including numbness. Of course, there is always some degree of pain after these reconstructive procedures, but most times it only lasts for a few days and is well managed with analgesics (i.e. "pain killers").

There are also some possible complications that are associated with surgery in general. All surgical procedures carry the possibility of considerable blood loss, requiring a blood transfusion. Fortunately, this occurs very rarely in reconstructive breast surgery. Since surgery involves opening the skin, all surgical procedures also have a risk of infection. Again, this is rare in breast reconstruction and when it does occur, it is often treated adequately with antibiotics. Other more rare, but serious complications include a blood clot or embolus, pneumonia, or an unexpected response (or allergic reaction) to certain drugs or anaesthetics.

Some complications are specific to the type of breast reconstruction that a patient may choose to have. For information regarding these types of complications, please refer to the specific sections describing the individual procedures.

The section above is intended to list some of the possible complications associated with breast reconstruction. It is not intended to be all-inclusive or to substitute for a fully informed consent between the patient and her surgeon

How long does it take for most patients to heal?

Healing time depends on the type of reconstructive procedure. For reconstructions using breast implants, regular activities can usually be resumed within a week or two. However, it usually takes two to four weeks before resuming more strenuous activities or returning to work. For living tissue reconstructions (e.g. a TRAM flap), regular activities can usually be resumed within a few weeks and a full recovery is expected within two to three months.

When can most patients bathe or shower?

It is common for patients to be able to bathe or shower within 3 to 5 days after an implant reconstruction. After living tissue reconstructions, it may take 7 to 10 days until normal bathing activity can be resumed. In either case, whether or not you can get the dressings or bandages wet often depends on the specific dressings used. Therefore, it is necessary to consult your surgeon regarding this issue before deciding to take a bath or shower.

When do the sutures come out?

Most surgeons use sutures that are dissolvable and never need to come out. However, if permanent (i.e. non-dissolvable) sutures are used, they can usually be removed at approximately 7 to 10 days postoperatively.

When can most patients expect to return to work?

In general, most patients will be able to return to work within approximately 2 to 6 weeks after their reconstructive procedure. People who have had breast implant reconstructions will usually be able to return to work earlier than those who have had living tissue reconstructions (e.g. a TRAM flap).

When can most patients exercise again?

For patients with breast implant reconstructions, exercise can usually be resumed within 2 to 4 weeks. For patients with living tissue reconstructions (e.g. a TRAM flap), most exercise can usually also be resumed within 2 to 4 weeks, however, abdominal exercise should be limited for about two months.

What happens if a patient does not like the results?

Often times, if a patient is unsatisfied with the results of their breast reconstruction, it may be possible to perform smaller procedures to improve the overall appearance of the result. This may range from procedures on the opposite natural breast, which are performed to achieve a greater degree of symmetry between the two breasts to simple "touch up" procedures on a scar. For more information on the procedures that are possible for the opposite breast, please refer to the section entitled "Breast Balancing Procedures". Also, consulting the original reconstructive breast surgeon for their opinion is likely to be beneficial.

Can patients have radiation or chemotherapy if they have a

reconstruction?

In most situations, it is possible to have radiation and/or chemotherapy. However, patients should ask their surgeon and/or oncologist this question directly. It is also imperative that members of the health care team communicate on this issue so that everyone understands the full treatment plan.