

Surgical Options

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In general, there are two main methods by which a breast reconstruction is achieved surgically:

- [Using breast implants](#)
- [Using living tissue \(i.e. living tissue taken from a distant site on the same person and used to rebuild their breast\)](#)
 - [TRAM flap](#)
 - [Latissimus dorsi flap](#)
 - [Other flaps](#)

Who does the procedures?

In most centres, the care of patients with breast cancer is through a "multidisciplinary approach". A general surgeon will normally perform the mastectomy. An oncologist may see the patient to discuss adjuvant treatments (e.g. radiation or chemotherapy). And finally, the reconstructive breast surgery would be performed by a plastic surgeon.

Often the patient is referred to a plastic surgeon immediately following the diagnosis of breast cancer and the recommendation for a mastectomy has been made. This way, all members of the "team" are involved and can best coordinate the patient's care.

To find a qualified plastic surgeon in your area, ask your family physician for a referral or visit the official web site of the Canadian Society of Plastic Surgeons (<http://www.plasticsurgery.ca>) or your local provincial plastic surgery society.

Who pays for the procedures?

Currently, in Ontario Canada, all procedures related to reconstruction of a breast following mastectomy are covered by medical insurance (i.e. the Ontario Health Insurance Plan (or OHIP)).

What are the surgical reconstructive options?

In general, there are two main methods by which a breast reconstruction is achieved surgically:

- [Using breast implants](#)
- [Using autologous tissue \(i.e. living tissue taken from a distant site on the same person and used to rebuild their breast\)](#)

- [TRAM flap](#)
- [Latissimus dorsi flap](#)
- [Other flaps](#)

Occasionally, a combination of both methods may be used. The choice of which method to use will depend on several factors. These may include the patient's age, breast cancer prognosis, characteristics of the chest itself (including the opposite breast), whether one or both breasts are being reconstructed, availability of suitable donor tissue for a living tissue reconstruction, smoking history, general health status, and of course patient and surgeon preferences.

Timing of the Breast Reconstruction

Immediate Versus Delayed Reconstructions

Reconstruction performed at the time of mastectomy is termed "immediate reconstruction", while reconstruction performed at any time afterwards is termed "delayed reconstruction".

Advantages of an Immediate Breast Reconstruction

- the patient will wake up after cancer surgery with a new breast (or the beginnings of a new breast) already in place
- it may be more convenient since both surgical procedures (i.e. the mastectomy and the breast reconstruction) are performed at the same time
- it minimizes the number of surgical procedures
- it minimizes the number of recovery periods

Disadvantages of an Immediate Breast Reconstruction

- the patient must bare the strain and the possible risks of having two surgeries at once
- there is no chance to adjust to the loss of the old breast before you get the new one
- the patient must deal emotionally with cancer and with reconstruction at the same time
- it may be difficult to coordinate two surgical services (i.e. general surgery and plastic surgery) to be working at the same time
- it may interfere with any chemotherapy or radiation therapy that may be required after a mastectomy

For these reasons, some women may prefer to have the cancer treated first and then to think about the reconstruction at a later time. Delayed reconstructions may also be preferable in certain clinical situations. For example, if radiation therapy or chemotherapy is required and the patient has chosen to have an implant reconstruction, the implant surgery may be delayed until the radiation therapy or chemotherapy is completed. The reconstruction may also be delayed if there is a possibility of cancer in the contralateral (i.e. opposite) breast or a possibility of performing a contralateral mastectomy. In these cases, the reconstruction should be performed after the second mastectomy (if necessary), since bilateral reconstructions are most successful when performed simultaneously.

Post-Reconstruction Cancer Screening Recommendations

There is no evidence to suggest that any form of breast reconstruction increases the risk of breast cancer recurrence. But, breast reconstructions can make it more difficult to examine the area by either physical examination or via mammography, stressing the importance of adherence to the recommendations below.

Implant Reconstructions

Mammograms are not usually recommended for the reconstructed breast. Local recurrence of cancer is screened for by physical examination of the breast. Patients should perform breast self-examinations on both breasts once a month. Mammograms should be done on the natural breast, as recommended by the American Cancer Society.

Living Tissue Reconstructions

There is increasing feeling that natural tissue reconstructions should be periodically screened with mammograms. Furthermore, it is imperative that physical examination continues to play a dominant role in order to detect cancer recurrences at an early stage. Breast self-examination by the patient should be performed on both breasts once a month. Mammograms should be done on the natural breast, as recommended by the American Cancer Society. It is possible to do mammograms on the reconstructed breast and in fact, there are several reported cases of cancer recurrence detected through post-reconstruction mammograms.

| American Cancer Society Mammography Screening Guidelines | | | |
|---|--------------------------|--|------------------------------|
| If You Are: | Have a Mammogram: | Have a Doctor Examine Your Breasts: | Do Self Breast Exams: |
| 20-39 | None recommended | Once every 3 years | Monthly |
| 40-49 | Once every 2 years | Once a year | Monthly |
| 50 or over | Once a year | Once a year | Monthly |

For more information on the various surgical procedures available for breast reconstruction, please click on any of the following links:

- [Breast implant reconstruction](#)
- [Living tissue reconstruction \(i.e. living tissue taken from a distant site on the same person and used to rebuild their breast\)](#)
 - [TRAM flap](#)
 - [Latissimus dorsi flap](#)
 - [Other flaps](#)

