

Living Tissue Reconstruction

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In general, the main flaps used in living tissue breast reconstructions are:

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

Breast reconstruction using autologous tissue (i.e. the patient's own tissue) has become a common option for women considering reconstructive surgery. While it has the disadvantage of requiring a larger surgical procedure at the outset, it offers the advantage of producing a reconstructed breast that maintains a natural consistency, which is difficult to produce with breast implants. See [Figure 1](#) for a video describing some of the common methods of performing living tissue breast reconstructions.



Figure 1 - This short video schematically demonstrates the common methods used for living tissue breast reconstructions. (Quicktime movie - click on graphic to launch in new browser window)

Advantages of Natural Tissue Reconstructions

When compared to implant reconstructions, natural tissue reconstructions have the following advantages:

- gives a more natural breast shape and feel
- no exposure to synthetic materials (i.e. breast implants)

Disadvantages of Natural Tissue Reconstructions

When compared to implant reconstructions, living tissue reconstructions have the following disadvantages:

- longer operative procedure
- longer hospital stay
- longer recovery time
- leaves more scars
- may cause weakness in the area where the tissue was taken from

Reconstructive Options Using Living Tissue

For living tissue reconstructions, there are several options:

- [TRAM \(Transverse Rectus Abdominis Myocutaneous\) flap](#)
- [Latissimus dorsi flap](#)
- [Flaps from other regions of the body](#)

All of the above procedures move a piece of tissue (a flap) from another area of the body and use it to form a new breast. Currently, the most common area to harvest this tissue from is the abdomen. This forms the basis for the TRAM flap procedure.

The flaps used for breast reconstruction may be pedicled or free. Pedicled flaps are those that have their original blood supply intact, whereas free flaps are freely lifted and detached from their original location and blood supply. Then, microsurgery is required to attach new blood vessels to the tissue.