

Breast Reconstruction & Prosthesis

Reconstructive surgery or prosthesis?

You can have reconstruction at the time of your mastectomy or wait to have reconstruction at a later date. You might decide that you do not want any more surgery. If this is the case, you have another choice to make: whether or not to use a breast prosthesis. Here are a few things to consider when making the choice:

- Are you comfortable with the way your chest looks after surgery? If so, you may not want reconstructive surgery.
- If you do not want to do anything permanent, but want to maintain a balanced look when you are dressed, a prosthesis may be a better choice for you.
- Are you willing to have a second surgery? Do you have any concerns about reconstruction procedures?
- You do not have to make a decision right away. Talk with other women who have had reconstruction or have chosen to use prostheses. It is never too late to try prostheses or to have reconstructive surgery.



If you choose to use a prosthesis

A prosthesis is an artificial, flexible breast form that you can put on or take off whenever you want. Prostheses come in many shapes, sizes, materials and colors. A member of your health care team can suggest places where you can buy prostheses. Many specialty stores that sell medical supplies carry them, as do some larger department stores that have sales staff who work with women who have had mastectomies.

- Before you go, call ahead for an appointment so you do not have to wait.
- Wear a form-fitting top. Wear the prosthesis around the store for 30 minutes or more to get the feel of it.
- Try on different ready-made prostheses and decide which one is the best match for your remaining breast. If you have had a double mastectomy, you can buy two matching prostheses.
- You can also have a prosthesis custom-made. These are more expensive than the ready-made version, but sometimes provide a better match.
- Find out what your insurance will cover. Most plans will pay for a reasonably priced new prosthesis every two years.

If you choose to have breast reconstruction

Breast reconstruction is surgery to recreate a missing breast. If you have decided to have reconstructive surgery, follow these steps:

STEP 1 — Ask your doctor to refer you to a plastic surgeon who is an expert in breast reconstructive surgery. This is especially important if you choose to have the reconstructive surgery at the same time as the mastectomy.

STEP 2 — Talk with the plastic surgeon and find out about his or her skills and experience. The surgeon you choose should ask questions, listen to

your answers carefully and make a recommendation about the best surgery for you. If you have concerns, get a second opinion.

STEP 3 — Find out what your health insurance will cover. Know and understand your rights.

- **The Women’s Health and Cancer Rights Act (WHCRA)** provides protections for women who choose breast reconstruction with a mastectomy.

STEP 4 — Decide if you want the reconstructive surgery right away (with mastectomy) or later. It is never too late to have this surgery.

Types of reconstructive surgery

As you talk with your doctor about which surgery would be best for you, remember to ask about the recovery time and any pain or scarring that may occur from surgery. It is also important to discuss how a plan for radiation therapy may impact the decision for reconstructive surgery.

Flap procedures — In these procedures, your own tissue is used to recreate a breast. These surgeries take the longest to complete and have a higher risk of a complication. However, because they use your own skin, muscle and fat, the reconstructed breast will more closely reflect your bodily changes like gaining or losing weight and aging. Three types of flap procedures are described here:

- *The TRAM flap (Transverse Rectus Abdominous Muscle)* is the most common choice. Tissue is taken from your abdomen and slid up a tunnel under the skin to your breast area.
- *The latissimus dorsi procedure* takes tissue from the shoulder area of your back. This too is taken in a tunnel under the skin to the breast area.
- *The free flap reconstruction* uses tissue from the buttocks or abdomen and is transplanted to the breast area. This procedure is more complex and has an increased risk of surgical complications. Examples of the free flap surgery are the DIEP flap and S-GAP procedures.

If desired, nipple and areola reconstruction can be done after any type of reconstructive surgery. This procedure is usually done at least two months after breast reconstruction to allow for correct positioning of the nipple.

If a woman is having breast reconstruction immediately after her mastectomy, the breast surgeon may attempt to keep intact as much of the skin of the breast as possible. This skin can then be used to cover a tissue flap or artificial implant.

Implants — The implant is the best choice for women who do not want a flap procedure and involves the least amount of surgery. An implant can be filled with saline (salt water) or silicone gel. It is placed under the chest muscle through an incision made by the surgeon. Breast implants may need to be replaced at some time in the future.

Tissue expansion — This technique is used to stretch the skin to make room for a permanent implant. A small, balloon-like bag is inserted under the chest wall. It is expanded by adding saline regularly over weeks or months until the breast area is expanded to the desired size. The expander is removed and a saline or silicone gel-filled implant is inserted.

Related fact sheets in this series:

- Breast Surgery
- Follow-up
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