

# Breast reconstruction after cancer



It is possible to reconstruct your breast, or both breasts, after a mastectomy. This fact sheet explains the possible options and helps you prepare for your meeting with the plastic surgeon.

## Who can have breast reconstruction?

All women of any age who have had a mastectomy (one breast) or bilateral mastectomy (both) are candidates for breast reconstruction if they are in good health.

## What is involved in this plastic surgery?

It involves reconstructing one or both of your breasts so they look as natural as possible.

## Is there more than one way to reconstruct a breast?

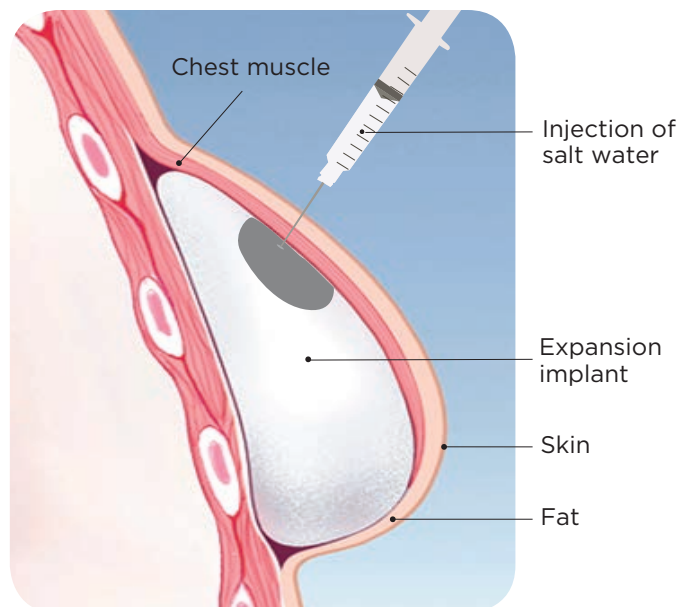
Yes, there are 3 possible techniques. You will see a plastic surgeon, who will explain them to you. The surgeon will recommend the option best suited to your situation.

You need to know this is a long process that requires strong commitment from you and your family members.

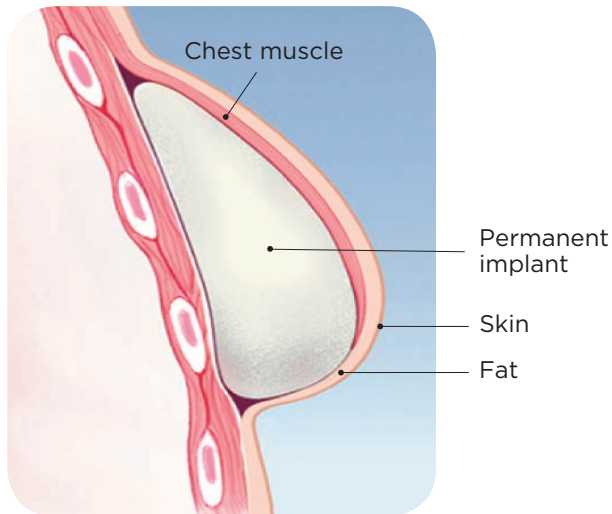
### 1 Inserting an implant

The surgeon can fit you with an implant (prosthesis) like the ones used for breast augmentation. There are 2 types.

- **The expansion implant.** This one is temporary and looks like an empty silicone bag. Sterile salt water is injected into it with a needle through the skin. The aim is to stretch the muscle and skin gradually to reach the intended size. Then it is replaced with a permanent implant.

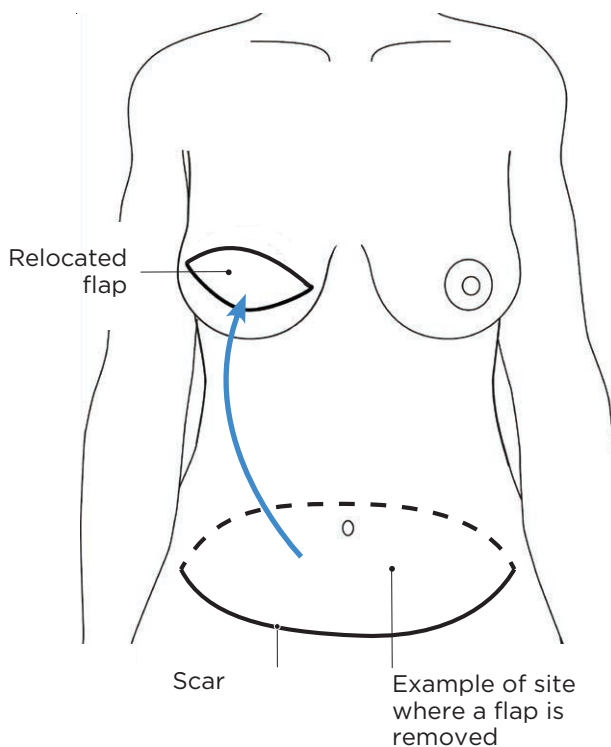


- **The permanent implant.** This one is made of silicone gel. The size selected depends on how large the new breast is intended to be.



## 2 Reconstructing the breast with your own tissue (autologous tissue)

The surgeon takes skin, fat, and sometimes muscle from your own body. These are called **“flaps”**. They can be taken from your abdomen, back, or, rarely, buttocks or thighs. These flaps will be used to reconstruct your breast.



## 3 Combining both techniques

Sometimes the surgeon can combine the two techniques: inserting an implant and using your own tissue.

In advising you on the best method, the surgeon will consider:

- the size of your breasts
- the condition of your skin and of the scars from your mastectomy
- the amount of fat and muscle in your body
- your health status and personal situation
- your chemotherapy and radiotherapy treatments
- your wishes, expectations, and preferences
- your availability (fitting the steps into your calendar)

## What are the different steps of breast reconstruction?

### First step

The breast is reconstructed with an implant or a flap, or both. This will take 1 or 2 surgeries depending on the option chosen. For this surgery, you are “put to sleep” under general anaesthesia. If you are fitted with an expansion implant, it will be replaced by a permanent implant at the end of the process. The timing of the replacement varies. Your surgeon will tell you when this will be done.



### Second step

**At least 3 months after the breast has been formed.**

This step is called “symmetrization” (or breast equalization). The surgeon tries to make your breasts as symmetrical as possible. This involves adjusting the non-operated breast and sometimes the reconstructed breast. The aim is to make them as similar as possible in size, shape, and height. To do this, the surgeon might augment, reduce, or “lift” the drooping breast. For this surgery, you are “put to sleep” under general anaesthesia.

### Third step

#### At least 3 months after breast symmetrization.

The surgeon makes a new nipple from your own tissue. The tissue might come from the reconstructed breast or the other nipple. For this surgery, your breast, or both, is “frozen” using local anaesthesia.

At least 3 months after nipple reconstruction, the coloured circle around the nipple (the areola) is reproduced by tattooing.

Some women instead choose an artificial nipple (a “stick-on” or adhesive nipple) or prefer to have a tattoo of a symbol or drawing.

If your nipple and areola were preserved in the mastectomy (done in some cases of **immediate** reconstruction), this step is not necessary.

#### Artificial nipples (adhesive)



#### NOTE

All of these surgeries and breast tattooing are covered by Quebec’s health insurance plan (RAMQ).

### When can breast reconstruction start?

This plastic surgery can be done on the day of your mastectomy (**immediate** reconstruction). This will produce the best looking reconstructed breast.

It can also be done later, at the time of your choice (**delayed** reconstruction). Sometimes it’s good to take time to think it over. But you should know that, after a mastectomy, the skin on your chest contracts over time. The look of the breast may therefore be a little less successful.

If you are receiving cancer treatments, you will have to wait at least 6 months after the last radiation session and at least 6 weeks after the last dose of chemotherapy.

### How much time does breast reconstruction take?

The time needed for each surgery depends on how complex it is. The time between surgeries also varies.

It takes at least 12 months for all three steps. It is often only after one year, when all surgeries have been done, that you will really see the new look of your breasts.

### Is breast reconstruction necessary?

It all depends on you, your values and your lifestyle.

Here are some of the benefits reported by some women.

- In the case of immediate reconstruction, you don’t have to live with a deformed or missing breast.
- You don’t have to wear a small cushion or “artificial” breast (external breast form) to fill the empty space after a mastectomy.
- Getting dressed is easier.
- You may feel better in your body.
- It may help you regain a positive outlook on life after cancer.
- It may facilitate intimacy in couples.



### Breast reconstruction also has disadvantages:

- A reconstructed breast is **never** like the original breast.
- Your two breasts will always be different.
- There are no sensations to touch in the reconstructed breast.
- There are no erogenous sensations in the nipple (original or reconstructed).
- You will not be able to breastfeed.
- You will have scars, and the scarred areas on your breast and abdomen or back will be less sensitive to touch (numbness).
- You will live almost a year and sometimes more with a body in transition.

## Can I decide not to have breast reconstruction?

You can feel good in your body without breast reconstruction.

In this case, you will have a scar where the breast was removed. You can wear an external prosthesis (a breast form). This is a small cushion made of fabric or silicone placed in the pocket of a special bra or stuck on the skin. Your clothes will fit better.

There are fact sheets on mastectomy. Consult them to help you make your decisions.

### Risks related to breast reconstruction

As with any surgery, there are risks. But there are more if you are obese, if you smoke, or if you have had or will have radiation therapy.

To decrease risk, stop smoking 6 weeks before and 6 weeks after each surgery. Nicotine (including from electronic cigarettes and patches) shrinks blood vessels. This slows down blood circulation and healing. There are resources to help you quit smoking. Talk to your healthcare team.

## Can I decide not to have breast symmetrization?

Yes. But if you only do the first step (creating breast volume) without symmetrization, your breasts might be different.

## Who can I contact for help or to ask questions?

Contact your care team or your resource nurse.



### USEFUL RESOURCES

Quebec Breast Cancer Foundation:

> [rubanrose.org/en](http://rubanrose.org/en)

The Quebec Breast Cancer Foundation is proud to help inform and support women during breast reconstruction, thanks to a grant for this project.

Breast reconstruction at the CHUM:

> [cicc.chumontreal.qc.ca](http://cicc.chumontreal.qc.ca)

Click on: I have cancer → Breast (CICS) → Reconstruction

Canadian Cancer Society:

offers a peer support service with women who have had breast cancer.

> [cancer.ca](http://cancer.ca)

Click on: Support & services → Talk to someone who's been there

Breast Reconstruction Awareness Day (BRA Day):

> [bra-day.com](http://bra-day.com)

Other health sheets published by the CHUM are available. Ask for those that might fit your situation.



You can also find them on our web site

[chumontreal.qc.ca/fiches-sante](http://chumontreal.qc.ca/fiches-sante)

*The content of this document in no way replaces the recommendations and diagnoses made, or the treatment suggested by your health professional.*

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**Here are some typical questions to ask your health care team or nurse to help you make your decisions.**

- > What type of mastectomy will be done (partial, total, bilateral)?
- > Who will do the mastectomy?
- > Who will do the breast reconstruction?
- > Will I need more mammograms or magnetic resonance tests (MRI) before my surgeries? After?
- > What does a breast look like after reconstruction with an implant? With your own tissue?
- > Can my nipple and areola be preserved during mastectomy? What are the advantages? The disadvantages?
- > How is radiotherapy a risk for breast reconstruction?
- > Is there a risk of cancer in the reconstructed breast?
- > What happens if I decide not to have breast symmetrization? Or nipple and areola reconstruction?
- > Where can I get an external prosthesis (a breast form)?
- > Am I the right age for breast reconstruction?
- > Who can help me after the surgeries?
- > Will I be able to work during breast reconstruction?
- > Before I decide, can I meet with a woman who has had breast reconstruction with an implant? And one who had it done with her own tissue?



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Questions

Write down any questions you want to ask your care team so you don't forget anything.



Lined area for writing questions



Observations - Comments

Write down observations you feel are important: your symptoms, treatments, follow-up, energy level, spirit, etc.



Lined area for writing observations and comments



### Upcoming appointments

Lined area for writing upcoming appointments.



### Resource people and contacts

Write down phone numbers, email addresses and websites that could be useful.



Lined area for writing resource people and contacts.

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