

Breast reconstruction in cases of genetic mutation



You have a genetic mutation associated with breast cancer. To prevent this cancer, you have had your breasts removed or are thinking of doing so. This fact sheet explains the possible options to reconstruct your breasts.

Who can have breast reconstruction?

All women of all ages who have had their breasts removed or want to have them removed to prevent cancer (preventive mastectomy) 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?

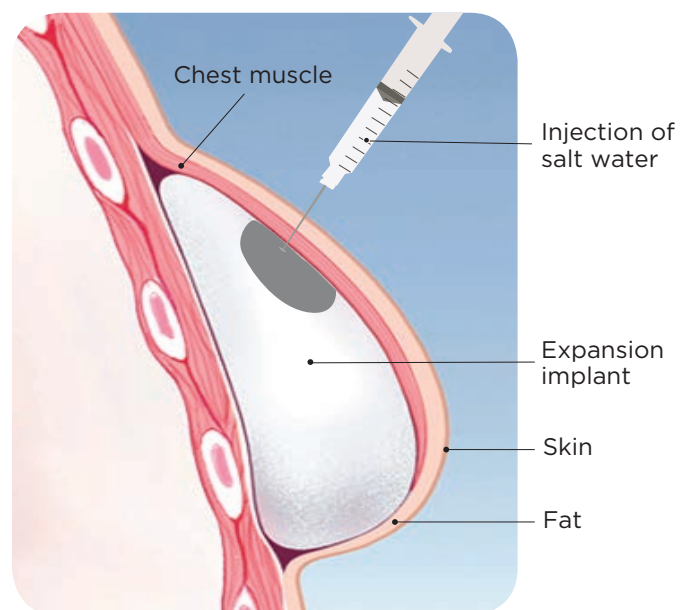
Yes, there are 3 possible techniques. You can see a plastic surgeon, who will explain them to you. The surgeon will recommend the option best suited to your situation.

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

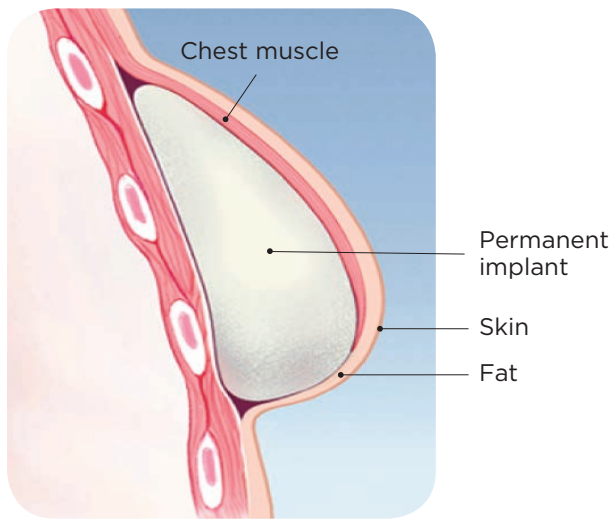
1 Inserting an implant

The surgeon can fit you with implants (prostheses) 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 several times 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.

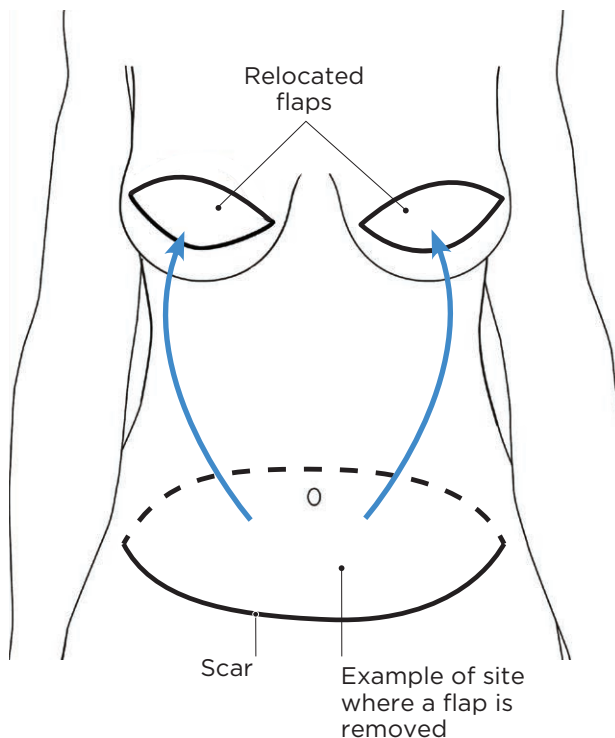


- **The permanent implant.** This one is made of silicone gel. The size selected depends on how large the new breasts are intended to be.



2 Reconstructing the breasts 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 breasts.



3 Combining both techniques

Sometimes the surgeon can combine the two techniques: inserting implants 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 breasts are reconstructed with implants or flaps, 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.



Second stage

At least 3 months after the new breasts are created.

The expansion implants are replaced by permanent implants.

If both breasts have been reconstructed with permanent implants or flaps, this step is not necessary.

Third step

At least 3 months after the last surgery.

The surgeon makes new nipples from the skin of your reconstructed breasts. For this operation, your breasts are “frozen” using local anaesthesia.

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

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

If your nipples and areolas were preserved in the mastectomy, 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.

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 without breasts.
- 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 facilitate intimacy in couples.



Breast reconstruction also has disadvantages:

- A reconstructed breast is **never** like the original breast.
- Your 2 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 a mastectomy?

Yes, that decision is yours. You can decide to choose medical and radiological follow-up. You can also decide to wait before having the surgery while still being followed in the meantime.

Can I decide not to have breast reconstruction?

You can feel good in your body without breast reconstruction.

In this case, you will have scars where your breasts were removed. You can wear external prostheses (breast forms). These are small cushions 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.

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

Risks related to breast reconstruction

As with any surgery, there are risks. But there are more if you are obese and if you smoke.

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.

Who can I contact for help or to ask questions?

Contact your health care team or your resource nurse.



USEFUL RESOURCES

Quebec Breast Cancer Foundation:

> 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

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

Réseau ROSE

Resources in oncogenetics for support and education:

> reseaurose.ca (French only)

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

To find out more about the Centre hospitalier de l'Université de Montréal
chumontreal.qc.ca

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

- > Will I still need to have mammograms or magnetic resonance tests (MRI) after my operations?
- > What resources are available to support me in making my decision? After my surgeries?
- > Where can I find more information about breast reconstruction? And about the support available?
- > What do breasts look like after reconstruction with an implant? With your own tissue?
- > Is there a risk of cancer in the reconstructed breasts?
- > Can my nipples and areolas be preserved during the preventive mastectomy? What are the advantages? The disadvantages?
- > Where can I get external prostheses (breast forms)?
- > 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?



To find out more about the Centre hospitalier de l'Université de Montréal
chumontreal.qc.ca



Questions

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





Observations - Comments

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





Upcoming appointments



Resource people and contacts

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



