

Breast reconstruction with your own tissue



It is possible to reconstruct your breasts with tissue from your own body. This fact sheet explains the possible options and helps you prepare for your meeting with the plastic surgeon.

What is breast reconstruction with your own tissue?

This involves reconstructing one of your breasts, or both, to look as natural as possible. The plastic surgeon uses skin, fat, and sometimes muscle from your own body. These are called **flaps**. These flaps can be taken from your abdomen, back, or, very rarely, buttocks or thighs. This is called an “autologous” reconstruction.



Woman who had a breast reconstruction using abdominal flaps.

Are there several ways to reconstruct breasts with flaps?

Yes, there are two possible techniques to reconstruct your breasts using flaps. You will meet with a plastic surgeon, who will explain them to you. The surgeon will recommend the option best suited to your situation.

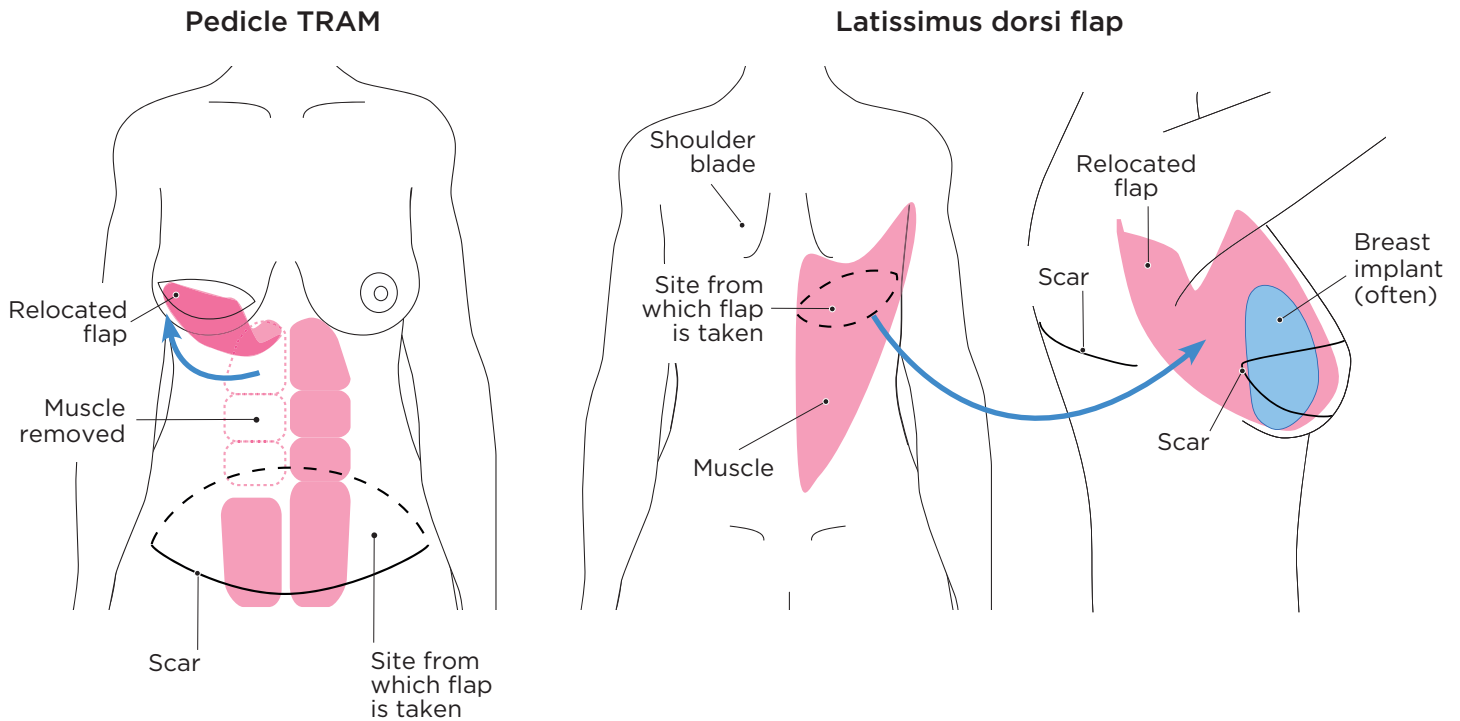
1 The pedicle flap (which stays attached)

This technique involves taking a flap from your abdomen or back without detaching it from your body. The surgeon creates a “tunnel” under your skin and slides the flap through that tunnel to your chest. The flap is then used to reconstruct your breast.

That way, the blood vessels are not cut. Blood circulation is maintained and the blood vessels continue to “nourish” the reconstructed breast tissue. The two most commonly used pedicle flaps are from the abdomen (TRAM flap) and the back (latissimus dorsi flap)

PEDICLE FLAP TECHNIQUE

	Pedicle TRAM (rarely done at the CHUM)	Latissimus dorsi flap
Where it is taken from	Belly (abdomen), between the navel and the pubic bone.	Back, under the shoulder blade.
Composition (body tissue)	Skin, fat, rectus muscle, artery, and vein.	Skin, fat, all of the rectus muscle, artery, and vein.
How the flap is transported	<p>The piece of tissue and its blood vessels remain attached to the top of the abdominal muscle and are brought up to your chest.</p> <p>Sometimes the surgeon uses a net, called the “abdominal reinforcement mesh”, to support the abdomen because a muscle has been removed.</p>	<p>The piece of tissue and its blood vessels remain attached to the armpit and are brought to your chest.</p>



2 Free flap

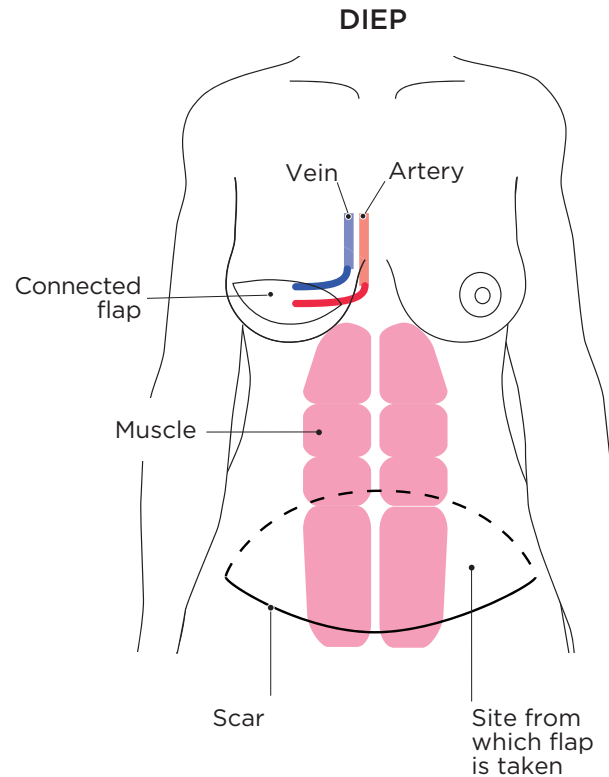
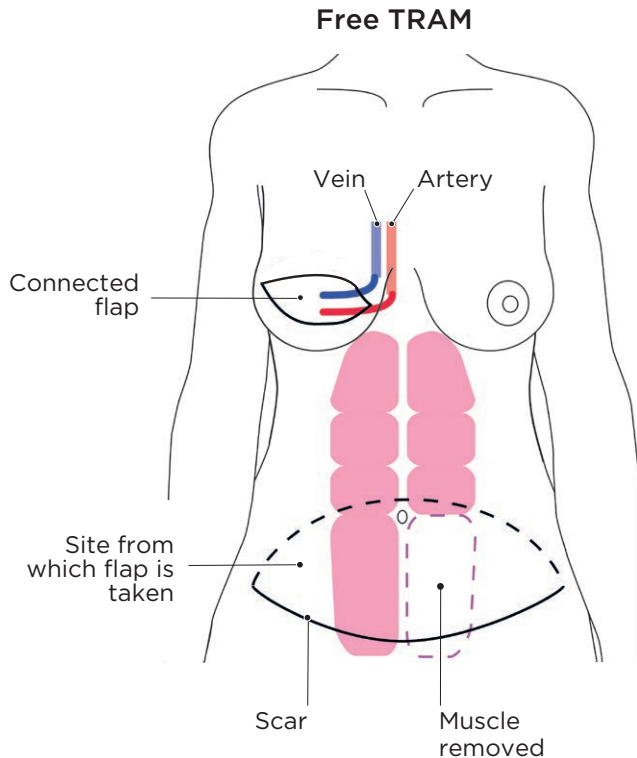
In this technique, a flap is completely detached from your body and used to reconstruct your breast. The surgeon connects the blood vessels in the flap to those in your chest (thorax). This requires using a microscope (microsurgery).

For this more complex surgery, abdominal flaps are most often used. There two types: free TRAM and DIEP.

The plastic surgeon will recommend the best option to rebuild your breast(s).

FREE FLAP TECHNIQUE

	Free TRAM	DIEP
Where it is taken from	Belly (abdomen), between the navel and the pubic bone.	Belly (abdomen), between the navel and the pubic bone.
Composition (body tissues)	Skin, fat, part of the rectus muscle, artery, and vein.	Skin, fat, artery, and vein.



What are the advantages of reconstruction with flaps?

- > It can be done even if you have already had or will have radiation therapy.
- > Flaps have an unlimited lifetime. They don't wear out, they get larger if you put on weight, etc. They age with you.

A breast that is reconstructed using flaps looks natural but is **never the same** as the original breast. It also won't be like the other breast.

What are the disadvantages of reconstruction with flaps?

- A breast reconstructed using a flap is a different colour because the skin comes from another part of the body.
- You will not feel anything in the reconstructed breast.
- You will have no erogenous sensations on the nipple (whether original or reconstructed).
- You will have scars on your breast, abdomen, or back. Their size depends on the type of flap (see diagrams, p. 2 and 3). These areas will be less sensitive to touch (numbness).

Which flap is best for me?

The surgeons will tell you if your health condition is good enough for you to have this surgery and what technique can be used. They will also be able to answer your questions.

They will tell you:

- If immediate reconstruction can be done. They will also tell you whether they can preserve your nipple and areola during reconstruction.
- If an implant needs to be added to the flap.
- If breast symmetrization will be necessary.



Who can I contact for help or to ask questions?

Breast reconstruction is a long process that requires strong commitment from you and your family members. Don't hesitate to discuss it with your health care team and 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

Canadian Cancer Society:

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

> cancer.ca

Breast Reconstruction Awareness Day (BRA Day):

> 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

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

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.



Here are some typical questions to ask your plastic surgeon or nurse.

- > Can a flap from my abdomen be used if I want to have children? Or if I've had abdominal surgery in the past?
- > Will I still be able to play sports if a muscle is taken from my abdomen or back (free TRAM or latissimus dorsi flap)?
- > Will my posture change if a muscle is taken from my abdomen or back (free TRAM or latissimus dorsi flap)?
- > Can the plastic surgeon use two flaps from two different parts of my body to reconstruct one or both breasts during the same surgery?



Questions

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



Lined writing area for questions.



Observations - Comments

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



Lined writing area for observations and comments.

