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Preparing for your Breast Reconstruction Appointment

A breast cancer diagnosis can be overwhelming. Once a surgical plan is determined by both you and your breast surgeon, reconstruction is the next step. This document is a brief overview of common breast reconstruction surgical options to aid in your upcoming appointment. Surgical options are patient-dependent. Your surgical options will be discussed during your appointment.

If you have any questions prior to your appointment or in regards to this document please call or email our office. We also welcome you to review the breast reconstruction portion of our website for additional information.

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<https://eliteplasticsurgeryaz.com/breast-reconstruction-services-overview/>



Oncoplastic closure or no reconstruction

Based on emergent need for mastectomy, health status, or patient preference you may not be a candidate or choose to have reconstruction at the time of mastectomy. Occasionally, your breast surgeon will coordinate with a plastic surgeon to perform the surgical closure. The surgical closure may or may not include removing excess skin to achieve flat/streamlined results. This will be discussed at your appointment based on your referral and personal decision.

Lumpectomy with delayed reconstruction

A lumpectomy is a procedure performed by your breast surgeon in which the cancerous mass/tumor is removed and the rest of the surrounding breast tissue is spared. Patients occasionally wait to have reconstruction after the completion of radiation. This allows them to see the full effects of the changes that will occur post-surgery and radiation. A few key points to

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consider is that radiation changes the appearance of the breast, which can not be predicted. Moreover, any reconstruction after radiation requires a 6-month waiting period to ensure the best success of reconstruction with reliable results during this time we monitor radiation changes and advise on your best course of action.

Single or Bilateral Mastectomy with Reconstruction

Mastectomy is single or double-sided with tissue expander placement and subsequent implant(s) or autologous reconstruction. A mastectomy can be performed on one or both sides. You, your breast surgeon, and your plastic surgeon decide this. A mastectomy is the removal of breast tissue leaving your skin and soft tissue. Occasionally nipples and/or skin can not be spared and your breast surgeon will discuss what this entails.

At the time of mastectomy, the plastic surgeon will insert tissue expander(s) which are similar to implants through temporary place-holders. This allows the skin to heal, regenerate blood supply, and form a capsule or shell for permanent implants to be placed at a later date. Placing the tissue expanders allows more reliable results for final reconstruction. Moreover, it allows time for the final pathology to determine if you will require radiation or additional cancer-related treatments. Once pathology has resulted patients may proceed with implant-based reconstruction or autologous reconstruction. If radiation is needed there is a 6-month post-radiation wait period for implant(s) and 3 months for autologous reconstruction on average.



Autologous (Own Tissue) Reconstruction

Autologous reconstruction involves using tissue from a different part of the body to reconstruct the breasts. This tissue can be used from the abdomen (DIEP flap), inner thighs (PAP Flap), and back (latissimus dorsi flap). Fat and soft tissue are transplanted to the breasts, and the blood supply is reconstructed to give you a more natural and lifelong reconstruction. This procedure is not offered by many plastic surgeons in the valley; we at Elite Plastic Surgery specialize in it.

Direct to implant at time of Mastectomy

During the mastectomy surgery, the plastic surgeon operates with your breast surgeon to place implants at the same time. It is becoming a more common practice to use implants instead of

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expanders to make space for reconstruction. It has been found breast implants are more comfortable than tissue expanders. Patients who have implants placed during their mastectomy may continue to plan for an autologous reconstruction.

