Preparing for your Breast Reconstruction Appointment

A breast cancer diagnosis can feel overwhelming. Once you and your breast surgeon have determined the best surgical treatment plan, the next step is to discuss your breast reconstruction options. This guide provides a brief overview of the most common breast reconstruction procedures to help you prepare for your upcoming consultation.

Because every patient and diagnosis is unique, the reconstruction options available to you will depend on your individual circumstances. During your appointment, your surgeon will review the procedures that are most appropriate for your needs and answer any questions you may have.

If you have questions before your appointment or about the information in this guide, please contact our office by phone or email. You are also encouraged to visit the breast reconstruction section of our website for additional educational resources and information.

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What is a Mastectomy?

A mastectomy is a surgical procedure to remove your breast tissue, most commonly performed to treat or prevent breast cancer. Depending on the individual's diagnosis and treatment plan, the surgery may involve removing one breast (unilateral mastectomy) or both breasts (bilateral mastectomy). Some procedures also include the removal of nearby lymph nodes to determine whether the cancer has spread. Occasionally, nipples and/or skin can not be spared, and your breast surgeon will discuss what this entails.

In many cases, breast reconstruction can be performed at the same time as your mastectomy (immediate reconstruction) or at a later date (delayed reconstruction). Breast reconstruction is performed by a plastic surgeon in coordination with your breast surgeon.

There are several reconstructive options available, and the most appropriate approach depends on your anatomy, cancer treatment plan, overall health, and personal preferences. The two most common types of reconstruction performed at the time of mastectomy are **implant-based reconstruction** and **autologous (own tissue) reconstruction**.

During your consultation, your breast surgeon and plastic surgeon will review the benefits, limitations, and timing of each option to help you determine which reconstructive approach is best suited to your individual needs.

Oncoplastic closure or no reconstruction

Depending on the need for your mastectomy, your overall health, cancer treatment plan, or your personal preference, you may not be a candidate for—or may choose not to have—breast reconstruction at the time of your mastectomy.

In some cases, your breast surgeon will work with a plastic surgeon to perform the surgical closure. This may involve an oncoplastic flat closure, which is a specialized technique to create a smooth, symmetrical chest contour by removing excess skin and tissue when appropriate. In other cases, a standard closure may be performed without additional contouring.

The best approach for your surgical closure will depend on your individual circumstances and goals. Your surgeon will discuss your options and expected results during your consultation to help you make an informed decision.

Lumpectomy with Oncoplastic Reduction

A lumpectomy is a breast-conserving surgery performed by your breast surgeon to remove the cancerous tumor while preserving as much of the surrounding healthy breast tissue as possible. Depending on the size and location of the tumor, an oncoplastic breast reduction or lift may be performed at the same time to reshape the affected breast and improve its appearance after the tissue is removed.

To improve breast symmetry, many patients also choose to have a reduction or lift on the opposite (contralateral) breast during the same operation or as a separate procedure. This can help create a more balanced breast size and shape following cancer surgery.

Whether you are a candidate for oncoplastic reconstruction and a contralateral breast reduction depends on your breast size, tumor location, cancer treatment plan, and personal goals. Your breast and plastic surgeons will discuss the options available to you and recommend the approach that is best suited to your individual needs.

Mastectomy with Direct-to-Implant Based Reconstruction

During the mastectomy surgery, the plastic surgeon operates with your breast surgeon to place implants at the same time. This approach eliminates the need for a temporary tissue expander used in staged reconstruction. It is becoming a more common practice to use implants instead of expanders to make space for reconstruction. It has been found that breast implants are more comfortable than tissue expanders.

The implant is often supported by an acellular dermal matrix (ADM) or a mesh to provide coverage and shape. Direct-to-implant reconstruction may reduce the total number of surgeries and shorten the overall reconstruction process, although candidacy depends on factors such as breast anatomy, skin quality, cancer treatment plan, and overall health. Patients who have implants placed during their mastectomy may continue to plan for an autologous reconstruction.

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Mastectomy with Autologous (Own Tissue) Reconstruction

A mastectomy with autologous (own tissue) breast reconstruction is a surgical procedure in which the breast tissue is removed (mastectomy), and the breast is reconstructed using the patient's own tissue, typically taken from the abdomen or thighs. The transferred tissue is shaped to create a natural-looking breast and may be performed at the same time as the mastectomy (immediate reconstruction) or during a later procedure (delayed reconstruction). Because the reconstruction uses the patient's own tissue rather than an implant, it can provide a more natural feel and long-term result, although the surgery is more complex and involves recovery at both the breast and tissue donor site. This procedure is not offered by many plastic surgeons in the valley; we at Elite Plastic Surgery specialize in this procedure.

Delayed Reconstruction

Some patients choose to delay breast reconstruction or corrective surgery until after completing radiation therapy. This approach allows time for the breast to fully heal and for the effects of radiation to stabilize before planning reconstruction.

It is important to understand that radiation can cause changes to the breast, including alterations in size, shape, firmness, and skin quality. Because these changes vary from person to person, the final appearance cannot be accurately predicted immediately after treatment. For this reason, reconstruction or revision surgery is typically delayed for at least six months after completing radiation therapy. During this waiting period, your surgeon will monitor your healing and the effects of radiation to help determine the best reconstructive options and achieve the most reliable long-term results.

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