



آغا خان یونیورسٹی ہسپتال

The Aga Khan University Hospital



Breast Reconstruction

Information for Patients/Guardians



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Surgery for breast cancer may result in the partial or complete loss of the patient's affected breast, leading to asymmetry between both breasts. Breast reconstruction, either partial or complete, can help restore breast shape for patients who wish to achieve a more symmetrical appearance.

The term 'breast reconstruction' refers to the creation of a new breast, either after a mastectomy (complete removal of the breast) or after the removal of a significant portion of the breast.

Any patient undergoing a mastectomy is a candidate for reconstruction. However, if a patient prefers not to undergo reconstruction, a breast prosthesis (an artificial breast) placed in a bra pocket can serve as an alternative to provide a natural appearance.

Ideal Candidates for Breast Reconstruction

The best candidates for breast reconstruction are women who:

- Strongly desire restoration of breast shape and form
- Are non-smokers
- Are non-diabetic
- Have limited disease (small tumour, minimal skin involvement, and limited disease in the lymph nodes)
- Do not require post-surgical radiation therapy
- Are undergoing a mastectomy on a healthy breast to prevent breast cancer

Commonly Performed Reconstructive Techniques

Breast reconstruction techniques vary based on the amount of breast tissue removed. These techniques can be customised to suit each patient's preferences and medical circumstances.

Main types of breast reconstruction techniques:

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1. Autologous Breast Reconstruction (Using the Patient's Own Tissue)

- The patient's own tissue from another part of the body is used to create a new breast, without compromising function.
- The procedure is complex and involves a longer operating time.
- No implants are used.
- Long-term complications are uncommon.

2. Implant-Based Reconstruction

- A silicone implant is used to restore breast volume.
- If the breast skin envelope has been removed during cancer surgery, additional skin or muscle from another area may be needed to cover the implant.
- This method is simpler and typically requires a shorter operating time.

Newer Techniques:

Two emerging techniques for breast reconstruction include the BRAVA technique and Fat Grafting. Your surgeon may suggest these options if they are suitable for you.

Timing of Reconstruction

The ideal time to plan breast reconstruction is before breast cancer surgery. This allows for a coordinated approach to tumour removal along with breast reconstruction.

Immediate Reconstruction (performed at the time of mastectomy):

- Tumour removal and breast reconstruction are completed in a single procedure.
- The patient never feels the psychological impact of breast loss.
- The patient's own skin can be used for reconstruction.
- The reconstructed breast often appears more natural

However, immediate reconstruction may not be ideal for patients with large tumours, lymph node involvement, or those requiring post-surgical radiation therapy. Radiation can lead to complications such as hardening or shrinkage of the reconstructed breast. In such cases, delayed reconstruction (performed months or even years after mastectomy) may be recommended.

Planning for Reconstruction

Reconstruction planning can be done by the breast surgeon alone or in collaboration with a plastic surgeon.

Key considerations include:

- The amount of breast tissue to be removed.
- The patient's personal preferences and medical circumstances.
- The post-operative recovery plan.
- If implants are used, measurements are taken and implants are arranged accordingly.

Surgical Adjustments to the Other Breast

For improved symmetry between the reconstructed and natural breast, additional procedures (such as a breast lift or reduction) may be performed on the unaffected breast. The plastic surgeon will discuss these possibilities with the patient.

Long-Term Effects of Reconstruction

Breast reconstruction results may change over time, and adjustments may be required. In some cases, implants may need replacement if they undergo significant deformation.

Summary:

- Breast reconstruction is an option for nearly all patients.
- It can be performed immediately after mastectomy or delayed until a later time.
- Reconstruction can be done with or without silicone implants.
- The procedure increases the surgery duration and cost.
- The other breast may need adjustments for better symmetry.
- Multiple surgeries may be needed for optimal results.
- The reconstructed breast cannot produce milk and lacks sensation.
- Patients who opt out of reconstruction can use breast prostheses, which can be placed inside a specialised bra for lifelong use.

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