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*The advances  
of recent years...*

*have made a great difference to the woman needing surgery for cancer of the breast. If mastectomy is indicated, or if lumpectomy might prove deforming, the plastic surgeon can now offer each patient immediate reconstruction employing techniques whose sophistication allows true "restoration" of the breast and of a woman's sense of "wholeness."*

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THE FOUNDATION FOR  
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## *Cosmetic Breast Restoration*



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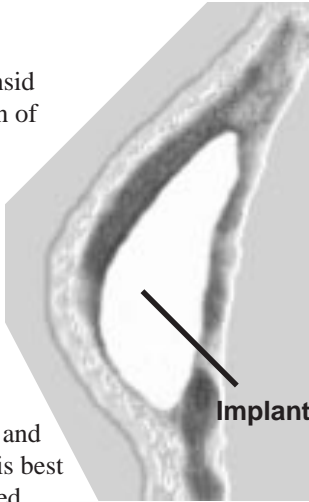


Since the first radical mastectomy by Halsted in 1882, surgeons have been encouraged to develop reconstructive techniques to replace the breast. Although the modern advent of lumpectomy has solved some cosmetic dilemmas, not all women are candidates for this procedure. Also, lumpectomy can itself distort the anatomy of the breast for some patients.

After diagnosis, patients should be counseled regarding the various treatment options before a decision about surgery is made. Knowledge of reconstructive techniques can provide a tremendous support to those undergoing cancer treatment, and the knowledge that reconstruction is available may encourage patients to seek medical attention sooner.

Among the pertinent considerations in the selection of a reconstructive method are the oncologic status of the opposite breast, the patient's anatomy, and her expectations. Reconstruction using a saline filled Silastic implant is the preferred method of many surgeons because of its relative technical simplicity and its short recovery period. It is best employed for a small breasted woman or when the patient prefers alteration of her opposite breast. Because surgery is usually performed through the mastectomy incision, it is important for the oncologic and plastic surgeons to coordinate the planned access.

Tissue expanders are a modification of the implant which utilize the principle of gradual tissue stretching for recruitment. Expansion provides a better vascularized cover for the prosthesis, allows use



of larger implants than would otherwise be possible, and may provide a slightly more ptotic breast. The expander is serially inflated to the desired size and exchanged at a second procedure for a permanent implant. Expanders help surgeons avoid more complex tissue transfers for patients who prefer implant reconstruction, but whose tissues are marginal as cover.

Patients desiring the most sophisticated breast restoration will opt for surgery employing their own tissue rather than implants. Tissue "flaps" may be transferred to the chest from a number of different areas, including the abdomen ("TRAM" flap), back (latissimus dorsi), buttock (gluteus), and thighs (TFL). Disadvantages include greater technical difficulty (i.e. fewer surgeons have expertise) and a longer recovery for the patient. Also, a permanent scar always results in the area from which flesh was taken. Chief among the advantages of these methods, however, are the natural and aesthetically superior results obtained. In fact, most women can enjoy a soft, natural, symmetrical result which will truly restore the breast to all but its milk-producing function.

Although breast restoration was always delayed in the past, new data have shown that immediate reconstruction does not conceal tumor recurrence or make it more likely. A series from Godfrey et al of primary microsurgical tissue reconstructions included 21 patients in higher disease stages. They found no adverse impact from immediate reconstruction among these patients, strongly suggesting that this technique has application in all patients. Also, since so many patients are now receiving post-op chemotherapy, primary reconstruction allows them to avoid breastlessness during the time that this treatment would contraindicate surgery.

**•All patients with breast cancer should be educated about the options for immediate breast reconstruction.**

