

Breast reconstruction after cancer: The latest and greatest techniques

Contributed by Karen M. Horton, MD, MSc, FRCSC

Each year more than 240,000 American women face the reality of breast cancer. Today, the emotional and physical results are very different from what they were in the past. Great strides have been made in our understanding of this disease and its treatment. New approaches in treatment, as well as advances in reconstructive surgery mean that women who have breast cancer today have new and better choices. -The American Cancer Society

RECENT ADVANCES IN BREAST CANCER SURGERY

Breast reconstruction involves recreating a breast shape following cancer. Recent advances include exciting, state-of-the-art techniques that can often spare the nipple and areola and/or use the body's own tissue for reconstruction – at the same time giving you a tummy tuck or thigh lift!

OPTIONS FOR BREAST RECONSTRUCTION

Reconstruction can use either breast implants or the body's own tissue. Use of the body's own tissue is called flap reconstruction. A flap provides a warm, soft, living tissue reconstruction without the potential complications of implants, and is indicated following radiation. Disadvantages may include additional scars, longer surgery and slightly longer recovery (4-6 weeks). However, once recovery is complete, the reconstruction lasts forever.

The latest flap reconstructions transplant tissue from the abdomen or inner thighs to the breast area using microsurgery, which reconnects blood vessels under the operating microscope. Breast reconstruction using these methods will result in the added benefits of a tummy tuck (DIEP Flap) or an inner thigh lift (TUG Flap).

DIEP FLAP

The Deep Inferior Epigastric artery Perforator flap uses the skin and the fat from the lower abdomen to reconstruct the breast. Unlike other types of reconstruction, the DIEP flap does not sacrifice any muscle! The scar is hidden by undergarments or a bathing suit, and closure of the donor site results in the bonus of a "tummy tuck"!

Most women are candidates for this procedure, as long as they have enough 'donor tissue' to contribute!

For more information visit www.womensplasticsurgery.com.



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TUG FLAP

The Transverse Upper Gracilis flap is taken from the upper inner thigh area, in the same distribution as a cosmetic inner thigh lift. Advantages include a soft, shapely breast, immediate nipple and areolar reconstruction, and the added benefit of an inner thigh lift. This flap is another choice for women seeking flap breast reconstruction.

FINISHING TOUCHES

A nipple prominence and an areolar circle are reconstructed during an outpatient procedure 3-6 months later. Local flaps of breast skin are rotated from the breast to make a nipple prominence, and a medical tattoo is used to create an areola.

Usually, a balancing procedure is performed on the other breast to match the reconstructed one. This may involve a breast reduction, a lift, or occasionally an implant to match the reconstructed side. This is often done at the same time as the initial reconstruction.

A POSITIVE EXPERIENCE

Women facing breast cancer should be reassured that reconstruction of the breast can be a positive experience! Restoration of the breast form and creating symmetry helps to reestablish a woman's body image, self-esteem and a sense of femininity and being complete.

All women are candidates for breast reconstruction! A woman's unique situation will dictate which procedure(s) are best for her.

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