A patient guide to understanding Breast Reconstruction

Thinking of breast reconstruction? A short guide to assist you in making your decisions.
One in seven women in Australia will develop breast cancer in their lives – Are you one of them? Would you like to get back your feminine curves and fill out your dresses again?

Did your breast surgeon let you know that breast reconstruction is NORMAL aftercare? And that breast reconstruction is an important step in psychological recovery after a mastectomy?
What is involved in a breast reconstruction?

Breast shape can be reconstructed using a variety of methods. The main determinants of which type of reconstruction is right for you are:

- Reconstructing one or two breasts?
- How much abdominal fat do you have?
- How much exercise do you do, and is it important to remain competitive in your sports?
- How much risk of additional operations are you prepared to accept?
- How much recovery time can you allow yourself?

What are my options?

The most common types of breast reconstruction are those that utilise breast implants (the same as used in cosmetic breast augmentation) and those that use existing body fat for volume.

Breast implants can be used on their own, but some of the time will need some additional skin and soft tissue cover. This is usually supplied by moving the muscle from your back around to the front of the chest wall with a segment of skin. After healing, most patients do find that there are minimal functional problems, as the other muscles of the shoulder will take over the role of this muscle.

Abdominal skin and fat is commonly used by Plastic & Reconstructive Surgeons to recreate a breast shape. Abdominal fat is a good match of the ‘feel’ of breast fat, and drapes in a similar way to breast tissue, so is an ideal option. The amount of abdominal fat that you have, how large you wish your breasts to be, and whether you are happy to reduce the size of the other breast to match, will determine if this option is good for you.
When should I get my breasts reconstructed?

This depends on your type of breast cancer. Some breasts can be reconstructed at the time of mastectomy, but a delayed reconstruction gives greater assurance of quality and lasting results.

Radiotherapy is a common form of adjuvant therapy after breast cancer. The effects of radiotherapy on reconstruction are unpredictable, and can change a great reconstruction into a result that no one is happy with. Additionally, should radiotherapy cause skin changes in the chest wall, those areas may be able to be replaced with healthy skin at the time of reconstruction.

My breast cancer surgeon did not discuss breast reconstruction with me. Why?

General / breast / oncological surgeons often report that many of their patients only want to deal with their immediate treatment when they receive a diagnosis of breast cancer. And by the time that they are prepared to think about reconstruction, both they and their cancer surgeon have forgotten about it.

There is good evidence that current treatment and surveillance of breast cancer is NOT affected by breast reconstruction. If ongoing surveillance of the chest wall is a concern, the two best options are delaying reconstruction until a disease free period of 1-2 years, or using MRI for surveillance.

Your consultation

You should expect to spend about an hour with Dr Gavin Sandercoe. During this time he will take a thorough history and examination. If you have a remaining normal breast, this will be checked for any evidence of an underlying breast cancer. Measurements and digital photographs are taken to assist with planning and explaining any asymmetries or limitations.

Dr Gavin Sandercoe will discuss what you wish to achieve from your procedure, your risks and expectations, and you are given a take home information package to review before your second consultation.
When to re-start activities

- Most women take 1-2 weeks off from work
- At about 4 weeks, light exercise is safe (no bouncing, such as aerobics or running)
- It takes the tissues around 6-8 weeks to fully heal, and at this time it is safe to begin heavy work and aerobic activities such as running. You should use a bra with extra support until there is no discomfort during the activity.

Breast reconstruction risks

All procedures carry some risk. Having your procedure done in an accredited hospital minimises your risk during a procedure. Generally speaking, patients undergoing elective surgery have very minimal risk, but it is a doctor’s duty to inform patients of all their material risks. Our consent package details these risks and Dr Sandercoe will discuss these with you during your consultation.

Will my private health insurance cover some costs?

In certain circumstances, as specified by Medicare, some of your procedure may be covered by your private health insurance. Depending on your health fund and level of cover, this may involve obtaining approval from Medicare prior to your operation date. During your initial consultation, Dr Sandercoe will let you know if you are likely to fulfil these criteria.

Questions?

We wish to keep our patients as informed as possible. The best way of making sure that all your questions get answered is to have a pad with you and jot down your questions & bring them to your consultations. We encourage you to also bring your partner or friend with you. Please keep us aware of your problems and any suggestions to improve our patient care.

A more in depth discussion of breast reconstruction can be found at www.drgavinsandercoe.com.au
Located opposite Norwest Private Hospital in the Norwest Business Park, Norwest Plastic & Cosmetic Surgery is only 15 minutes from Parramatta and 45 minutes from the Sydney CBD. The location has easy access to the M2, linking the M7, M4 & M5 motorways.

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