

Breast Reconstruction

Making an informed decision

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Introduction

This booklet has been prepared to help you understand more about breast reconstruction.

Breast reconstruction is the surgical rebuilding of a breast. It can be done at the time of, or anytime after, a mastectomy (breast removal).

It is not possible to make an exact copy of your own breast. While most women who have a breast reconstruction are pleased with the result, some are disappointed.

This booklet provides general information about different methods of reconstruction and practical matters such as follow-up care and costs. We hope it will help you when talking with specialists and to make an informed decision.

Every woman's needs are different and only you, with the help of your doctors, your family and the right information, can decide what is best for you.

Photographs of breast reconstructions are included. These photographs represent the average result rather than the best possible result. As techniques continue to improve, more women may have better results than those shown here.

If you find this booklet helpful, pass it on to your family and friends who may also find it helpful.

This booklet does not need to be read from cover to cover, but can be read in sections according to your needs or interests. The words in bold are explained in the glossary.

Should I have a reconstruction?

"I decided to have a breast reconstruction a couple of years ago after my mastectomy. I'm really pleased with it."

Should I have a reconstruction?

After having a complete mastectomy, there are various choices available. Reactions to the loss of a breast or breasts vary from woman to woman and only you can choose what feels best for you. You might feel quite comfortable wearing an external **prosthesis** (a breast form) in your bra. A good prosthesis not only helps with your appearance but also helps you to maintain your posture and balance. Many women choose this option. Others choose not to wear a prosthesis at all, and some choose to have a reconstruction.

Advantages of a reconstruction

Some women feel less confident and less feminine after a mastectomy and can become depressed. Some women find that wearing a prosthesis is both uncomfortable and a nuisance. These problems are often short-lived but sometimes they persist. Breast reconstruction can overcome some of these difficulties.

After having a reconstruction, women have reported the following benefits:

“Since I had a reconstruction, I tend to forget that I had breast cancer. I am not constantly reminded when I look in the mirror.”

“Having a reconstruction has helped me to feel physically and emotionally whole again.”

“The main advantage for me was having a cleavage again so I can wear low necklines if I want.”

“It’s so much better than having a prosthesis. I don’t have to worry about it falling out.”

“With the reconstruction, I now feel much more balanced.”

“I can now swim with my children and not have my prosthesis go wandering.”

“Having a reconstruction was the right decision for me. I feel terrific. I can do everything I want without worrying about a prosthesis.”

Disadvantages of a reconstruction

A breast reconstruction will require more surgery, extra time in hospital and extra time at home for your recovery. It may also involve additional costs. As with all operations, problems may occur and there is no guarantee of a good result.

In making your decision about reconstruction, you must weigh up the advantages and disadvantages for yourself.

When can the reconstruction be done?

There are different opinions about the best time for reconstruction. It can be done at the time of the mastectomy, some months afterwards, or even years later.

The timing may depend upon the type of breast cancer you had, whether you need further treatment (for example, **chemotherapy**), how you feel about the loss of your breast or breasts, your general health, and other concerns such as the cost.

Talk over these issues with your **breast surgeon** and **plastic surgeon** until you understand his or her advice. Ask for a second opinion if you would like one.

Where can I get advice?

Breast reconstruction is a specialised form of surgery and you should talk it over with your breast surgeon first. Although most women are able to have a reconstruction, your surgeon may advise against it. This might be because of the type of breast cancer you had, because you need extra therapy, your general health, or because of the type of treatment you have undergone.

If a reconstruction is possible, your own breast surgeon may have the expertise to do this or he/she may refer you to a plastic surgeon.

Ask to be referred to a plastic surgeon who is an expert in breast reconstruction and make sure that he/she is a Fellow of the Royal Australasian College of Surgeons and a member of the Australian Society of Plastic Surgeons. Sometimes it is helpful to get a second opinion from another breast surgeon or plastic surgeon. He or she may suggest another method of reconstruction for you. Ask your surgeon or general practitioner about a second opinion if you want to. Don't feel awkward about it. It is your right to ask for one. In the end it is very important that you feel comfortable with, and have trust in your surgeon.

You may also find it helpful to talk with a woman who has already had a breast reconstruction. Cancer Council Queensland can put you in touch with a woman who has undergone a breast reconstruction, or you can ask your surgeon. A breast care nurse or counsellor at your hospital or local community health centre may also help you think through the issues. Contact the **Cancer Council Helpline** on **13 11 20**, 8am to 8pm, Monday to Friday for more information.

Other people may offer you advice. Family and friends may be helpful, but some might try to discourage you from having a reconstruction because they think you have been through enough already. Others could pressure you to have a reconstruction when you are not yet ready. It is important for you to make your decision in your own time. There is never any urgency to make a decision concerning reconstruction.

Types of breast reconstruction

Types of breast reconstruction

“I saw a plastic surgeon after my mastectomy and he showed me what could be done. I was interested and thought about it for a while but decided against it. Although, it was good to have the choice.”

There are two major types of breast reconstruction: **implant reconstruction** and **flap reconstruction**.

Implant reconstruction is where an implant is placed under the skin to recreate the shape of the breast. Flap reconstruction is where skin, fat and muscle are taken from elsewhere on the body to make the new breast. Each type can be achieved by several different methods. Some are more difficult, both surgically and for the woman to undergo, than others. Some reconstructions involve two or more operations several weeks or months apart.

Your plastic surgeon will discuss the different methods with you and recommend the one that is best for you.

This will depend upon:

- the amount of tissue that has already been removed;
- scars from previous operations;
- the quality of the remaining skin;
- factors such as your general health and body shape;
- the size of your unaffected breast;
- your desired final breast size;
- whether it is a unilateral or bilateral reconstruction;
- whether you smoke: this affects the type of flap that can be done;
- the preference of the surgeon;
- your preference; and
- whether you have had radiation.

Make sure that you understand why the surgeon recommends a particular method and ask to see photographs of women who have had a reconstruction using this method.

“I found talking with another woman about reconstruction marvelous. She was 65 and had a reconstruction on both sides. I thought, if she can do it, I can.”

What doctors and other health professionals will I see?

Specialists and other health professionals who care for women undergoing a breast reconstruction include:

- breast surgeons: who specialise in performing surgery on the breast, including mastectomies and reconstructions;
- plastic surgeons: who reconstruct or restore appearances and functions in people who have been injured, disfigured or scarred. This includes women who have misshapen breasts or asymmetry following conservative breast cancer management;
- anaesthetists: who administer an **anesthetic** before an operation;
- breast care nurses: who advise patients about all aspects of caring for their breasts, including pre and post reconstruction counseling; and
- occupational therapists, physiotherapists and social workers: who advise you on support services and help you get back to normal activities.

Implant reconstruction

Breast **implants** are made from a silicone (plastic) envelope and filled with either silicone gel or saline. They are not only used for women who have had a mastectomy but also for cosmetic breast enlargement.

There are advantages and disadvantages in using implants in breast reconstruction. There are also some specific problems related to each type of implant. The main advantage in using an implant in reconstruction is simplicity, both surgically and for the woman. An implant reconstruction takes less time and is less complicated than other types of reconstructions. The implant can be used to create the shape of the new breast without having to bring tissue (muscle, skin or fat) from elsewhere in the body. There is a shorter recovery time, and the woman is left with only one scar. Implants come in a range of sizes and shapes. Pear-shaped implants that are designed to best match the remaining breast are now available.

The main disadvantage of an implant is that it involves placing ‘foreign’ material within the body, and the body will respond to this by creating a ‘**capsule**’ of scar tissue around the implant. This is discussed later in the booklet, in the section titled ‘possible problems’.

In making your decision about whether to have an implant, it will help to weigh up the advantages and disadvantages of the different types of operations. Your decision may also depend on the way you feel about having something foreign in your body.

Some women are comfortable with this idea, while others will prefer not to have one, even if it means having a more complicated breast reconstruction.

You will need to discuss the use of an implant and possible problems with your plastic surgeon or general practitioner. You may also find it helpful to talk with someone who has had a breast reconstruction using an implant.

Silicone implants

Silicone breast implants are a silicone envelope containing silicone gel. Silicone gel is a soft jelly-like substance, and these types of implants tend to be softer and have a more 'natural' feel to them than saline implants and can be made into a tear drop shape.

There has been some controversy surrounding the use of silicone implants. They were withdrawn from the market for a period of time because of concerns about the effects of silicone if it was to leak outside the 'capsule' that the body has created around the implant. New silicone implants that contain a semi-solid gel are now used regularly by most plastic surgeons. These have a low rupture rate.

Discuss any concerns you have about silicone implants with your plastic surgeon.

Saline implants

Saline breast implants are used for some forms of breast reconstruction. These implants have a solid silicone envelope

containing salty water. If they break, the saline released into the body is not harmful. However, the long-term safety of saline implants is still being evaluated.

Although they can give a good breast shape and feel, they are not quite as lifelike as silicone gel implants. Problems such as wrinkling of the skin around the new breast and a feeling of 'sloshing' may also occur. A saline implant may deflate without warning or it may wear out. In both circumstances it will need to be replaced.

How is implant reconstruction done?

If you have healthy chest muscle and enough skin to cover an implant, a breast implant can be inserted under the chest muscle. The implants come in various shapes and sizes.

The plastic surgeon will choose one that best matches your own breast.

With this method of reconstruction, the mastectomy scar is usually re-opened to allow the implant to be put in.

In some cases, an implant may be combined with a flap reconstruction to improve the final outcome (see Latissimus dorsi reconstruction).

"I have decided against reconstruction. For me, having the mastectomy did not affect the way I felt about myself as a woman."



"I had my breast removed four years ago when I was 48. I had a prosthesis for a while but used to worry that it would fall out. I had my reconstruction done a couple of years later."



"The surgeon put the special expander bag in first to stretch my skin. Once it was stretched enough, I went into hospital overnight and they put the permanent implant in."



"I'm glad that I've had the reconstruction. It's so much easier than the prosthesis. I'm not going to have the nipple done yet - sometimes I put a small pad of cotton wool in my bra to fill out where the nipple should be."

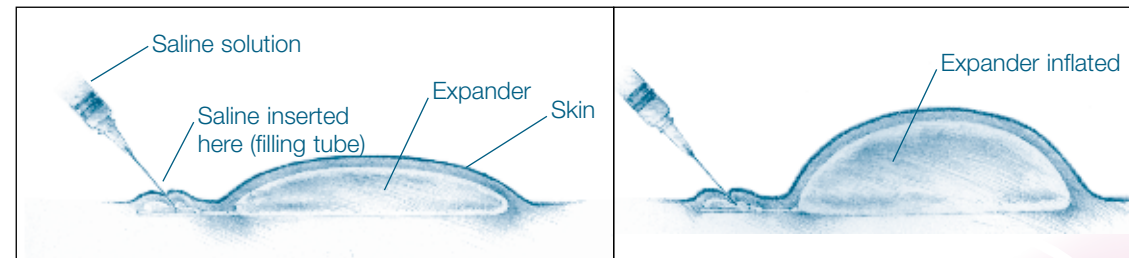
Inflatable tissue expander

If you don't have enough skin to cover an implant, an **inflatable tissue expander** can be used to stretch it.

The expander, a balloon-like bag, is placed under the skin either at the time of the mastectomy or during a small operation, under **anesthetic**, some time later. Once the skin has healed, the balloon is gradually filled by injecting it with saline. These injections are given every couple of weeks until the new breast is about the same size as the other breast. Another small operation is then performed to remove the filling tube and injection point. If a temporary expander is used, it will be replaced with a permanent implant.

This method results in less scarring than the more complex flap reconstruction methods, but the regular saline injections can cause discomfort for a few days afterwards. Check with medical staff about suitable pain relievers.

The texture and feel of a breast reconstructed using tissue expansion methods is unlikely to be normal; it may be firmer than your other breast or it may not 'fall' naturally.



Flap reconstruction

If you have larger breasts or do not have enough skin to cover an implant, one of several flap methods may be used. They are named after the various muscles used in the reconstruction.

These methods use muscle and skin from other parts of the body to build a new breast, which avoids some of the problems that can occur with implants. Once the reconstruction has successfully healed, it is permanent. However, the surgery takes a longer amount of time, there is greater risk of infection, longer recovery time and you will be left with more than one scar. It is essential women quit smoking before undergoing any of the following operations. This is because the transfer of tissue can be complicated by blood clotting and loss of circulation.

Latissimus dorsi reconstruction

The **latissimus dorsi** is a broad, flat muscle on the back below the shoulder blade. With this method, the latissimus dorsi muscle and some skin are surgically moved to the chest.

An implant may be required under the flap to make your breast large enough to match the remaining breast. In some patients there is no need for a tissue expander in this situation and the reconstruction, apart from the nipple, can be completed in one operation.

After surgery, you will have an oval-shaped scar on your new breast and a straight scar on your back. The scar on the back may be covered by a bra.



"I was only 30 when I had my mastectomy 10 years ago. Because I had two very young children, I decided against reconstruction until they were a bit older. I had it done five years ago."



"I had the muscle flap from my back brought around to make my new breast. The surgeon also put in an implant. I had the nipple made using the nipple from my other breast. It was all done in the one operation during the holidays - we all went away shortly afterwards."



"This is me five years later. My back scar is very faint and is almost covered by my bra."



“The skin taken from my back has faded a lot. I’ve put on a little bit of weight since then so my own breast is a bit larger now.”



“In my clothes you don’t see the difference between my two breasts. I’m really pleased.”

Rectus abdominis reconstruction (TRAM flap)

One of the pair of long, flat stomach muscles called the **rectus abdominis** is used for this reconstruction method. The plastic surgeon moves the muscle along with some of the local skin and fat, to the chest area where it is shaped into the form of a breast.

About two weeks before the main operation a smaller operation may be advised, particularly for women with larger breasts. The aim of the smaller operation is to improve the blood supply to the tissue that will be made into the new breast.

There are three ways in which a TRAM flap reconstruction can be done.

Pedicle TRAM flap method

In this method the muscle is left attached and ‘tunnelled’ under your upper tummy skin to the breast, acting as a pedicle or stalk to supply blood to the flap.

A reconstruction done in this way takes approximately three to four hours, and usually requires three to four days in hospital.

Free TRAM flap method

In this method the plastic surgeon uses microsurgery to completely divide the muscle and the blood vessels, and re-attach them to the vessels in the chest or under the arm.

This method can be better at recreating a larger breast and makes it easier for the plastic surgeon to shape the breast, giving a more accurate final result, but is a more complicated and a longer operation requiring special facilities.

A free TRAM flap operation takes approximately four to six hours and requires up to one week in hospital.

The removal of the abdominal muscle in a free TRAM flap operation can weaken the abdominal wall, which can result in a **hernia**. To reduce the risk of problems of this kind occurring in the future, the surgeon may insert a special mesh into the abdomen to replace the muscle.

Free DIEP flap method

In this method the blood vessels are separated from the muscle and the muscle is left in its usual place. This operation is a little longer. Because the muscle is not taken away, it does not reduce strength of the abdominal wall.

With a TRAM flap reconstruction, heavy lifting, including lifting small children, should be avoided for about six weeks. A TRAM flap reconstruction will cause a tightening of the abdomen similar to a 'tummy tuck' operation but the umbilicus may be pulled to the side and there may be a bulge where the muscle was taken so it does not have the same cosmetic benefit as an **abdominoplasty**.

TRAM flap reconstructions leave a long scar across the hip area. There will also be a scar on the new breast and no feeling in the skin transferred to the new breast. Before undergoing a flap reconstruction the plastic surgeon will usually take some blood in case you require a blood transfusion during surgery.



"I'm 49 now and had my breast removed four years ago. I was swimming one day and my prosthesis fell out. I thought, that's it, I want a reconstruction! Because I've got a big bust, the surgeon put in a tissue expander first. It was blown up gradually over six months. I was quite sore for a couple of days after each injection."



"I was in hospital for 10 days. My tummy muscle was brought up to make the new breast, so I had a scar right across my hips. Six months later I had the nipple done. The surgeon took a bit of tissue from the inside of my thigh for that."



"Here I am three years later. My reconstructed breast began to droop a bit a year or so ago. So I decided to have a 'tuck' job to make it a bit firmer again. The scars have really faded now, especially the one across my hips. That gets covered by my pants."



"I can wear any clothes I want now, including low necklines. I'm really pleased with it even though it meant more operations."

Nipple reconstruction

After having a breast reconstruction, many women choose to have their nipple rebuilt as well. This includes rebuilding the nipple itself and the surrounding area called the **areola**.

Nipple reconstruction is usually a small operation under local anaesthetic and can be done in a number of ways. Tissue for a new nipple can be taken from the remaining nipple, or a new nipple can be fashioned from the adjacent skin. The areola can be tattooed to match the colour of the opposite one.

Instead of having a nipple reconstruction, some women prefer to use special 'stick-on' nipples. These stick onto the skin and will stay in place for several days.

Because the new breast may sag slightly in the weeks following surgery, nipple reconstructions are generally not performed until at least three months after a breast reconstruction.

Reconstruction following conservative surgery

Many women have their breast cancer treated by conservative surgery, frequently with follow-up radiotherapy. While for many patients this only subtly affects breast symmetry, some women will have distortion of their breast shape or asymmetry as a result of this type of breast cancer treatment. These women may wish to consider reconstruction to obtain symmetry

and this may involve techniques such as **breast reduction**, **mastopexy** or **flap reconstruction**. Generally a solution for this problem will be highly individualised as patients will have their own unique concerns and desires.

The remaining breast

For many women, the small differences between their remaining breast and the reconstructed breast are not noticeable when they are wearing a bra. For others, particularly large-breasted women, the difference in size may be quite noticeable. Some women decide to have the remaining breast made smaller through surgical **breast reduction**. This can improve balance and posture.

Other women will have a breast lift procedure if their opposite breast is more droopy than their reconstruction, to better match the feel of the breasts.

Because of their particular type of breast cancer, some women may also be advised to have a **subcutaneous mastectomy** on their other breast. Some breast surgeons favour this procedure, believing it will prevent cancer occurring in the remaining breast. Other surgeons are opposed to the procedure, believing there is not sufficient clinical evidence to support removing a healthy breast. Discuss this issue with your doctor, and seek a second opinion if you have any concerns about the advice you receive.

How will the operation affect me?

How will the operation affect me?

“I was in hospital about 10 days. I was surprised how sore I was on my back where the muscle had been moved, but it settled down in a couple of days. I was able to do most things soon after I got home.”

The effects of the operation depend a lot upon the type of reconstruction. Two operations are often necessary. Some women find that they are back to normal very quickly while others find that it takes several weeks to recover at home.

The main operation for a breast reconstruction usually requires you to spend two to 10 days in hospital. A general **anesthetic** will be used and you will feel some discomfort afterwards. If you have had a flap reconstruction, you will also be sore in the area from which the muscle was taken as well as in the breast area. You can take pain relievers to control any discomfort. You will probably have a small tube inserted into the operation site to allow fluid to drain away. This will be removed after a few days.

Sometimes it is necessary to be careful when moving around immediately after the operation, to help the healing process. Ask your plastic surgeon about this.

Possible problems

As with all operations, recovery will take longer if problems occur. These might be related to the anesthetic, to infection or with healing. You should be aware of possible problems and discuss them with your plastic surgeon or breast care nurse before the operation so that you can make the necessary arrangements for your work, home-help or childcare.

Your plastic surgeon will continue to care for you until your body has healed properly. Then your usual check-ups with your breast surgeon will continue. Once healed, your reconstructed breast will not need any special care or attention.

A few problems may occur. They are not common, but it may help to know about them and about the possible solutions.

Differences between your breasts

Most women are very pleased with the results of their reconstruction. Remember however, that it is not possible to make an exact copy of your remaining breast.

Sometimes there will be differences in the size, shape or position of the two breasts. If your weight changes, you may find that one of your breasts changes in size while the other one stays the same.

You may also find differences in the feeling of your breasts. Your reconstructed one may feel either numb or extremely sensitive. You may also experience loss of nipple sensation if you have had surgery to your remaining breast (for example, a breast reduction).

Excess fibrous tissue

If a breast implant has been used, a 'capsule' of **fibrous tissue** (scar tissue) will form around it. If this becomes thick over time it may make the reconstructed breast feel firm.

This condition is called a **capsular contracture**. It can be uncomfortable and may change the shape of the implant. For some women, this may be very painful. Further surgery may be needed and sometimes the implant has to be removed.

Healing problems

Occasionally there may be healing problems within the first week or so after surgery for a breast reconstruction. These can be caused by infection or problems with an implant.

Any infection must be treated and if an implant has been used, it might have to be taken out. It may be possible to insert a new implant later on. Sometimes shortly after the operation, extra blood collects around the wound. This is called a **haematoma**. It causes swelling and pain and may need to be surgically removed.

Muscle problems

Most women who have a flap method reconstruction are able to carry on their usual activities without difficulty once they have recovered from the operation. Occasionally a breast reconstruction can result in muscle weakness. For example, women who have had a TRAM flap reconstruction may notice some weakness in bending at the middle, perhaps when getting up from a low chair.

Tissue Loss

Reconstruction involving own tissue can be complicated by poor blood flow, partial or complete loss of tissue, skin and fat transferred to the breast.

Implant rupture

As implants are made of a type of plastic they will not last forever. At some stage they may develop a leak or 'rupture'. This may be due to unusual pressure on the implant, for example, an accidental blow to the breast.

With saline implants the implant will immediately collapse after a rupture, but replacement with a new implant is possible, usually involving a day or overnight stay in hospital. With silicone implants, the silicone gel is often contained within the body's capsule of scar tissue and it may not be possible even to tell if the implant is ruptured. If the silicone leaks outside the capsule it tends to cause a lump which may be painful.

Usually if the implant is known to have ruptured, it is surgically replaced. The average time after which an implant will rupture is thought to be around 15 years but can vary considerably and many women have had implants in place for 25 years without sign of rupture.

Scars

All people heal differently and the final appearance of a scar will vary from person to person, even if the surgery is the same. Most scars have a thickened, red appearance early that peaks at around three months and resolves slowly over time.

Sometimes the scar will stay thick for a long time and can become itchy and uncomfortable. Treatments are available to help with this. Scars can be revised surgically later on.

Can a breast reconstruction hide a cancer?

Many women are concerned about the possibility of a reconstruction hiding a **recurrence** of cancer.

This is very unlikely because most recurrences of the cancer occur in the skin or in the tissue just under the skin. If a flap method of reconstruction is used, any recurrence would usually only occur in the skin which belonged to the original breast. This would not be hidden by the flap used to make the new breast.

If a breast implant is used, it is placed beneath the chest muscle. Again, it should not be difficult to detect a recurrence.

Having a reconstruction after a mastectomy for cancer does not affect your chances of long-term cure. After reconstruction, it is a good idea to examine both your breasts every month. Your general practitioner will also check you regularly and will advise you about how often you need to have a mammogram. Special techniques may be required, so the mammogram may be at a hospital breast clinic or radiological practice rather than at Breast Screen.

Discuss any concerns you have with your general practitioner.

Seeking support

Seeking support

“I had a reconstruction but I had few problems. Although I’m happy with it now, I’m not sure that I’d make the same decision again.”

It is normal to feel a range of emotions after a mastectomy for breast cancer. You may feel sad, anxious, depressed, or confused. It is important to acknowledge these reactions.

When deciding whether or not to have a breast reconstruction, it may be helpful to talk about your concerns with your partner, family members or friends, or with a breast care nurse or counsellor.

Sexuality and breast reconstruction

The removal of a breast due to breast cancer may affect how you feel about yourself and your relationships. Some women may feel they are less sexually attractive to their partner. Having a breast reconstruction, for some women, can be a way of helping to retain their sense of being a woman after a mastectomy. Share your feelings with your partner. If you do not have a partner, or are worried about forming new relationships, it can help to talk about how you feel with a breast care nurse. Call the **Cancer Council Helpline** on **13 11 20** for information and support.

Breast reconstruction should not interfere with a woman’s normal sexual activity, however sensitivity in the reconstructed breast will not be the same as it is in the remaining breast. It may be some time until you feel you are ready for sex. It will help if your partner can provide reassurance. You may need to build up your confidence gradually. Talking about your needs together is important to help you feel more confident and to reduce any fears.

If you find that you are having difficulty resuming your sexual relationship, you may need specialist help and advice. You may want to talk with your general practitioner about this or ask for advice on where you can get help. Remember, it is normal not to feel like sex at all after being treated for cancer.

Pregnancy after a reconstruction

Whether or not to become pregnant after breast cancer, and when, is an issue for many women. Always discuss this with your **oncologist**.

Pregnancy after a breast reconstruction is possible with little or no physical limitations, regardless of the type of reconstruction undergone. An implant reconstruction does not affect the abdominal wall muscles, therefore pregnancy can proceed as usual.

Pregnancy after a flap reconstruction is still possible with few physical limitations, despite it being a more complicated operation. Mesh implanted into the abdominal wall during a TRAM flap operation is designed to support the abdominal wall muscles and will help to decrease the risk of developing a hernia as a result of pregnancy. Always discuss the issue of pregnancy after breast reconstruction with your plastic surgeon.

Breastfeeding is not possible with the reconstructed breast. Most women can successfully breastfeed with their other breast. A breast care nurse can advise you about any concerns you have about breastfeeding after a reconstruction.

Relaxation techniques

Some women find relaxation or meditation techniques helpful when undergoing operations or treatment. The hospital social worker will know whether the hospital runs any special programs or may be able to give advice on local community programs. Staff at your local community health centre may also be able to help.

Diet

A balanced, nutritious diet will help you keep as well as possible and cope with a breast reconstruction operation and any side-effects.

Exercise

You will probably find it helpful to stay active and exercise regularly if you can. Light exercise after surgery, for example walking, can assist in the recovery process. The amount and type of exercise you do will depend upon what you are used to and how well you feel.

Discuss with your general practitioner what is likely to be best for you.

Cancer Council Helpline

Cancer Council Helpline is a service of Cancer Council Queensland. Our Helpline is a telephone information and support service for people affected by cancer. It is a confidential service where you can talk about your concerns and needs with specially trained staff.

The staff can also send you written information and can put you in touch with appropriate services in your own area.

Cancer Council Helpline can also refer you to the Cancer Council Queensland Cancer Counselling Service which is a free and confidential cancer counseling service that is available to all people in Queensland who would like help coping with cancer, either by telephone or face-to-face in Brisbane.

The **Cancer Council Helpline** can be contacted on **13 11 20** (toll free) 8am to 8pm, Monday to Friday from anywhere in the state.

Financial issues

Make sure you know how much it will cost you to have a breast reconstruction. Check with your surgeon, hospital, Medicare and your private health fund before deciding to go ahead.

Reconstruction after a mastectomy is regarded as a medical procedure, not a cosmetic one. This means that, through Medicare, the cost may be covered completely for a public patient in a public hospital. However, there may be some extra charges if an implant is used. There may also be some other charges for private patients in a public hospital.

If you are having surgery on your unaffected breast because it differs from your reconstructed breast, or reconstruction due to conservative breast surgery, this is still considered a medical procedure and not a cosmetic one.

Because of the demand for public hospital beds, you may have to wait a long time for your operation. Check this with your general practitioner. If you don't want to wait so long and want to choose your own plastic surgeon, then you will need to be covered by private health insurance or be prepared to pay the extra costs yourself. If you already have private health insurance, check what you are covered for before deciding to go ahead with the surgery. Your insurance may not cover the total cost.

If you don't already belong to a private health fund but decide to join one before your operation, remember that the reconstruction is the result of a 'pre-existing illness'. You will need to wait the full qualifying period before you can make a claim. Sometimes this is as long as a year. Check this with the various funds before deciding which one to join.

Whether or not you have insurance, check what costs are involved. In a private hospital Medicare will cover some of the surgeon's and anesthetist's fees and you will be able to claim an extra benefit for these through your private health fund. Part or all of the cost of the tissue expander and any permanent implant should also be covered by your private health insurance.

Each hospital has its own charges and you must check these too. The rebate you get depends upon which private fund you belong to and which level of cover you have paid for. Financial assistance may be available for transport costs to medical appointments, prescription medicines, or through grants, benefits or pensions. Contact the social worker at your hospital or the Cancer Council Queensland's **Cancer Council Helpline** on **13 11 20** for more information.

Information checklist

Making the decision

Having a breast reconstruction is a matter of personal choice which can involve a great deal of thought and discussion. Take time to get a good understanding of what a reconstruction involves and make sure that you have realistic expectations of the end result.

Use the information checklist at the end of this booklet to help you think through the questions you need answered. Talk to your general practitioner, plastic surgeon and breast care nurse until you are sure you know what is going to happen and how it will happen.

A visit to a plastic surgeon is initially about receiving information and advice. It does not mean you have to proceed with surgery. If you are unsure, you can visit a plastic surgeon for advice and still decide not to proceed with a reconstruction.

If you are unsure about something and cannot be satisfied about it, feel confident enough to ask for a second opinion. Contact the **Cancer Council Helpline** on **13 11 20** if you need further help. If you have carefully thought about the issues involved and sought answers to all your questions, then you are in the best possible position to make your own decision.

"I don't wear a prosthesis and I'm not interested in a reconstruction. The only concession I make to appearance is wearing loose-fitting clothing."

You may find the following checklist helpful when thinking about the questions you want to ask your doctor about cancer and treatment.

- | | | | |
|---|--|----|--|
| 1 | Do you think I can have a reconstruction? | 7 | What will the new breast look and feel like? |
| 2 | When would you advise me to have the reconstruction? | 8 | May I see photos of other women who have had this type of reconstruction? |
| 3 | What type of reconstruction do you advise for me and why? | 9 | I'd like to talk with another woman who has had a similar operation. Do you know anyone I can talk to? |
| 4 | What are the possible problems with this type of reconstruction? | 10 | Will the operation hide any new problems? |
| 5 | How long will I be in hospital and how long will it take me to recover at home? | 11 | How can I get a second opinion? |
| 6 | How much will it cost?
Am I covered by Medicare?
Am I covered by my private health fund? | 12 | Do I need to have a mammogram on the reconstructed breast? |

If there are answers you do not understand, feel comfortable to say "can you explain that again" or "I am not sure what you mean by..."

Other questions and notes

It can be useful to jot down other points or questions you may want to discuss with your plastic surgeon, general practitioner or breast care nurse.

Glossary

Most of the words listed here are used in this booklet, others are words you are likely to hear used by doctors and other health professionals who will be working with you.

abdominoplasty

Often referred to as a 'tummy tuck'. This procedure flattens your abdomen by removing extra fat and skin and tightening muscles in your abdominal wall.

anesthetic

A drug given to stop a person feeling pain. A 'local' anesthetic numbs part of the body and a 'general' anesthetic causes temporary loss of consciousness.

areola

The brownish or pink rim of tissue surrounding the nipple of the breast.

breast reconstruction

The surgical rebuilding of a breast following mastectomy.

breast reduction

Reducing the size of the breast with surgical methods.

breast surgeon

Doctor who specialises in surgery to the breast including mastectomies and reconstructions.

capsular contracture

A build up of fibrous or scar tissue around a breast implant, which makes the breast feel very firm. Can cause discomfort and pain and may alter the shape of a breast implant.

capsule

The normal reaction to any implant where the body forms a protective layer of scar tissue around the implant. Sometimes this layer can become thick and tight and progress to a problem called '**capsular contracture**'.

chemotherapy

The use of special (cytotoxic) drugs to treat cancer by killing cancer cells or slowing their growth.

fibrous tissue

Tissue laid down at a wound site forming a scar.

flap reconstruction

Breast reconstruction that uses muscle and skin from other parts of a woman's body to build a new breast. Usually carried out when a woman is larger breasted or does not have enough skin to cover an implant.

haematoma

A pool of blood that can collect near an operation site. Can cause swelling, pain or infection.

hernia

The protrusion of an organ or tissue out of the body cavity in which it normally lies.

implant

An artificial substitute that is inserted into the body to replace a part of the body that has been damaged or removed, such as a breast. Also called an internal prosthesis.

implant reconstruction

When an implant is inserted under the chest muscle. Carried out when a woman has enough healthy chest muscle to cover a breast form.

inflatable tissue expander

A balloon-like bag, placed under the skin during an operation and filled gradually by injecting with saline water.

latissimus dorsi muscle

A broad, flat muscle in the back. Can be used to reconstruct a breast.

mastectomy

Removal of the whole breast.

mastopexy

An operation to lift a breast when it has developed **ptosis** or droop. It does not change your bra size.

mammogram

An x-ray of the breast. One of the tests that can be used to examine a breast lump. Mammograms are also used to detect early signs of breast cancer before there are any symptoms.

oncologist

A doctor who specialises in the study and treatment of cancer.

plastic surgeon

A doctor who has specialised in cosmetic or reconstruction improvements that surgically change, mold or shape a portion of the body or face.

prosthesis

An artificial replacement for a lost part of the body. A breast prosthesis is an artificial breast.

ptosis

Breast droop. The natural changes that occur to breast shape with time, age and particularly after pregnancy and breast feeding. The nipple gradually drops lower on the breast.

recurrence

The return of cancer after an initial response to treatment.

rectus abdominus

A pair of long, flat stomach muscles. One of the pair can be used to reconstruct a breast.

subcutaneous mastectomy

An operation in which the tissue of the breast is removed but the skin and nipple are not.

Cancer Council Helpline

Cancer Council Helpline offers telephone support and written information to Queenslanders affected by cancer. We can help with general enquiries and our Helpline staff can also discuss specific issues with people who are personally affected by cancer.

For cancer information and support call **13 11 20**, 8am to 8pm, Monday to Friday.

For further information contact:



Cancer Helpline, phone 13 11 20 (toll free) 8am to 8pm, Monday to Friday.

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