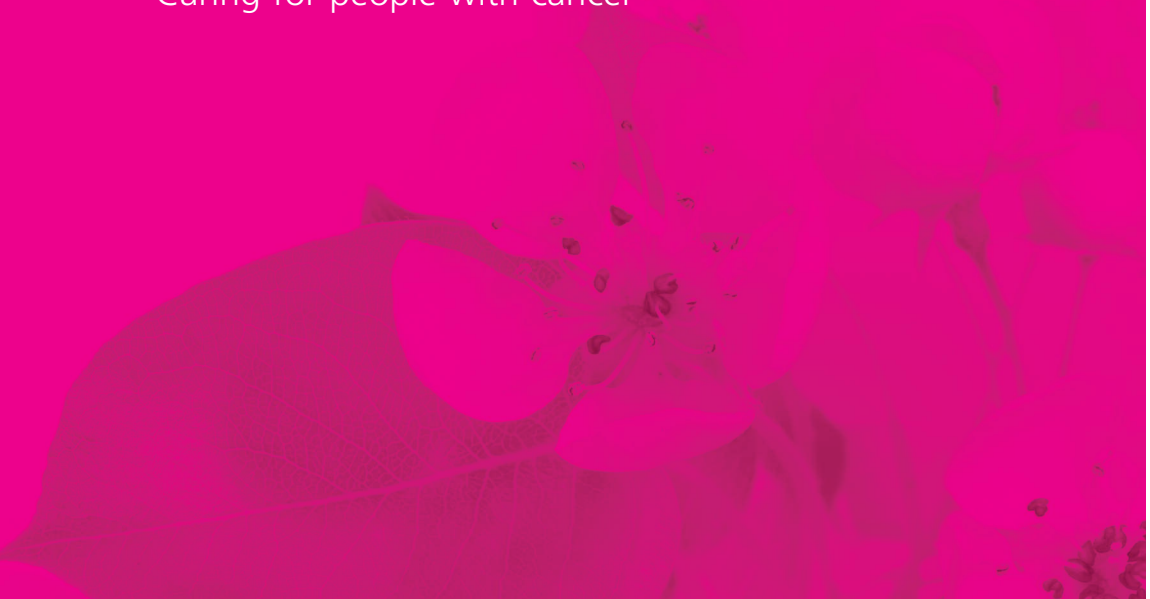
Irish Cancer Society | Action Breast Cancer

Understanding

Breast Reconstruction

Caring for people with cancer



Understanding

Breast Reconstruction

This booklet has been written to help you understand more about breast reconstruction. It has been prepared and checked by surgeons, cancer doctors, nurses and patients. The information in the booklet is an agreed view on breast reconstruction, which can help you decide if it is right for you or not.

If you are a patient, your doctor or nurse may wish to go through the booklet with you and mark sections that are important for you. You can also make a note below of contact names and information you may need.

Specialist nurse	Tel:
Family doctor (GP)	Tel:
Breast surgeon	Tel:
Plastic surgeon	Tel:
Medical oncologist	Tel:
Radiation oncologist	Tel:
Radiation therapist	Tel:
Medical social worker	Tel:
Emergency number	Tel:
Treatments	Review dates

If you like, you can also add:

Your name

Address

This booklet has been produced by the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

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- *A Strategy for Cancer Control in Ireland.* National Cancer Forum, 2006.
- *Cancer in Ireland 2011.* National Cancer Registry Ireland, 2011.
- *Early and Locally Advanced Breast Cancer: Diagnosis and Treatment.* National Institute for Health and Clinical Excellence (NICE), 2009.
- *Your Guide to Breast Reconstruction.* British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), 2012.
- *Breast Implants: Information for Women Considering Breast Implants.* Department of Health/Irish Medicines Board, 2005.
- *DeVita, Hellman, and Rosenberg's Cancer: Principles and Practice of Oncology.* R Govindan (editor), 9th edn. Lippincott Williams & Wilkins, 2011.
- *Cancer Nursing: Principles and Practice.* CH Yarbro, MH Frogge, M Goodman & SL Groenwald. Jones and Bartlett, 2000.

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Contents

Introduction

This booklet has been written to help you understand more about breast reconstruction. You can learn about what is involved in the surgery and when it can be carried out. It covers the main types of breast reconstruction, using diagrams and photos to help you visualise it. The booklet also discusses some of the feelings you might have if you decide to have breast reconstruction. There are also some books listed at the back that you may find useful to read. A list of websites with reliable information on breast reconstruction is also provided.

Deciding on reconstruction or not

There are many different emotional and physical issues involved when considering breast reconstruction. Remember your own needs are unique and personal. Do take time to weigh up the pros and cons before making your decision. Ask your surgeon what you can expect in your own situation and make a list of questions before your next visit.

Making a decision about breast reconstruction can also be confusing. But remember you are not making it alone. Your breast surgeon or plastic surgeon will advise you on your possible options. Your breast care nurse can be a valuable source of information and support for you too. You could also speak to a volunteer who has had breast reconstruction. For more information call our Cancer Nurseline on 1800 200 700.

Reading this booklet

When you feel ready to get answers to your questions, read the relevant section. Then when you want to know more, read another section. If you do not understand something that has been written, discuss it with your surgeon or breast care nurse. You can also call our Cancer Nurseline on freephone 1800 200 700. It is open Monday to Thursday 9am–6pm and Friday 9am–5pm. You also have the option of visiting a Daffodil Centre if one is located in your hospital. See page 49 for more about Daffodil Centres.

About breast reconstruction

What is breast reconstruction?

Breast reconstruction rebuilds your breast after you have had breast cancer surgery. The aim is to match your remaining natural breast as much as possible by creating a breast mound. This is done using an implant, your own body tissue or a combination of these techniques. While it is not possible to make an exact copy of your own breast, every effort is made to achieve the best possible reconstruction. This can be a great help to you psychologically. By improving your body image, it can boost your confidence and self-esteem.

There are different ways to reconstruct a breast. Some are quite straightforward while others are more complicated. Your surgeon will assess you personally and let you know which technique is best for you. He or she can also advise you on your choice of options.

There are many different types of surgery available nowadays and more are developing. Many of the newer techniques are not used that often, while some are only suitable for a small number of patients or not yet available in every hospital.

Who is suitable for breast reconstruction?

Breast reconstruction should be discussed and considered by every woman who is having surgery for breast cancer, if possible. It is used mainly for women after a full mastectomy but can be suitable for some patients having breast-conserving surgery. It can be done at the same time as your breast surgery, which is called immediate, or at a later stage, which is called delayed.

Breast reconstruction may or may not be for you, but it is important that you be informed about it. That way you can make your own decision, with advice from your surgeon. Some women prefer to have reconstruction at the same time as their breast cancer surgery, but others choose to take one step at a time and delay it. Some prefer a simpler operation, while others decide not to have reconstruction at all,

despite it being offered to them. On the other hand, some women are advised against breast reconstruction. This is usually due to having other medical conditions that might cause problems with surgery.

The main thing to realise is that every woman is different. Not all techniques will be suitable for you in your particular situation. The more complicated techniques that involve using your own tissues can in some cases give your new breast a more natural shape. These operations are generally longer and more complicated. Some women will have a choice of different operations and for others the choice may be limited. Making a choice is an individual decision and will depend on different factors, many of which are personal to you.

Who else might need breast reconstruction?

There are other situations where breast reconstruction might be needed.

If you need risk-reducing surgery: A small number of women have a particularly high risk of developing breast cancer. These women carry the breast cancer genes BRCA1, BRCA2 or TP53. If you have tested positive for these genes, you will be counselled about your future risk and your options discussed. One option is risk-reducing surgery. For example, with the BRCA gene you may opt for further single or bilateral mastectomy risk-reducing surgery. Risk-reducing surgery is then followed by breast reconstruction. For more information, call our Cancer Nurseline on 1800 200 700 and speak with one of our cancer nurses.

If you had breast-conserving surgery: This type of surgery involves removing only part of your breast. It can be called by various names: for example, a wide local excision, a lumpectomy, segmentectomy or partial mastectomy. In these situations, there is usually no need for breast reconstruction. But in some cases where the remaining breast is much smaller than the unaffected breast, breast reconstruction can be useful. Other situations include where a large amount of breast tissue was removed or if your breast size is reduced after radiotherapy. For you, these reductions might be hard to accept and you could be offered breast reconstruction as a result. The surgery may involve simpler techniques like reducing your opposite breast to match your reconstructed breast. This is called therapeutic mammoplasty, which is ideal if you are happy to have smaller breasts. Other techniques that can be used are implants or lipofilling to add to the breast size.

If you have a benign condition: If you need to have a mastectomy to remove a large benign growth from your breast, you may need to have reconstruction. These conditions are not cancerous and are usually rare. Another reason for needing reconstruction includes women whose breast or breasts did not properly develop in the first place.

Who carries out breast reconstruction?

Breast reconstruction is done by either a specialist oncoplastic breast surgeon or a plastic surgeon trained in breast reconstruction. An oncoplastic breast surgeon is a breast cancer surgeon who has also received training in some breast reconstruction techniques. They are usually involved if you are having breast reconstruction at the same time as removing your breast cancer (immediate breast reconstruction). In general, they carry out implant surgery and some flap operations.

Depending on their experience, a plastic surgeon with a special interest in breast reconstruction can usually offer you a wider choice of more complicated surgeries. Some types of breast reconstruction need surgeons specially trained in microsurgery. This is where tiny blood vessels are reconnected. In many cases, both the breast surgeon and the plastic surgeon work together to do more complex surgeries. This team approach broadens the range of reconstruction surgery available to you.

You might decide to have a second opinion and discuss your options with more than one specialist. This might happen if your surgeon can only offer you limited options.

Where is breast reconstruction done?

In Ireland, services for breast cancer patients are carried out at eight designated centres. These centres provide breast cancer diagnosis and treatment services with some regional hospitals networking closely with

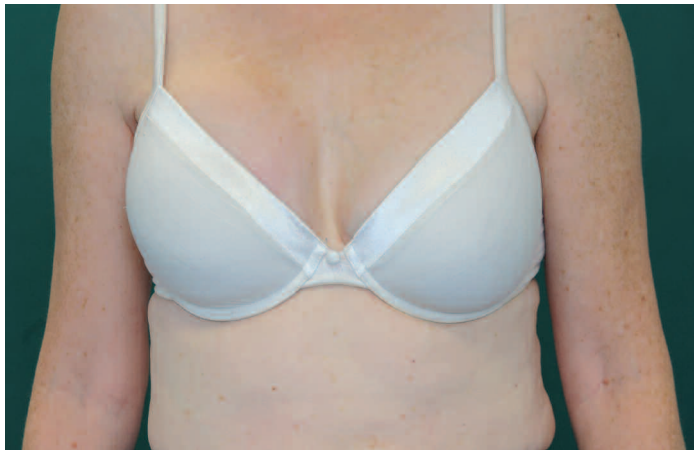
them. The centres have a team of experts, which include oncoplastic breast surgeons and some have plastic surgeons specialising in reconstruction. The eight designated centres in Ireland are:

1 Beaumont Hospital, Dublin
2 Mater Misericordiae University Hospital, Dublin
3 St James's Hospital, Dublin
4 St Vincent's University Hospital, Dublin
5 Cork University Hospital
6 University Hospital Waterford
7 University Hospital Limerick
8 University Hospital Galway

If you are interested in discussing reconstruction, talk to your surgeon, your breast care nurse or your GP. You can also call our Cancer Nurseline on 1800 200 700 and speak to a cancer nurse in confidence.

Is breast reconstruction available to public patients?

Remember that breast reconstruction is available to you as a public patient. If you have private health insurance, your insurer will also cover it. If you have a diagnosis of breast cancer, the treatment is considered reconstructive surgery and not cosmetic surgery as such.



Breast reconstruction with a right LD flap and left breast implant

What should I consider before deciding on breast reconstruction?

- **Timing:** Some women prefer not to think about breast reconstruction at the time of their diagnosis. You might feel that you have enough to cope with at that stage. It might seem like more pressure when deciding on your surgery options. But remember in some cases immediate reconstruction can give a slightly better cosmetic result. Do check this with your surgeon.
- **Less choice:** Often you will have a choice to make but sometimes there is only one type of surgery that can be recommended. It all depends on how much breast skin and volume is needed to be replaced after your breast cancer is removed.
- **Method of reconstruction:** It can also depend on which method is most suitable for you. For example, implant surgery or those that use a flap of your own tissue. See page 20 for more about flaps. Your surgeon will assess your body to see how much spare tissue can be taken from other areas of your body.

Some other important factors are:

- **Your general health:** This means your age, fitness for surgery and if you have any other medical conditions, for example, high blood pressure or diabetes. Having these or other conditions could increase your risk of complications after surgery. An important concern is whether you smoke or not. Smoking increases the risk of complications as it has a negative effect on your blood circulation and how your wounds heal. If you are considering breast reconstruction, it is strongly advised that you quit smoking.
- **Personal preferences and issues:** These can include your own body shape, being underweight or overweight, having stretch marks or surgical scars on your body, being a smoker, and also your feelings about having surgery.
- **Other treatments:** You may need to have further treatments after your surgery. For example, chemotherapy or radiotherapy. Radiotherapy in particular can be of concern if you are having surgery involving implants, as it increases the risk of problems

afterwards. Another thing to consider is whether you need a smaller operation on your other breast to get a better match. This can involve adjusting the tissues, perhaps by lifting your other breast or making it smaller.

Remember your plastic surgeon will discuss these options with you if they are relevant to your situation. This can help you make your decision based on what options are available to you. You can also call our Cancer Nurseline on 1800 200 700 for advice. Or if you prefer, you can visit a Daffodil Centre if one is located in your hospital.

Can smoking affect breast reconstruction?

Yes, smoking can seriously affect the surgery. Remember to quit smoking if you are having breast reconstruction. For a delayed reconstruction, you should stop smoking completely. This means no cigarettes for at least 3 months before your surgery.

Smoking can increase the risk of complications or failure of your breast reconstruction. This is because the nicotine and carbon monoxide from cigarettes narrow and tighten the blood vessels in your skin. This makes your blood circulation poorer. This in turn can interfere with wound healing and cause problems for surgery involving implants or flaps. For example, with an expander implant, the skin on your breast can be affected, causing the expander to fail. Some flaps are more likely to have complications such as fat necrosis. This is an area of damaged fatty cells in your breast. See page 42 for more details.

Smoking also increases the risks related to the anaesthetic. Do quit smoking as soon as possible after your diagnosis. This will allow your body to recover from the effects of smoking before your surgery.

When can I have breast reconstruction?

The timing of breast reconstruction can vary from person to person. You can have it either immediately at the time of your mastectomy or delay it for some time. For example, after your other cancer treatments are finished. In practice, the delay could be months or years in some cases. This may be one of the first decisions you have to make. There are several things to consider when weighing up the pros and cons of if and when to have breast reconstruction.

- Immediate reconstruction
- Delayed reconstruction
- No reconstruction

Immediate reconstruction

The benefits of having reconstruction at the same time as your breast cancer surgery are:

- The cosmetic results can sometimes be slightly better.
- More of your breast skin can be preserved. This can give a more natural-looking shape and appearance.
- There may be less scarring on the breast itself.
- You may need only one or two anaesthetics and recovery periods.
- You may need only one or two stays in hospital.
- You will not be without a breast at any time.
- It reduces the need for balancing surgery to your opposite breast. However, some women will still need to have balancing surgery done to the other breast in the future. This is to get the closest match possible.

The disadvantage of immediate reconstruction is:

- Your expectations can be higher, so any result that is less than excellent can be disappointing for you.

Sometimes immediate reconstruction is not advised. This is usually because of the type of tumour or the need for further treatments, such as radiotherapy. There is a risk that radiotherapy could shrink or harden the tissue used to make your new breast. It could also affect the overall result of your breast reconstruction. However, certain forms of breast reconstruction tolerate radiotherapy better than others.

If immediate reconstruction is an option for you, your surgeon and breast care nurse will give you information and advice to help you make your decision.

Delayed reconstruction

Breast reconstruction can be delayed for months or indeed years. The benefits of delayed reconstruction are:

- Your surgery can be carried out in stages, depending on your reconstruction choice. This might make your recovery easier and shorter each time.
- You have more time to consider if reconstruction is right for you or not.
- It may be less stressful if you are taking it just one step at a time.

The disadvantages of delayed reconstruction are:

- It is not for everyone.
- The psychological effect of not having a breast might affect your self-esteem and body image.
- It is often major surgery and there is a high risk of complications in some types of reconstruction.
- You will need more than one hospital stay.
- The cosmetic result may not satisfy you entirely. For example, your skin after a mastectomy will be scarred and may be thin. Radiotherapy to your breast can also affect the quality of your breast skin. For example, it can often cause contracted or tight skin.

No reconstruction

Remember that not everyone wishes to have breast reconstruction. You may decide it is not for you. Instead, you might prefer to place a breast prosthesis in your bra to regain a kind of evenness or balance. This evenness is called symmetry. Admittedly, the result might not always be satisfactory. On the other hand, you might choose to do neither and just accept your new shape. If you would like more information on breast prostheses, call our Cancer Nurseline on 1800 200 700. Ask for a copy of the free factsheet, *Breast Prostheses*.

Making your mind up

It is most important that you are happy with your own choice. When making your decision, it can help to talk to other women who have been in a similar situation. There may be some aspects you had not considered before. You can then discuss them in more detail with your surgical team.

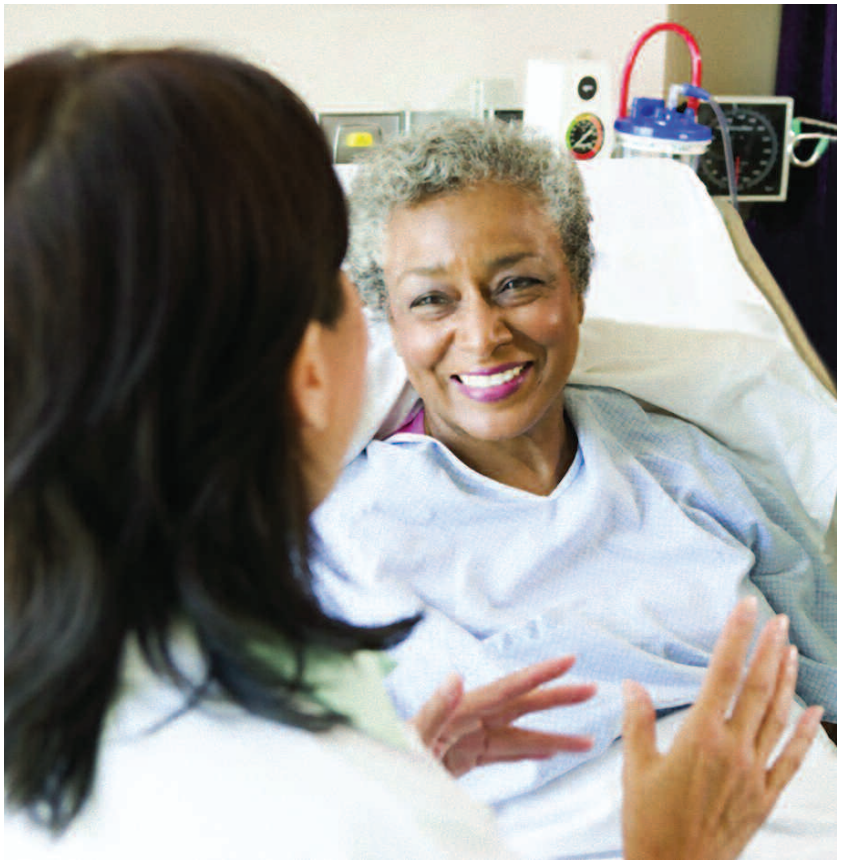
You may find that at first you decide against reconstruction but later on change your mind. Do not worry about this, as many women change their mind and go on to have delayed reconstruction. If you do change your mind, contact your breast care nurse and ask for an appointment to discuss it.

Breast reconstruction – pros and cons

PROS ✓	CONS ✗
It aims to restore your breast shape and match your opposite breast as much as possible	Some surgeries are long and complicated with a long recovery
You can have reconstruction at the same time as your breast cancer surgery or later	Your new breast will not feel like your opposite breast, as there will be very little, if any, sensation
There may be different options to choose from	You might be disappointed with the result. The breast size, shape, or scarring may not be what you expected
It is an alternative to breast prostheses	Implants may need replacing at some stage
Recovery from some implant surgery can be fairly quick	If any complications of surgery arise, your recovery time may be longer and further treatments could be delayed
It is your personal choice	You may not be suitable for surgery if you have other medical conditions
It can improve your body image by restoring your original shape in clothes	More than one operation may be needed to get the best result
It can boost your confidence and self-esteem. It can also reduce anxiety and make you feel more sexually attractive	Breastfeeding will not be possible after any type of breast reconstruction
	Not all methods are available in every cancer centre in Ireland

Possible problems due to surgery: Sometimes complications of surgery happen. Depending on your type of surgery, these might include infection, loss or partial loss of flap tissue, or fat necrosis. Fat necrosis is an area of damaged fatty breast tissue where the cells have died. It is due to a poor blood supply in the reconstructed breast. It can look like a lump and may be painful. In some cases, these areas will need to be removed surgically. It is more common if you have had radiation after the first flap surgery. See page 41 for more details about the side-effects of surgery.

For more information, talk to your breast care nurse. You can also call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.



Types of breast reconstruction

What are the types of breast reconstruction?

There are many techniques used to reconstruct a breast. The two main types are:

- **Implant only reconstruction** – using a breast implant to recreate the size of your breast.
- **Reconstruction using a flap of your own tissues** – from muscle, skin, fat and blood vessels elsewhere in your body, with or without an implant.

See the following pages for more information about the specific types of breast reconstruction.

Implant only reconstruction

This type of reconstruction uses an artificial breast implant. It is usually the simplest type of reconstruction. It may be suitable if you are having immediate breast reconstruction.

Silicone implant (one stage): If your breast is reconstructed using an implant on its own, a silicone prosthesis can be placed under the skin and muscle of your chest. This replaces the missing breast tissue removed at the time of your mastectomy. It is often called a one-stage reconstruction. It is a fairly simple operation and does not involve scars elsewhere on your body. It is more suitable for immediate reconstruction and if you have smaller breasts. It can be used if the type of mastectomy you had did not take all the skin away. This is called a skin-sparing mastectomy. In recent years, silicone implants can be used with a natural tissue mesh or matrix, sometimes made from pigskin, that acts like a sling. This can help to give a more natural shape. See the next page for more details.

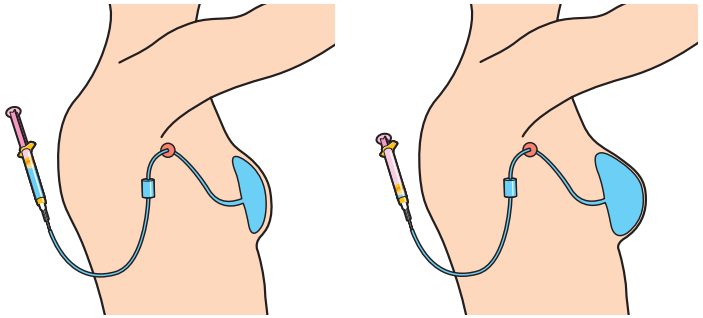

Left: Silicone and saline implants. Right: Expander implant

Natural tissue meshes (accellular dermal matrix): If you are having breast reconstruction using an implant, there is a new option of using a natural skin mesh. The mesh is natural tissue and called accellular dermal matrix (ADM). This means it is basically tissue with the cells removed. The tissue looks like skin and can be either white or skin coloured. A piece of this tissue is stitched to the muscle beneath your chest wall. This creates a sling or an internal bra to help support the implant. This sling can help give a more natural breast shape and may reduce any visible creasing or rippling. These effects can sometimes occur with an implant, especially if you are very slim. The mesh can also help to give you a better shape.

There are many different types of meshes available. Two examples are donated human tissue (AlloDerm®) or pigskin (Strattice™). Both have been specially treated to reduce the risk of rejection or infection. There is less risk of complications such as capsular contracture with them. The mesh can be used to lengthen your tissue and can sometimes avoid the need for an expander implant, if you are having a skin-sparing mastectomy. Your surgeon will discuss if it is suitable for you or not.

For more advice, you can talk to your doctor or breast care nurse. You can also contact our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.

Expander implant (two stage): Sometimes another type of implant can be used. This is an expander implant or tissue expander. It is often called a two-stage reconstruction. The implant is like a balloon with an outer shell of silicone and a valve or port to allow saline (salt water) to be injected into it. It is placed beneath the muscle of your chest wall during an operation.



Expander implant

When your wound has fully healed, your surgeon will inflate the implant every 2 to 3 weeks in the outpatient clinic. This allows your skin and muscle to gradually stretch until you are happy with the size.

You may feel some tightness or discomfort in the breast area after the expander is inflated. This usually last 1 to 2 days. You may need to use a temporary prosthesis in your bra while you are being expanded to improve symmetry (balance).

Usually another operation is needed to remove the expander, which is replaced with a permanent implant. Sometimes, the expander can be left in place, depending on your own choice.

The advantage of an expander implant is that it generally involves a smaller operation. But remember it is only suitable if you have small breasts. The disadvantage is that there is little or no shape at first because the expansion cannot start until healing has taken place. Also, the implant may make your breast look rather pert once inflated. Implants might need to be replaced at some stage as well. Implants can be an option if you are not suitable for reconstruction using your own tissues.

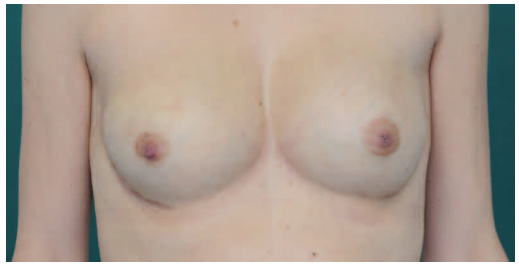
Reasons for opting for implant surgery:

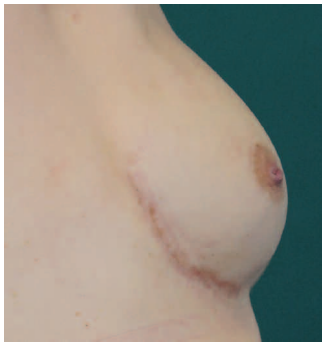
- It is your personal choice.
- You have no spare body tissue to use.
- Your health may not allow for a bigger operation.
- You can recover quickly from this kind of surgery.
- You do not want a bigger operation involving scarring elsewhere on your body.

What do I need to know about implants?

Breast implants are made from an outer shell of silicone elastomer, which is like rubber. They can have either a textured or a smooth surface. In fact, they are like an elastic silicone bag. They are filled with silicone gel or saline (salt water) and can come in different shapes and sizes. In the past, there were concerns about the safety of silicone implants but modern research suggests that they are safe. Even so, it is best to be well informed about implants and understand any relevant issues if you are considering such surgery. For example:

- Implants will probably need to be replaced. They can last a long time, 10 or more years, but it is still something for you to consider. In some cases, there is no need to replace them if they cause no problems. Also, natural ageing of your body may be another reason to have further surgery. Implants remain pert, while natural tissue can droop over time.
- A capsule of scar tissue can form around the implant. This is quite normal. But if this scar tissue hardens and tightens, it can cause breast discomfort. This can lead to a change in breast shape. You might need more surgery in this case.
- Implants can rupture but nowadays, with newer cohesive gel implants, they are less likely to burst and leak into your breast and nearby tissues. Leakage can lead to tenderness in the area. Rarely, the outside coating of the implant can rupture. If this happens, the implant may need to be removed and replaced.
- Implants are generally considered safe. They do not limit your everyday activities, being able to take part in sport, air travel or other leisure activities.
- If you had a mastectomy and reconstruction with an implant, you will not need a mammogram on that breast. But if you had an implant after a lumpectomy, you will still need mammograms in the future. Do tell the radiographer doing the mammogram that you have an implant.
- Implant only reconstruction (one or two stage) is generally not advised if you need radiotherapy. But it can still be done and your reconstructed breast will be carefully monitored while you are having radiotherapy.





Above: Immediate bilateral silicone implants done for risk-reducing surgery
Right: Silicone implant scar on right breast

Implant only reconstruction – pros and cons

PROS ✓	CONS ✗
It is less complicated than flap surgery with a shorter recovery time	It is only suitable if you have small breasts. It is unsuitable for larger breasts
If an implant is used without a flap, you will have only one breast scar and none elsewhere on your body	With an expander, you have limited shape at first, as healing must occur before expansion
It is suitable if you are not fit for longer more complicated surgery	There is a less natural look. Your breast can look pert after expansion
It is a good option if you have small breasts	There are possible risks linked to implants. They can cause tight scarring (capsular contracture). Radiotherapy may cause problems with the implant. Implants might need to be replaced at some stage, or the other breast lifted due to natural ageing
It avoids scarring and possible muscle weakness in another part of your body, as no tissue is transferred	It takes time to achieve the right size with an expander implant
It is suitable for immediate reconstruction and when the skin on your breast can be preserved	You may need further surgery if you lose or gain weight, as the implant size remains the same
	Having a synthetic implant in your body might not appeal to you

For more information about implants, call our Cancer Nurseline on 1800 200 700 and talk to one of our cancer nurses. The Department of Health and the Health Products Regulatory Authority (formerly the Irish Medicines Board) has also produced a useful guide called *Breast Implants: Information for Women Considering Breast Implants*. See page 57 for more details.

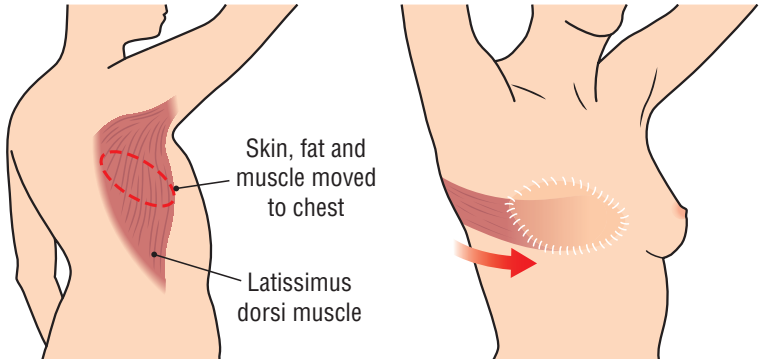
Reconstruction using a flap of your own tissue

Flaps can use muscle, fat and skin or just fat and skin taken elsewhere in your body to reconstruct your breast. Flap surgeries have the advantage of giving a more natural-looking result. It is also called autologous tissue reconstruction because the tissue is taken from your own body. The areas where the tissue is taken from can vary. For example:

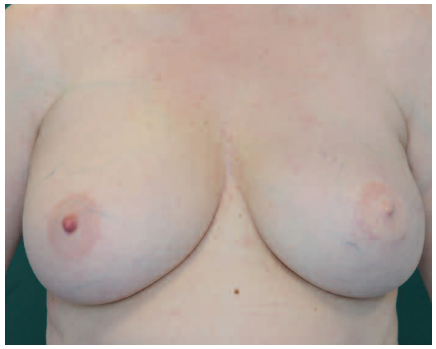
- Flap from your back – with or without an implant
- Flaps taken from your tummy (abdomen)
- Flaps taken from other areas, such as your buttocks or upper inner thigh

Flap from your back – with or without an implant

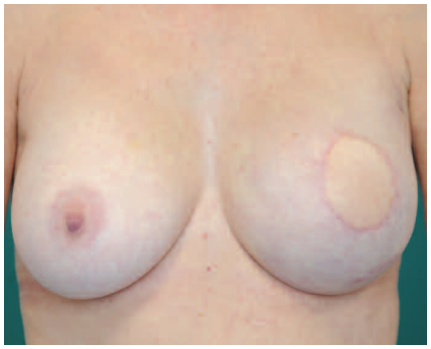
This surgery uses skin and muscle from your back to replace the skin removed at the time of your mastectomy. It can replace some of the lost breast size. The type of flap transfer is called the latissimus dorsi (LD) flap. Part of the latissimus dorsi muscle is taken from your back along with the overlying skin. This muscle has a very good blood supply coming from the vessels in your armpit. As a result, it makes it very useful for breast reconstruction. For this surgery, the muscle and its blood supply are transferred to the breast area by tunnelling them through your armpit or around your ribcage so that they lie at the front of your body. Your surgeon will usually suggest doing a sentinel node biopsy beforehand (see page 60). This is to see if you have traces of cancer cells in your armpit. This may mean more surgery to remove lymph nodes from your armpit.



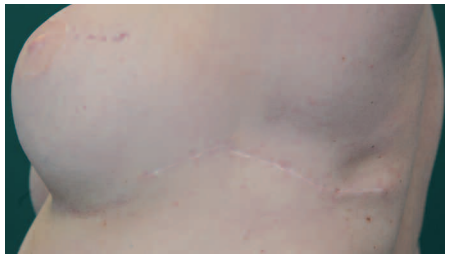
Latissimus dorsi flap

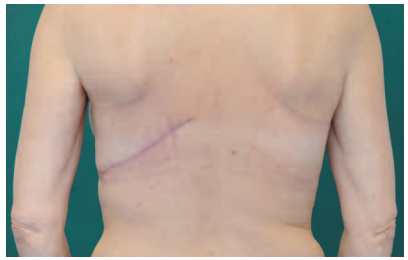


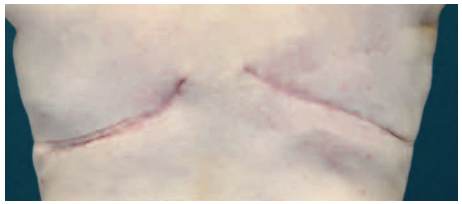
Immediate LD flap with nipple reconstruction on left breast



Immediate LD flap on left breast







Top left: Immediate LD flap scar on breast and back

Top right: Immediate LD flap scar on back after 3 months

Left: Bilateral LD flap scars on back after 6 months

Need for implant or not: You may need an implant to increase the size of your breast. But sometimes it is possible to remove enough fat from your back along with the flap of skin and muscle to replace the missing breast without the need for an implant.

Lipomodelling: Modern techniques can use fat from certain parts of your body, such as your abdomen or thighs. The fat is transferred to your reconstructed breast, especially when skin flaps are used to get larger volume and to avoid using implants. This is called lipomodelling and available in some cancer centres. See page 30 for more details.

Some things to consider:

- This surgery leaves a large scar on your back, which may be under the bra line and can be hidden by underwear. It also leaves a scar on the new breast.
- Losing the muscle from your back usually does not permanently restrict your shoulder movements or strength, but it can in some patients, especially if you had previous shoulder problems. If you ski, climb, swim or play tennis, you should be aware of this issue. It can take from 6 to 12 months to recover your range of movement.
- This surgery is a good option if you do not need much skin replaced.
- It can give good results if you have medium to large sized breasts.

Latissimus dorsi flap – pros and cons

PROS ✓	CONS ✗
It can recreate a good breast shape	You are likely to need an implant or fat transfer to match the size of your opposite breast
It is generally a successful operation and complications are low	You will have scarring on your back (donor site) and on your breast
This muscle has a very good blood supply to aid healing	Losing the muscle from your back might restrict your shoulder movements or strength. This may be a problem for sports such as tennis and swimming
It is a good option if you do not need much skin replaced	It is not suitable if you have very large breasts
The result may be more natural than if using an implant alone, as the implant can be less visible and not easily felt under your skin	You might need surgery to your opposite breast to improve the evenness (symmetry)
It is a possible option for immediate reconstruction if you need radiotherapy after your surgery	

Flaps taken from your tummy (abdomen)

These flaps use skin, fat and sometimes muscle from your tummy, which is transferred to your chest to make a new breast. Abdominal tissue is a good choice for breast reconstruction. This is because the skin and fat can feel like breast tissue once transferred. This type of reconstruction can be suitable if you are healthy with a large amount of skin and fat in your lower tummy. It can replace a large breast and achieve a very natural look and feel.

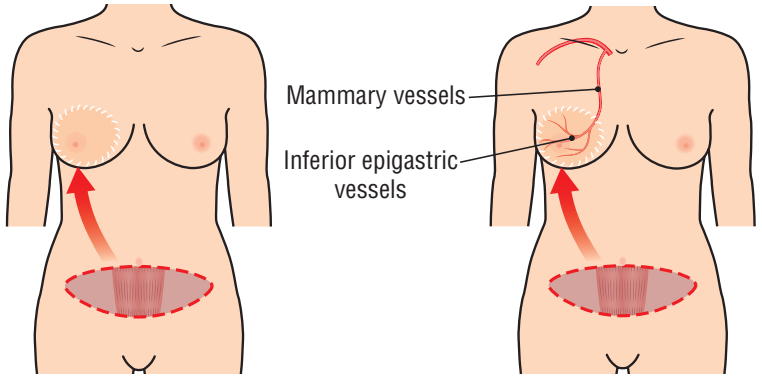
'Tummy tuck': Removing this extra skin and fat is often welcomed by women, seeing it as a tummy tuck. Granted you will lose excess tissue from your tummy, but the surgery does leave a higher, more noticeable scar. It might also weaken your abdominal wall where a tummy tuck would usually try to strengthen it.

Types of flaps: There are several types of abdominal flaps. Most are free or unattached to the donor site. These operations are named after the muscles or blood vessels that are used.

- **Free TRAM flap:** TRAM stands for transverse rectus abdominis muscle, which is a muscle layer found in your tummy. A small piece of this muscle along with its small blood vessels, fat and overlying skin is transferred as a free flap. 'Free' means the tissue along with its blood supply is detached from its original location and then transferred to your breast. Free flaps are reconnected using microsurgery. This involves using fine stitches to join the arteries and veins to other blood vessels near the breast area. It can give very good results.
- **Pedicled TRAM flap:** With this type of flap, part of the muscle, fat and skin from your tummy is transferred to your breast, though part of it is still attached underneath to its original location. This is done to keep its blood supply. The pedicle is like a type of bridge. Nowadays it less commonly used than a free TRAM flap.
- **Free DIEP flap:** DIEP stands for deep inferior epigastric perforator, which are small blood vessels in your tummy. This type of flap uses the same blood vessels as the TRAM flap, but they are carefully removed from the muscle when the flap is raised. The DIEP flap contains just the fat, overlying skin and blood vessels. The breast is shaped using the fat and skin, while the blood vessels are connected to blood vessels in your armpit or chest wall using microsurgery so that the flap can survive. You will have a scar on your tummy, breast and belly button. If you gain weigh, your breast does too. If you lose weight, your breast does too. A free DIEP flap has the most natural feeling as it is all your own tissue.
- **Free SIEA flap:** SIEA stands for superficial inferior epigastric artery, which are other small blood vessels in your tummy. Here some of the more superficial blood vessels in your tummy are used but no muscle is removed or transferred, just skin and fat. It is used less commonly.

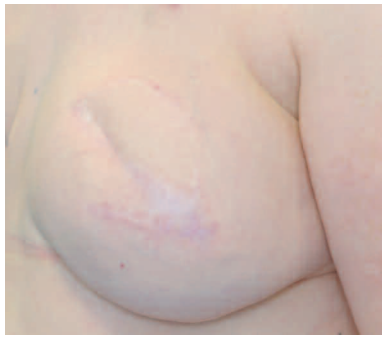
Which flap is best?

Your plastic surgeon will advise you on the type of flap that is best for you. Remember each patient is different. You will have your own

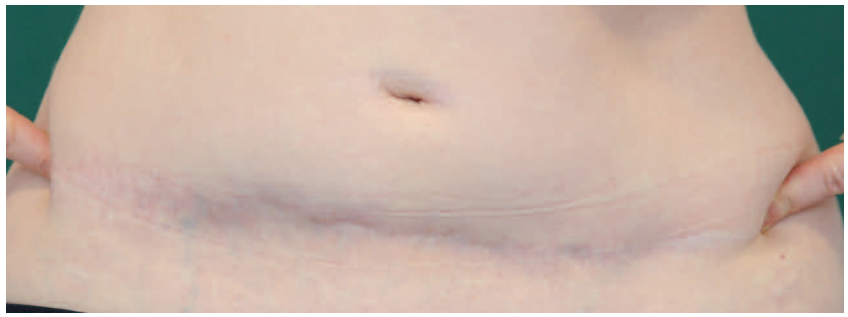


TRAM flap DIEP flap

considerations and issues. For example, you might have previous scars from surgery, you may be underweight or overweight or have other health problems. There are other body issues too that can influence which surgery may be right for you. This includes your own body structure (anatomy) and if your blood vessels can support the type of flap. This may be unknown until your surgery actually takes place. In general these flaps can achieve similar types of result. But the DIEP and SIEA flaps hardly interfere with your tummy muscles, which is an advantage.



Immediate TRAM flap on left breast



TRAM flap scar on lower tummy after 8 years

Some things to consider:

It is generally recognised that abdominal free flap reconstruction can give the best results. These types of flap surgeries involve:

- Usually a week in hospital with a longer recovery period lasting weeks or months.
- A free DIEP flap involves major surgery, which can last 5–8 hours.
- A free TRAM flap involves major surgery, which can last 3–5 hours.
- You will have scars both on your breast and a large one on the donor site, which is across your lower tummy as well as around your tummy button.
- You may be sore at first and have some difficulty sitting up after lying down, especially if your tummy muscles were used in the reconstruction.
- Most women recover very well and resume their day-to-day activities within 4–6 weeks.
- You will not be able to drive for at least 6 weeks.
- Once the breast reconstruction process is complete, you will not need further operations, unlike with implants. Implants might need to be replaced at some stage.

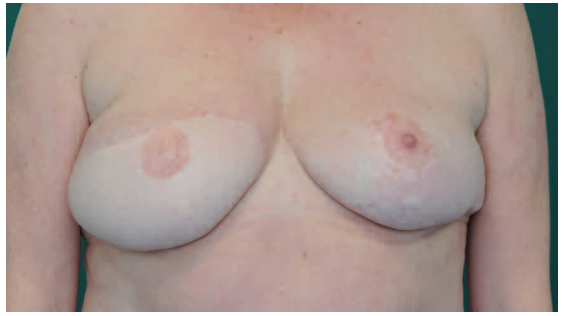
See page 33 for more details about preparing for and recovering from surgery.

Free TRAM flap – pros and cons

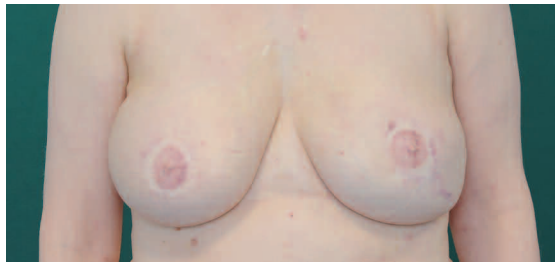
PROS ✓	CONS ✗
It replaces breast tissue and gives a very natural look and feel	The surgery itself can take a long time. There is a risk of complications afterwards
You usually only need one operation	You need adequate skin and fat in your lower tummy
You use your own tissues and do not need an implant, so you avoid the risks of implants	It may cause muscle weakness in your tummy with a risk of a hernia developing. You may have difficulty for some time sitting up after lying down
	Your recovery period will be longer than implant only reconstruction
	You will have a scar on your breast and a large one on your lower tummy, including your tummy button

DIEP flap – pros and cons

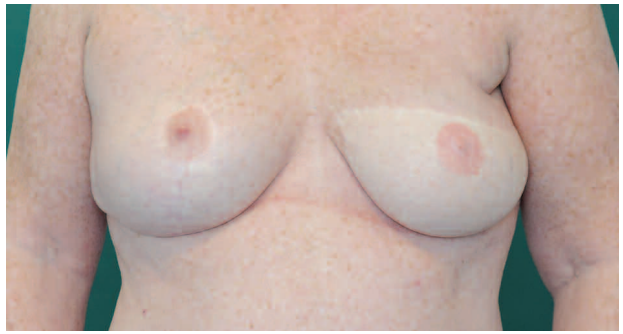
PROS ✓	CONS ✗
It replaces breast tissue with your own tissue giving a very natural look	The surgery takes longer than other flap surgeries. The microsurgery involved is complicated
It does not affect your tummy muscles that much. There is a low rate of hernias	There is a risk that the tissue will not survive when moved to your breast
You will not need an implant, so you avoid the risks of implants	You need adequate skin and fat on your lower tummy
	Your recovery period will be longer
	You will have scars on your breast, lower tummy and tummy button
	It is not widely available in Ireland
	Fat necrosis can happen in a small number of women (see page 42)



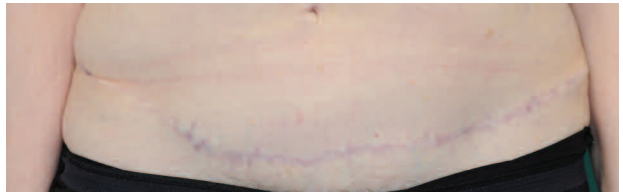
Left: Delayed DIEP flap on right breast with mastopexy on left breast after 5 years. Nipple reconstruction on right breast after 2 years



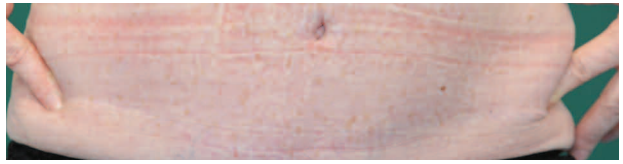
Left: Immediate bilateral DIEP flaps with nipple reconstruction and areolar micropigmention, after 5 years



Left: Delayed DIEP flap with nipple reconstruction on left breast and mastopexy on right breast after 3 years



Left: Immediate DIEP flap scar on lower tummy after 5 years



Left: Delayed DIEP flap scar on lower tummy after 3 years

Less commonly used flaps

Flaps can sometimes be taken from other parts of your body. This includes your buttocks (bottom) or upper inner thighs. These flaps are much less commonly used and not all breast reconstruction centres offer these techniques.

Flaps taken from your buttocks

Buttock flaps are taken from one or other of the small blood vessels coming from your buttock muscles and are named after them. Two types use flaps taken from the buttock. Like all free flaps, they are reconnected to the breast area by microsurgery.

- **SGAP (superior gluteal artery perforator):** The flap of tissue is taken from your upper buttock.
- **IGAP (inferior gluteal artery perforator):** The flap of tissue is taken from your lower buttock.

These flaps are suitable:

- If you want reconstruction using only your own tissues
- If you do not have enough tissue on your tummy, or
- If you have had previous tummy surgery.

These operations are more difficult than those taking tissue from your back or abdomen. There is also a higher risk of complications.

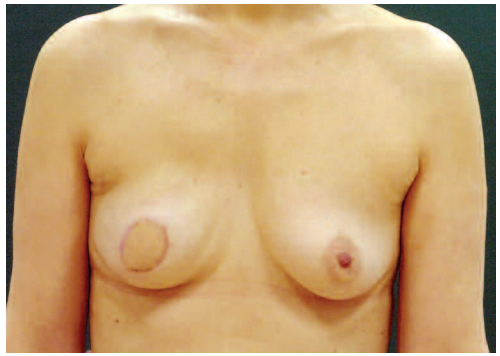
SGAP/IGAP flaps – pros and cons

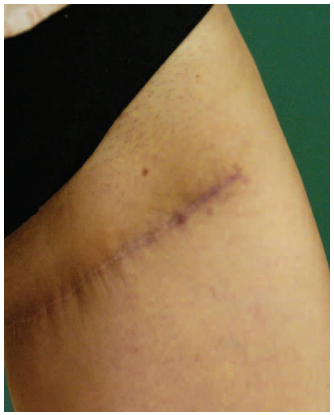
PROS ✓	CONS ✗
It replaces breast tissue with your own tissue, giving a very natural look	You will have scarring on your breast and a large scar on your bottom
It can be an option if you are slim and have had previous tummy surgery	One bottom may be smaller than the other afterwards
If you have enough tissue, a medium to large sized breast can be reconstructed	These are long and complicated operations
You will not need an implant, so you avoid the risks of implants	They are not widely available in Ireland

Flap taken from your thigh

The surgery which uses a free flap of tissue taken from your thigh is called a TUG flap. The flap is taken from your upper inner thigh and is called after the muscle used. That is, the transverse upper gracilis muscle. Like other free flaps, it is reconnected to the breast area using microsurgery. This surgery can generally only provide a small amount of tissue and is suitable if you have small breasts, had previous tummy surgery, or not enough tissue on your tummy.

For more information, talk to your breast care nurse. You can also call our Cancer Nurseline on 1800 200 700 700 or visit a Daffodil Centre.





Above: Immediate TUG flap on right breast after 5 months
Right: TUG scar on right inner thigh after 5 months

TUG flaps – pros and cons

PROS ✓	CONS ✗
It replaces breast tissue with your own tissue giving a very natural look	You need to have smaller breasts
It can be an option if you had previous tummy surgery	It is a complicated operation
You will have no muscle weakness in your tummy or back afterwards	You may have scarring on your breast as well as a long scar on your inner thigh afterwards
You will not need an implant, so you have none of the risks of implants	It is not widely available in Ireland

New developments in breast reconstruction

Lipofilling or lipomodelling: Lipofilling is a fairly new technique used nowadays. Fat is removed from another part of your body and transferred to your breast area to fill out a dent, improve the shape or increase your breast size. It is carried out in stages and involves a number of hospital visits. First, the fat is removed by liposuction.

Then it is refined in theatre and injected into the breast area. It generally works best when some time has passed after breast reconstruction, once healing has taken place, and any swelling reduced. Your surgeon can discuss lipofilling if he or she feels you could benefit from it.

What's involved?

- Fat is taken from an area where there is extra tissue, such as your hips or tummy.
- It is specially treated in theatre on the day of surgery.
- It is then injected to either increase the size or shape of a previous reconstruction or correct a defect in the curve of your breast or chest.
- Lipofilling is usually done under local anaesthetic, but a general anaesthetic can be used depending on the size of the area to be treated.
- Lipofilling may need to be repeated if the first treatment does not fully correct the dip in shape.

To sum up

	Implant only	Expander implant	LD flap	TRAM flap	DIEP flap
Surgery time	2–3 hours	2–3 hours	3–4 hours	3–5 hours	5–8 hours
Hospital stay	1–2 days	1–2 days	2–4 days	5–7 days	5–7 days
Recovery time at home	2–3 weeks	2–3 weeks	2–6 weeks	4–6 weeks	4–6 weeks
Effects to consider	Implant used	Implant used	Implant usually used	No implant used; breast made from from your own body tissue	No implant used; breast made from from your own body tissue
	No muscle problems	No muscle problems	May cause some muscle problems in your back and shoulder	May cause abdominal muscle weakness	Usually no muscle problems
	Scar on your breast only	Scar on your breast only	Scar on your breast and your back	Scar on your breast and your lower tummy	Scar on your breast and your lower tummy

Note: These times are a rough guide only and will depend on the individual patient. Not all issues are included in the above table. See pages 15–30 for more details.

Preparing for surgery and best results

How do I prepare for surgery?

One of the best ways to prepare for breast reconstruction is to become well informed about it. When considering surgery, do speak to your breast care nurse. She can give you more information, especially about the different types available. Remember this will be a general conversation about reconstruction at first. It is only after meeting your breast surgeon or plastic surgeon that you will learn which options are actually suitable for you.

It is best to have a healthy lifestyle before surgery. This includes eating a well-balanced diet, not smoking, taking regular physical exercise, keeping a healthy weight, and limiting your alcohol intake to safe amounts.

Other things to consider:

- Read the information about the options that are available to you.
- Weigh up the pros and cons and think about what you want.
- Be realistic about the results and understand that results can vary. Remember your own expectations are very important.
- Discuss your options and expectations with your breast care team and those close to you.
- Make the decision for yourself and not for anyone else.

Giving consent for surgery

You will be asked to sign a consent form saying that you give permission for the surgery to take place. No surgery can be done without your consent. Before the surgery, you should know about its benefits and risks.

If you are confused about the information given to you, let your surgeon or nurse know straight away. They can explain it to you again. Some surgeries can be hard to understand and may need to be explained more than once. You can always ask for more time to decide about the surgery, if you are unsure when it is first explained to you.

Who will be involved in my care?

Some of the following health professionals may be involved in your care. Usually, a team of doctors will decide your treatment.

Breast surgeon	A doctor who specialises in breast surgery. He or she can remove a tumour from your breast and perform some types of breast reconstruction. Also called an oncoplastic breast surgeon.
Plastic surgeon	A surgeon who specialises in repairing and rebuilding different parts of your body. In this case, your breast. He or she can do many different types of breast reconstruction, including complicated flap surgeries.
Medical oncologist	A doctor who specialises in treating cancer patients using chemotherapy and other drugs.
Radiation oncologist	A doctor who specialises in treating cancer patients using radiotherapy.
Breast care nurse	A specially trained nurse who cares for you and your family, giving information and support around diagnosis and treatment.
Oncology liaison nurse/ clinical nurse specialist	A specially trained nurse who works in an oncology unit. She or he gives information and support to you and your family during treatment.
Radiation therapist	A healthcare professional who specialises in giving radiotherapy and related advice to cancer patients.
Physiotherapist	A therapist who treats injury or illness with exercises and other physical treatments related to the illness.
Medical social worker	A person specially trained to help you and your family with all your social issues and practical needs. They are skilled in giving counselling and emotional support to you and your family at times of change and loss. They can give advice on financial and practical supports and services available to you when you go home.
Psychologist	A specialist who can talk to you and your family about emotional and personal matters and can help you make decisions.

Counsellor	A person specially trained to give you emotional support and advice when you find it difficult to come to terms with your illness. The Irish Cancer Society provides a counselling service. For details, call our Cancer Nurseline on 1800 200 700.

How can I get the best result?

Your surgeon will try to make your reconstructed breast as similar as possible to your opposite breast. Breast reconstruction is often referred to as a process, as adjustments can be made gradually. It is unusual for a woman to be completely satisfied after her first reconstructive surgery, despite it being the main surgery. Depending on the technique used, you may need one or more steps to achieve your best result. The aim is to further improve the size, shape and match of your breasts if needed. Some of these steps are minor. For example:

- Exchanging the implant after expansion is complete.
- Reducing or reshaping your opposite breast to match the newly reconstructed one (mammoplasty or mastopexy).
- Reducing the new breast size.
- Increasing the size of your reconstructed breast using lipofilling.
- Having your nipple reconstructed by surgery, if you are advised that this is possible.
- Adding colour to your new nipple by medical tattoo (areolar pigmentation).
- Revising or reshaping your breast shape to improve the size and evenness.

Breast reduction

If your new breast is smaller than your opposite breast, your surgeon might suggest that you have the other breast reduced in size. This may appeal to you, especially if your breasts were very large. This is called a therapeutic mammoplasty and done under general anaesthetic. It usually involves moving your nipple. Do ask your surgeon or breast care nurse for more advice.

Breast enlargement

Sometimes if your opposite breast is smaller, your surgeon might suggest using an implant to increase it. This can help improve your shape and achieve a better result. It can correct any unevenness or imbalance in your breast and match your newly reconstructed breast. Your surgeon or breast care nurse might refer to this as augmentation. Do ask them for more advice. You can also call our Cancer Nurseline on 1800 200 700 for information.

How can my nipple be reconstructed?

Usually with a mastectomy, your nipple is removed along with your whole breast. The final stage in being satisfied with your new breast is often having your nipple reconstructed. There is no pressure on you to have this done, and indeed some women decide against it. The surgery is fairly simple and painless and can dramatically improve the overall look of your new breast. It is done as a day case using local anaesthetic.

When is nipple reconstruction done?

Nipple reconstruction is usually done at a later stage after breast reconstruction. The reason for the wait is to allow the swelling in your reconstructed breast to settle down and for your breast to become supple. When that occurs, usually after several months, your nipple can be formed in the best possible place compared to your opposite breast. If you need radiotherapy or chemotherapy, your plastic surgeon will usually wait 4–6 months from the time you finish treatment before doing the nipple reconstruction.

Sometimes nipple reconstruction is not possible. For example, if your skin is very thin, tight or if you have a lot of scarring on your chest due to radiotherapy.

Remember the nipple is purely for cosmetic reasons. It will restore the look but not the feel, sensation or function of a natural nipple. Breastfeeding will not be possible, as the network of milk glands and ducts has been removed. Your new nipple will not change shape after being stimulated or to a change in temperature. Remember over time your reconstructed nipple can also flatten slightly.

What's involved?

There are two main steps involved:

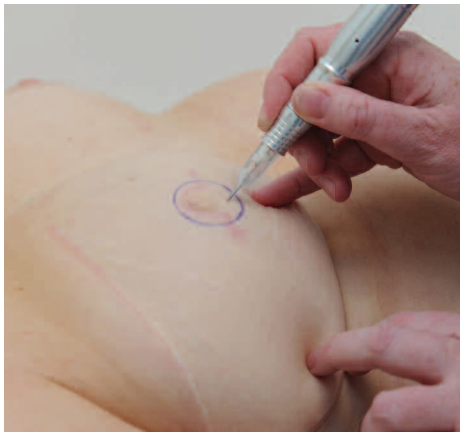
- Creating a nipple shape using local skin flaps or grafted skin
- Applying colour to the nipple

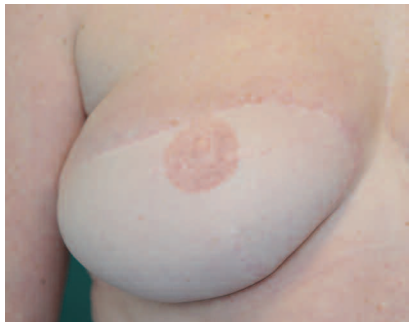
Creating a nipple shape: Nipple reconstruction is usually done while you are awake, using local anaesthetic. There are two ways to do it, with the most common one making flaps of tissue. These are then raised up on the reconstructed breast and sewn together to make a nipple shape. The second way involves taking a graft from another part of your body, or from your other nipple areola, if you have very large areola. Your areola is the flat, pinkish brown circle of skin around your nipple. The graft is then transferred to your reconstructed breast. The area where the tissue was removed from can be uncomfortable for some time afterwards.

Applying colour to the nipple: At a later stage, usually some weeks after the nipple shape has been made, your areola will be filled in using colour. Normally, a medical tattoo is used to apply a colour that matches your natural areola. This is called micropigmentation. It uses a semi-permanent pigment made from natural ingredients.

The area to be treated is marked and the tattoo pigment mixed to get the right colour. A numbing cream can be used to help prevent any discomfort. This may not be a problem as you may have less sensation or a numbness in your newly reconstructed breast. A sterile needle is used to inject the pigment into the skin to create the areola shape. Your surgeon will try to match the colour and shape of the new areola to that of your opposite breast. This usually takes about an hour and you can go home afterwards.

For a few days afterwards your new nipple may be sore and uncomfortable. A scab usually forms that will come off after a few days. You can cover the area with a dressing as some oozing or weeping may occur. You might need more than one session of micropigmentation to get your best colour result. You might also need top-ups of the colour after 18 months to 2 years. This is because the pigment is semi-permanent and the colour can fade over time.





Left: Nipple reconstruction –applying colour to the nipple

Above: Delayed DIEP flap with nipple reconstruction

Options without surgical reconstruction

You might choose to have the micropigmentation without a surgical nipple reconstruction. This is simple to do and can be carried out as an outpatient. If you are unable or choose not to have a permanent nipple reconstruction, you can use a stick-on nipple prosthesis if you prefer. These are made from silicone rubber and can be matched in colour to your natural breast. For more information, talk to your breast care nurse. You can also call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.

To sum up

- Your surgeon will try to make the reconstructed breast as similar as possible to your opposite breast.
- Depending on the technique used, you are likely to need further steps to be fully satisfied with the result after your surgery.
- Some other steps might include lipofilling, breast reduction or breast enlargement.
- Nipple reconstruction is usually done at a later stage after breast reconstruction. It may not be possible for everyone.
- It involves creating a nipple shape using local skin flaps or grafted skin and then applying colour to the new nipple.

After breast reconstruction

How long does it take to recover?

It can be stressful and challenging when considering your options for breast reconstruction. Naturally, for many women recovery is an important aspect. You might consider what stage you are at in life, if you have young children to care for or not, have a demanding job or active or strenuous hobbies. The personal impact of the surgery can vary between women. As a result, the length of time it takes to recover can vary too. See the table on page 32 for an overview of recovery times.

How will I feel after my surgery?

How you feel after your surgery depends on which type of surgery you are having. Your surgeon will discuss what to expect from the surgery with you beforehand. That way, you can be prepared as much as possible.

Type of surgery and recovery: All breast reconstruction surgery is done under general anaesthetic. The length of time your surgery takes will usually affect your recovery time. For example, if you are having a longer, more complicated flap surgery, your recovery will be much longer than if you were just having implant surgery.

Drains and dressings: When you wake up, there will be some dressings and drains in place. These drains remove excess fluid from your wounds. They usually stay in for a few days, depending on how much fluid is draining from them.

Blood flow to flaps: After free flap surgery, the blood circulation to your flap will be carefully checked for the first few days. This to make sure that the blood is flowing freely in and out of your tissues. You will usually be cared for in a single room and kept warm.

Mobilising: How soon you can move about afterwards will depend on your surgery. For implant surgery, you will be up and about the next day. But for the more complicated types of flaps your surgical team will advise you. You may even be on bed rest for a while.

Pain control: You are likely to have some discomfort or pain after your surgery. But you will be given painkillers for pain control. Everything will be done to make you as comfortable as possible. Do let your nurse or doctor know if the painkillers are controlling the pain or not.

What aftercare will I need?

Once you go home from hospital, you are likely to feel tired. Do have someone in the house to help you at this time. Your recovery period will depend on which type of surgery you have had done.

Some general things to remember:

- Rest for the first week after surgery. Then you can start to look after yourself and begin to resume some normal activities, depending on your type of surgery.
- Sometime after your surgery, you will be seen again by your surgeon in the outpatient clinic. Your wounds will be checked to see if they are healing well and that you are recovering well. If you have dressings that still need to be changed after your discharge, ask who will be looking after them. In many cases, dressings do not need to be worn after discharge from hospital. In other cases, you may need to attend a dressing clinic at the hospital, or sometimes a public health nurse may visit you at home for dressings.
- You will usually be seen by your surgeon at a later stage when healing is complete. This is to weigh up the results of the surgery and decide if any further steps are needed. Your surgeon will also let you know when they should be carried out.

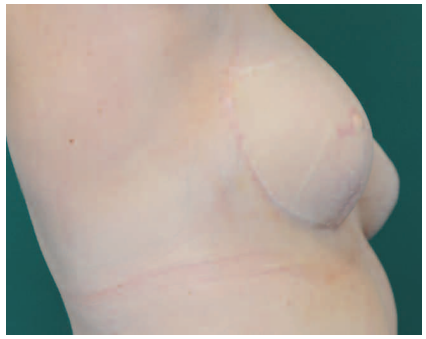
Do ask your surgeon who you should contact if you have any worries about your wounds while at home.

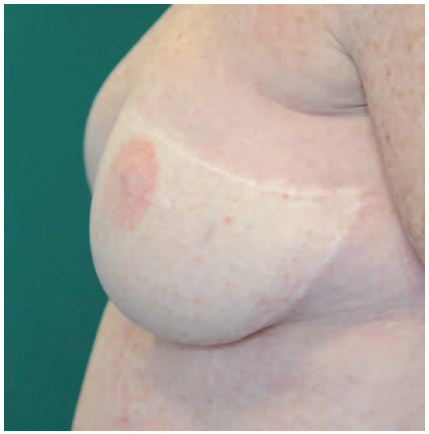
Will there be scars?

All surgery results in scarring of some sort. The location and size of scars after breast reconstruction depends on the technique used. In general, implants leave shorter scars confined only to your breast. With flap techniques there will be extra scars, from where the tissue has been taken (donor site). For example, your back, tummy or thigh.

You can expect most scars to be lumpy at first and to go through a period of being pink, red and raised. But they will gradually become flat and pale. This can take as long as 2 years to happen.

Sometimes scars do not remain narrow but can stretch and widen. Or some scars remain red and raised and do not become pale or flat. The type of scar you get is not always possible to predict. It can depend on various factors, including your skin type.





Above: Delayed DIEP flap scar on right breast, awaiting micropigmention

Right: Delayed DIEP flap scar on left breast with nipple reconstruction

Are there any possible side-effects to the surgery?

For any kind of surgery there are possible risks. But your surgeon will take any steps needed to reduce these risks. Some complications are more likely to occur soon after surgery, while others can happen much later.

Immediate risks

The risk of delayed wound healing is an important concern. This risk can be greatest in larger flap surgery where the scars are much longer.

- **Wound problems:** These are usually minor but sometimes can become more serious. For example, infection, skin loss, or if the

wound opens. You might have to return to surgery for the wound to be repaired. Antibiotics are sometimes given to reduce the risk of infection.

- **Bleeding and bruising:** Some bruising at the breast site and area where tissue was taken from (donor site) is very common. Usually they cause no problems but occasionally blood can collect beneath the wound site. This is called a haematoma and may need to be drained under anaesthetic. In very rare occasions, bleeding can occur soon after surgery. You may need further surgery to stop it. Sometimes a blood transfusion may be needed.
- **Seroma:** Sometimes fluid collects beneath the wound and may need to be drained off in the clinic. This fluid is called a seroma.
- **Blood clots:** There is a slight risk of blood clots (thrombosis) after your surgery. These can occur in your legs or lungs. Steps can be taken before, during and after surgery to reduce this risk.
- **Blocked circulation:** With free flap surgery, there is a risk that the blood circulation to the flap becomes blocked. If this happens, it is usually on the first day or so after surgery. Do not worry as you will be checked carefully for this. If it occurs, you will need to return to theatre for the microsurgery to be redone. This usually restores the circulation. But there is a slight risk that it may not be successful and the flap will need to be removed.
- **Flap failure:** There is always the risk that the flap may fail. This happens in about 1 in 30 women. The risk is higher if you smoke.
- **Fat necrosis:** Fat necrosis is an area of damaged fatty breast tissue after flap surgery. It is due to a poor blood supply in the reconstructed breast. In some cases, these areas will need to be removed surgically. It is more common if you have had radiation after your first flap surgery.

Long-term risks

There are also some general problems that can happen in the long term.

- **Implant surgery:** With implant surgery, some very specific complications can happen. These include rupture of the implant, infection, hardening around the implant, and visible folds and ripples in your breast.

- **Abdominal flap surgery:** With some abdominal flap surgery, mainly the TRAM flap, there is a risk of abdominal muscle weakness or of a hernia developing.

The risks of these complications vary between the various types of surgery. The chances of you developing any complications will be discussed with you beforehand. Often very little can be done to reduce any of these risks. But if you opt for delayed breast reconstruction, you will be advised to lose weight or stop smoking before surgery, if these apply to you.

How will my new breast look and feel?

There can be big differences in how your new breast looks and feels between the various types of breast reconstruction. With implant surgery, your breast will usually have a more unnatural shape and sit higher up on your chest wall. It can also lack the droop (ptosis) of a natural breast. Implants can also feel firmer when compared to natural breast tissue. And sometimes it is possible to feel the edge of the implant through your skin.

Breast reconstructions using your own tissue flaps feel soft to touch and will move and look more natural than implants. Remember there will be less sensation, if any, in the reconstructed breast. This is generally common to all types of breast reconstruction surgery. Your new breast may not have the same shape, droop, texture and skin sensitivity as your original breast.

>>> **Your newly reconstructed breast may not have the same shape, droop, texture and skin sensitivity as your original breast.**

What follow-up do I need?

Once you are discharged from hospital, you will be given an appointment to see your surgeon. These check-up visits will happen regularly and are called follow-up. How long you are followed up will depend on the type of surgery you have had. Nipple reconstruction is usually the last step and done after any other adjustments are made.

After nipple reconstruction, you will usually have a further follow-up visit. After that, you will not need to go back to your plastic surgeon, if there are no other issues or problems. If you were attending your breast surgeon for your reconstruction, you may continue to be followed up by him or her for up to several years. You may also be followed up by other specialists, depending on what other types of treatment you needed. It varies from patient to patient and will depend on your own situation.

You will have a physical exam of both your natural and reconstructed breast at these check-ups. Every year you will still have a mammogram on your opposite breast. This will go on for several years. Remember you will not need a mammogram of your reconstructed breast. But you will still need a mammogram of your opposite breast if an implant was added to match the size of your reconstructed breast. Or if an implant was used after breast-conserving surgery. In these cases, it is best to tell the radiographer in advance about your implant.

How can I be breast aware afterwards?

After your breast reconstruction, it is just as important to remain breast aware. Do know what both your natural breast and reconstructed breast feel like. Naturally, it will take a while for you to get to know your new breast shape. You will be advised to wait until all the swelling has gone down first, which could take many weeks. Do ask your surgeon for advice as each person's recovery is individual. If you have had implant surgery, you will need to look out for hardness or rippling of the skin over the implant. This could be a capsular contracture or a tightening around the implant.

After any type of breast reconstruction you should look out for changes in both your new breast and normal breast. These include:

- A change in appearance or shape
- A lump or lumpy area in your breast or armpit
- A change in skin texture
- Swelling in your upper arm
- Any changes or discharge from your nipple
- Pain or discomfort that persists longer than the type that occurs before your periods (premenstrual)

If you notice these or any other changes in either of your breasts, contact your breast care nurse, surgeon or GP. If there are any concerns, your specialist will arrange for further tests. Remember having breast reconstruction does not increase your risk of breast cancer recurring. If you would like more information about being breast aware, call our Cancer Nurseline on 1800 200 700. Ask for a copy of our leaflet, *What You Should Know: Breast Cancer*.

Will surgery affect my sex life?

Losing a breast can make it difficult for you to feel desirable and normal again. For some women, having breast reconstruction helps them regain their sense of femininity and to feel more attractive and confident. It is natural that you might lose interest in sex for a while. Do not worry as sex can resume when you feel comfortable and when the soreness and swelling due to surgery have settled down. Do call our Cancer Nurseline on 1800 200 700 and ask for a copy of the factsheet, *Sexuality and Breast Cancer*.

Impact on sexuality

It is natural to feel self-conscious in intimate situations after breast cancer surgery. While a reconstructed breast can help relieve these feelings, there are other things to be aware of.

Sensation: In general, there is less sensation in your reconstructed breast. Also, the surrounding chest tissue may remain tender for some time. As nipples are highly sensitive areas and bring pleasure and

satisfaction during sex, most women do miss this aspect of their sex life. Reconstructed nipples usually do not have any feeling or sensation. Naturally, this can disappoint you, especially if you expected normal sensation.

Hair loss and fatigue: Other aspects of breast cancer treatment can affect your sex life too. Treatments like chemotherapy can cause hair loss and fatigue, which in turn can affect sexual desire. If you would like more information, call our Cancer Nurseline on 1800 200 700. Ask for a copy of the booklet, *Coping with Fatigue*, or the factsheet, *Hair Loss and Cancer Treatment*.

Low hormone levels: Chemotherapy can sometimes be followed by hormone therapy. For many women, this therapy can lead to loss of sexual desire. It is caused by the changing levels of the hormone oestrogen, resulting in menopausal symptoms. These also include hot flushes and vaginal dryness. For more information, call our Cancer Nurseline on 1800 200 700. Ask for a copy of the factsheet, *Understanding and Managing Menopausal Symptoms*.

Research has shown that breast reconstruction can have a positive impact on your life. It can boost your self-confidence and in turn improve your sex life. Do talk to your breast care nurse and surgeon if you are having issues with your sex life and sexuality. If you prefer, you can speak to a counsellor who can offer more specific support.

To sum up

- Breast reconstruction can help you regain your sense of femininity and to feel more attractive and confident.
- Sex can resume when you feel comfortable and when the soreness and swelling due to surgery have settled down.
- Reconstructed nipples usually do not have any feeling or sensation.
- Treatments like chemotherapy can cause hair loss and fatigue, which can affect sexual desire. Falling hormone levels can also affect sexual desire.
- Do seek support from your breast care nurse or a counsellor.

Coping and emotions

How can I cope with my feelings?

If you have just been diagnosed with breast cancer recently, then you may be feeling anxious, distressed or even angry or confused. There are many reactions when told you have breast cancer. Reactions can often differ from person to person. In fact, there is no right or wrong way to feel. There is also no set time to have one particular emotion or not.

Some reactions may occur at the time of diagnosis, while others might appear or reappear later during your treatment. Or indeed it may not be until you recover from your illness that your emotions hit hard. Sometimes a cancer diagnosis can bring greater distress and cause anxiety and depression. A helpful booklet that discusses them in detail is called *Understanding the Emotional Effects of Cancer*. Call our Cancer Nurseline on 1800 200 700 for a free copy. You can also talk to the medical social worker in your hospital, if you prefer.

Common feelings on breast reconstruction

When considering breast reconstruction, you are likely to experience a range of emotions. It is normal to feel nervous about the surgery but excited too at the prospect of gaining a new breast, especially if you have been without one for some time. You might also be feeling a bit confused. Remember it is good to express how you are feeling. You can speak to your breast care nurse or surgeon or to a volunteer who has herself had an experience of breast reconstruction. You can also call our Cancer Nurseline on 1800 200 700 and speak to a nurse specialist in confidence.

Readjusting: Do expect a period of time readjusting to your new body image, starting with your surgery. Every day after your surgery, your new breast will undergo changes as healing takes place.

Disappointment: At first you may feel disappointed because your shape is not what you expected it to be. But any swelling and bruising

in the days after your surgery will gradually ease off. Your soreness and discomfort too will lessen. This will all help to increase your satisfaction.

Lack of sensation: The fact that your new breast feels different and lacks the same sensation as natural breast tissue might surprise you, as it does many women. But with time, you will adjust to this and accept it as part of your new breast.

Length of recovery: It can often take some months to finally complete both the adjustments to your opposite breast and to create your new nipple. This means that you may be feeling somewhat dissatisfied for a time. It can help to understand that breast reconstruction is not just one operation but a process. Usually with time and some adjustments, satisfaction can be achieved.

Further advice and support

If you continue to experience problems adjusting to your new body image, do seek advice. You can talk to your breast care nurse or the medical social worker in your hospital. You call also our Cancer Nurseline on 1800 200 700 for advice on counselling services in your area.

For more about coping and emotions associated with a breast cancer diagnosis, ask for a copy of the booklets, *Understanding Cancer of the Breast* or *Younger Women and Breast Cancer*. Or if you prefer, you can visit a Daffodil Centre.

Support resources

Irish Cancer Society services

Our **Cancer Support Department** provides a range of cancer support services for people with cancer, at home and in hospital, including:

- Cancer Nurseline Freephone 1800 200 700
- Daffodil Centres
- Survivor Support
- Support in your area
- Patient travel and financial support
- Night nursing
- Publications and website information

- Our **Cancer Nurseline Freephone 1800 200 700**. Call our Cancer Nurseline and speak to one of our cancer nurses for confidential advice, support and information. The Cancer Nurseline is open Monday to Thursday 9am - 6pm and Friday 9am - 5pm. You can also email us on cancernurseline@irishcancer.ie or visit our Online Community at **www.cancer.ie**
- **Our Daffodil Centres.** Visit our Daffodil Centres, located in thirteen hospitals nationwide. The centres are staffed by cancer nurses and trained volunteers who provide confidential advice, support and information to anyone concerned about or affected by cancer.
- **Our Survivor Support.** Speak to someone who has been through a cancer diagnosis. Our trained volunteers are available to provide emotional and practical support to anyone going through or finished with their treatment.
- **Support in your area.** We work with cancer support groups and centres across the country to ensure cancer patients have access to confidential support including counselling.
- **Patient travel and financial support.** We provide practical and financial support for patients in need, undergoing cancer treatments. There are three services available through the Society:
  - **Travel2Care** is a fund, made available by the NCCP, for patients who are having difficulty getting to and from their treatments while attending one of the national centres of excellence.

- Through our **Financial Support** programme, limited, once off financial support is available to patients identified as being in need, who are undergoing cancer treatments nationally.
- **Irish Cancer Society Volunteer Driving Service** is mainly for patients undergoing chemotherapy treatments who are having difficulty getting to and from their local appointments.

To access any of these services please contact your hospital healthcare professional.

- **Irish Cancer Society Night Nursing.** We provide end-of-life care for cancer patients in their own home. We offer up to 10 nights of care for each patient. Our service allows patients to remain at home for the last days of their lives surrounded by their families and loved ones. This is the only service of its kind in the Republic, providing palliative nursing care at night to cancer patients.
- Our **publications and website information.** We provide information on a range of topics including cancer types, treatments and side-effects, coping with cancer, children and cancer and financial concerns. Visit our website **www.cancer.ie** or call our Cancer Nurseline for a free copy of our publications.

If you would like more information on any of the above services, call our Cancer Nurseline on freephone 1800 200 700 or visit a Daffodil Centre.

If you have financial worries…

During your cancer journey, if you feel you are getting into debt or are in debt, there is help available. Contact the Money Advice and Budgeting Service on the MABS Helpline 0761 07 2000. This service can help you work through any financial issues you have. They can assess your situation, work out your budget, help you deal with your debts and manage your payments. The service is free and confidential. See page 51 for contact details. You can also contact the medical social worker in your hospital. For a copy of *Managing the Financial Impact of Cancer: A Guide for Patients and Their Families*, call our Cancer Nurseline on 1800 200 700.

Useful organisations

Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Tel: 01 231 0500
Cancer Nurseline:
1800 200 700
Email: cancernurseline@irishcancer.ie
Website: www.cancer.ie

The Carers Association
Market Square
Tullamore
Co Offaly
Freefone: 1800 240 724
Email: info@carersireland.com

Citizens Information
Tel: 0761 07 4000
Email: information@citizensinformation.ie
Website: www.citizensinformation.ie

Get Ireland Active: Promoting Physical Activity in Ireland
Website: www.getirelandactive.ie

Health Promotion HSE
Website: www.healthpromotion.ie

All Ireland Co-operative Oncology Research Group
Website: www.icorg.ie

Irish Nutrition & Dietetic Institute
Ashgrove House
Kill Avenue
Dún Laoghaire
Co Dublin
Tel: 01 280 4839
Email: info@indi.ie
Website: www.indi.ie

Irish Oncology and Haematology Social Workers Group
Website: http://socialworkandcancer.com

Money Advice and Budgeting Service (MABS)
Commercial House
Westend Commercial Village
Blanchardstown
Dublin 15
Tel: 01 812 9350
Helpline 0761 07 2000
Email: helpline@mabs.ie
Website: www.mabs.ie

Health insurers

AVIVA Health
PO Box 764
Togher
Cork
Tel: 1850 717 717
Email: info@avivahealth.ie
Website: www.avivahealth.ie

GloHealth
PO Box 12218
Dublin 18
Tel: 1890 781 781
Email: findoutmore@glohealth.ie
Website: www.glohealth.ie

Laya Healthcare
Eastgate Road
Eastgate Business Park
Little Island
Co Cork
Tel: 021 202 2000
LoCall: 1890 700 890
Email: info@layahealthcare.ie
Website: www.layahealthcare.ie

Voluntary Health Insurance (VHI)
IDA Business Park
Purcellsinch
Dublin Road
Kilkenny
CallSave: 1850 44 44 44
Email: info@vhi.ie
Website: www.vhi.ie

National support services

Survivor Support
Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Cancer Nurseline: 1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

ARC Cancer Support Centres Dublin
[See pages 52 and 53]

Canteen Ireland
[Teenage cancer support]
Carmichael Centre
North Brunswick Street
Dublin 7
Tel: 01 872 2012
Email: info@canteen.ie
Website: www.canteen.ie

Cancer Support Sanctuary LARCC
[See page 53]

Connaught support services

Athenry Cancer Care
Social Service Centre
New Line
Athenry
Co Galway
Tel: 091 845 228 / 087 412 8080
Email: athenrycancercare@gmail.com
Website: www.athenrycancercare.com

Ballinasloe Cancer Support Centre
Main Street
Ballinasloe
Co Galway
Tel: 090 964 3431
Email: ballinasloecancer@yahoo.co.uk

Cara Iorrais Cancer Support Centre
2 Church Street
Belmullet
Co Mayo
Tel: 097 20590 / 087 391 8573
Email: caraiorrais@gmail.com

Gort Cancer Support Group
Garrabeg
Gort
Co Galway
Tel: 091 648 606 / 086 172 4500
Email: info@gortcancersupport.ie
Website: www.gortcancersupport.ie

Mayo Cancer Support Association
Rock Rose House
32 St Patrick's Avenue
Castlebar
Co Mayo
Tel: 094 903 8407
Email: info@mayocancer.ie
Website: www.mayocancer.ie

Roscommon Cancer Support Centre
Vita House Family Centre
Abbey Street
Roscommon
Tel: 090 662 5898
Email: info@vitahouse.org

Sligo Cancer Support Centre
44 Wine Street
Sligo
Tel: 071 917 0399
Email: scsc@eircom.net
Website: www.sligocancersupportcentre.ie

Tuam Cancer Care Centre
Cricket Court
Dunmore Road
Tuam
Co Galway
Tel: 093 285 22
Email: support@tuamcancercare.ie
Website: www.tuamcancercare.ie

Leinster support services

ARC Cancer Support Centre
ARC House
65 Eccles Street
Dublin 7
Tel: 01 830 7333
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

ARC Cancer Support Centre
ARC House
559 South Circular Road
Dublin 8
Tel: 01 707 8880
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

Arklow Cancer Support Group
25 Kings Hill
Arklow
Co Wicklow
Tel: 0402 23590 / 085 110 0066
Email: info@arklowcancersupport.com
Website: www.arklowcancersupport.com

Balbriggan Cancer Support Group
Unit 23, Balbriggan Business Park
Harry Reynold's Road
Balbriggan
Co Dublin
Tel: 087 353 2872 / 086 164 2234

Cancer Support Sanctuary LARCC
Coole Road
Multyfarnham
Mullingar
Co Westmeath
Tel: 044 937 1971
CallSave: 1850 719 719
Email: info@cancersupport.ie
Website: www.cancersupport.ie

Cara Cancer Support Centre
7 Williamson's Place
Dundalk
Co Louth
Tel: 042 937 4905
Mobile: 087 395 5335
Email: info@ccscdundalk.ie
Website: ccscdundalk.ie

Cois Nore Cancer Support Centre
8 Walkin Street
Kilkenny
Tel: 056 775 2222
Email: coisnorekilkenny@gmail.com
Website: www.kilkennycancersupport.ie

Cuisle Cancer Support Centre
Block Road
Portlaoise
Co Laois
Tel: 057 868 1492
Email: cuislecentre@eircom.net
Website: www.cuislecentre.com

Dóchas: Offaly Cancer Support Group
Teach Dóchas
Offaly Street
Tullamore
Co Offaly
Tel: 057 932 8268
Email: info@dochasoffaly.ie
Website: www.dochasoffaly.ie

Dublin West Cancer Support Group
Generic Social Work Department
Oak Unit
Cherry Orchard Hospital
Ballyfermot
Dublin 10
Tel: 01 620 6273
Email: martina.mcgovern2@hse.ie/
noreen.obrien4@hse.ie

Éist Carlow Cancer Support Centre
The Waterfront
Mill Lane
Carlow
Tel: 059 913 9684
Mobile: 085 144 0510
Email: info@eistcarlowcancersupport.ie
Website: www.eistcarlowcancersupport.ie

Gary Kelly Cancer Support Centre
George's Street
Drogheda
Co Louth
Tel: 041 980 5100
Email: info@gkcancersupport.com
Website: www.gkcancersupport.com

Greystones Cancer Support
La Touche Place
Greystones
Co Wicklow
Tel: 01 287 1601
Email:
info@greystonescancersupport.com
Website:
www.greystonescancersupport.com

Hope Cancer Support Centre
22 Weafer Street
Enniscorthy
Co Wexford
Tel: 053 923 8555
Email: info@hopesupportcentre.ie
Website: www.hopesupportcentre.ie

Purple House – Cancer Support
Aubrey Court
Parnell Road
Bray
Co Wicklow
Tel: 01 286 6966
Email: info@purplehouse.ie
Website: www.purplehouse.ie

Tallaght Cancer Support Group
Trustus House
1–2 Main Street
Tallaght
Dublin 24
Tel: 086 400 2736
Email: ctallaght@yahoo.ie
Website: tallaghtcancersupport.com

Wicklow Cancer Support Centre
Rear of Butler's Medical Hall
Abbey Street
Wicklow
Tel: 0404 326 96
Email:
wicklowcancersupport@gmail.com

Munster support services

Cancer Information & Support Centre
University Hospital Limerick
Dooradoyle
Co Limerick
Tel: 061 485 163
Website:
www.midwesterncancercentre.ie

CARE Cancer Support Centre
14 Wellington Street
Clonmel
Co Tipperary
Tel: 052 618 2667
Email: caresupport@eircom.net
Website: www.cancercare.ie

Cork ARC Cancer Support House
Cliffdale
5 O'Donovan Rossa Road
Cork
Tel: 021 427 6688
Email: info@corkcancersupport.ie
Website: www.corkcancersupport.ie

Kerry Cancer Support Group
Acorn Centre
124 Tralee Townhouse Apartments
Maine Street
Tralee
Co Kerry
Tel: 066 719 5560 / 087 230 8734
Email: kerrycancersupportgroup@eircom.net
Website: www.kerrycancersupport.com

Recovery Haven
5 Haig's Terrace
Tralee
Co Kerry
Tel: 066 719 2122
Email: recoveryhaven@gmail.com
Website: www.recoveryhavenkerry.com

Solas Centre
South Eastern Cancer Foundation
Williamstown
Waterford
Tel: 051 304 604
Email: info@solascentre.ie
Website: www.solascentre.ie

Suaimhneas Cancer Support Centre
2 Clonaslee
Gortland Roe
Nenagh
Co Tipperary
Tel: 067 37403
Email: suaimhneascancersupport@eircom.net

Suir Haven Cancer Support Centre
Clongour Road
Thurles
Co Tipperary
Tel: 0504 21197
Email: suirhaven@gmail.com

Ulster support services

Coiste Scaoil Saor Ó Ailse
C/O Ionad Naomh Padraig
Upper Dore
Bunbeg
Letterkenny
Co Donegal
Tel: 074 953 2949
Email: ionadnp@eircom.net
Website: www.scaoilsaor.ie

Crocus: Monaghan Cancer Support Centre
The Wellness Centre
19 The Grange
Plantation Walk
Monaghan
Tel: 087 368 0965 / 047 62565
Email: crocus.2011@yahoo.com

Cuan Cancer Social Support and Wellness Group
2nd Floor, Cootehill Credit Union
22–24 Market Street
Cootehill
Co Cavan
Tel: 086 455 6632

Other support services

The Bella Rose Foundation
Merry Maid House
West Park Campus
Garter's Lane
Citywest
Dublin 24
Tel: 087 320 3201
Email:
thebellarosefoundation@gmail.com
Website: www.bellarose.ie

Cancer Care West
72 Seamus Quirke Road
Galway
Tel: 091 545 000
Email: info@cancercarewest.ie
Website: www.cancercarewest.ie

Cúnamh: Bons Secours Cancer Support Group
Bon Secours Hospital
College Road
Cork
Tel: 021 480 1676
Website: www.cunamh.ie

Dundalk Cancer Support Group
Philipstown
Hackballscross
Dundalk
Co Louth
Tel: 086 107 4257

East Galway & Midlands Cancer Support
Cluain Mhuire
Brackernagh
Ballinasloe
Co Galway
Tel: 090 964 2088 / 087 984 0304
Email: info@egmcancersupport.com
Website:
www.eastgalwaycancersupport.com

The Forge Cancer Support Service
The Forge Family Resource Centre
Pettigo
Co Donegal
Tel: 071 986 1924
Email: theforgefrc@eircom.net

Killybegs Cancer Support Group
Kille
Kilcar
Co Donegal
Tel: 074 973 1292
Email: riverbankdunne@eircom.net

Newbridge Cancer Support Group
Tel: 083 360 9898
Email:
newbridgecancerhealinghelp@gmail.com

Rathdrum Cancer Support Group
St Anne's
Lower Street
Rathdrum
Co Wicklow
Tel: 087 925 3915
Email: rathcan@gmail.com

Sláinte an Chláir: Clare Cancer Support
Tír Mhuire
Kilnamona
Ennis
Co Clare
Tel: 1850 211 630
Email: admin@clarecancersupport.com
Website: www.clarecancersupport.com

Solace: Donegal Cancer Support Centre
St Joseph's Avenue
Donegal Town
Tel: 074 974 0837
Email: solacedonegal@eircom.net

For other support services in your area, call 1800 200 700.

For other support groups or centres in your area, call 1800 200 700.

Useful contacts outside Republic of Ireland

Action Cancer
Action Cancer House
1 Marlborough Park
Belfast BT9 6XS
Tel: 028 9080 3344
Email: info@actioncancer.org
Website: www.actioncancer.org

American Cancer Society (US)
Website: www.cancer.org

Cancer Focus Northern Ireland
40–44 Eglantine Avenue
Belfast BT9 6DX
Tel: 048 9066 3281
Email: hello@cancerfocusni.org
Website: www.cancerfocusni.org

Cancer Buddies Network
Website: www.cancerbuddiesnetwork.org

Cancer Research UK
Tel: 0044 20 7242 0200
Website: www.cancerhelp.org.uk

Healthtalkonline (UK)
Website: www.healthtalk.org

Macmillan Cancer Support (UK)
Tel: 0044 20 7840 7840
Email: cancerline@macmillan.org.uk
Website: www.macmillan.org.uk

Macmillan Support & Information Centre
Belfast City Hospital Trust
77–81 Lisburn Road
Belfast BT9 7AB
Tel: 028 9069 9202
Email: cancerinfo@belfasttrust.hscni.net
Website: www.cancerni.net

National Cancer Institute (US)
Website: www.nci.nih.gov

Specific websites on breast reconstruction

British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)
www.bapras.org.uk

Association of Breast Surgery
www.associationofbreastsurgery.org.uk

Options for Breast Reconstruction
www.optionsforbreastreconstruction.com

The Center for Microsurgical Breast Reconstruction
www.diepflap.com

Helpful books

Free booklets from the Irish Cancer Society:

- *Understanding Cancer of the Breast*
- *Younger Women and Breast Cancer*
- *Understanding Secondary Breast Cancer*
- *Understanding Chemotherapy*
- *Understanding Radiotherapy*
- *Understanding Cancer and Complementary Therapies*
- *Diet and Cancer*
- *Coping with Fatigue*
- *Understanding the Emotional Effects of Cancer*
- *Lost for Words: How to Talk to Someone with Cancer*
- *Who Can Ever Understand? Taking About Your Cancer*
- *Talking to Children about Cancer: A Guide for Parents*
- *Journey Journal: Keeping Track of Your Cancer Treatment*
- *Managing the Financial Impact of Cancer: A Guide for Patients and Their Families*

The Boudica Within: The Extraordinary Journey of Women after Breast Cancer and Reconstruction
Elaine Sassoon
Erskine Press, 2007
ISBN 9781852970970

The Breast Cancer Book: A Personal Guide to Help You Through It and Beyond
Val Sampson & Debbie Fenlon
Vermilion, 2000
ISBN 9780091884536

The Breast Reconstruction Guidebook
Kathy Steligo
Carlo Press (2nd edn), 2005
ISBN 9780966979978

Breast Reconstruction: Your Choice
D Rainsbury & V Straker
Class Publishing, 2008
ISBN 9781859591970

Breast Implants: Information for Women Considering Breast Implants
Department of Health/Irish Medicines Board
[Download from www.dohc.ie/publications/pdf/breast-implants.pdf]

What does that word mean?

Abdomen The part of your body that lies between your chest and pelvis. Sometimes called your belly, tummy or stomach. The lower part is used for some breast reconstruction surgery.

Areola The flat, pinkish brown circle of skin around your nipple.

Breast prosthesis (external) An artificial breast form that can be worn with a bra and can provide volume where it has been lost after breast cancer surgery.

Breast prosthesis (internal) Another name for an implant. It is an artificial device that is placed in your body to repair or reconstruct the tissues. Breast implants are made of silicone or filled with salt water (saline).

Delayed reconstruction Breast reconstruction done some time after your breast cancer diagnosis and treatment.

DIEP flap A flap consisting of lower abdominal skin and fat and the small blood vessels that supply it. These blood vessels are called the deep inferior epigastric perforator (DIEP) and pass through your abdominal wall.

Donor site The area of your body from where tissue is taken. For example, if you have an LD flap reconstruction, the donor site is your back.

Free flap A piece of tissue that is transferred with its own blood supply to your breast. It is then reattached using microsurgery.

IGAP flap A flap consisting of buttock muscles, skin and fat and the small blood vessels that supply it. These blood vessels are called the inferior gluteal artery perforator (IGAP) and pass through your lower buttocks.

Immediate reconstruction Breast reconstruction done at the same time as your breast cancer surgery. For example, a mastectomy.

Implant An artificial, soft capsule that is surgically put into your body to help replace tissue that has been removed from your breast. Most breast implants are made of silicone, while some are filled with salt water (saline).

Latissimus dorsi A large muscle on your back that can be used to reconstruct a breast. The muscle along with the overlying skin and fat can be moved to your chest.

Lipofilling Small amounts of fat taken from another part of your body by liposuction and injected beneath your skin to improve the shape of your breast.

Liposuction Removing fat from beneath your skin using a large needle and suction. It can take away fat from a part of your body. Once the fat is treated, it can be used for lipofilling.

Lumpectomy An operation to remove a lump in your breast. It usually involves taking the lump along with an area (margin) of healthy tissue.

Mammoplasty Surgery that reduces your opposite breast to match your reconstructed breast. Also called a therapeutic mammoplasty.

Mastectomy An operation that removes your full breast, including your nipple.

Mastopexy Surgery to change the size, shape or elevation of breasts. For example, if breasts are sagging.

Microsurgery A technique used to join very small parts of your body tissues together. For example, blood vessels. It involves using an operating microscope and tiny stitches.

Partial mastectomy Removing part of your breast.

Perforator The medical term for the very small artery and vein in a flap that pass through the muscle to carry blood into and away from the flap.

Prosthesis	See breast prosthesis.
Sentinel lymph node biopsy	A test to check if cancer cells have reached the lymph nodes in your armpit. Sentinel means 'guard' and the sentinel node is the main draining node for the tumour. When found, it is surgically removed and examined instead of removing all the lymph nodes. Sometimes two or three nodes are removed.
SGAP flap	A flap consisting of skin and fat in your buttocks and the small blood vessels that supply it. These blood vessels are called the superior gluteal artery perforator (SGAP) and pass through the top of your buttocks.
SIEA flap	A flap consisting of skin and fat in your groin and the small blood vessels that supply it. These blood vessels are called the superficial inferior epigastric artery (SIEA) and pass through your lower abdomen.
Tattooing	Applying colour to your skin. It can be used to recreate the colour of your natural nipple and areola.
TRAM flap	A flap using the transverse rectus abdominis muscle found in your abdominal wall. The flap consists of a part of this muscle and the skin and fat of your lower abdomen as well as its blood supply. A TRAM flap is commonly used to reconstruct the breast.
TUG flap	A flap using the transverse upper gracilis muscle found in your upper inner thigh. The flap consists of a section of the muscle along with the overlying skin and fat and its blood supply.
Wide local excision	An operation to remove a lump, usually a cancer, along with an area (margin) of healthy tissue.

Questions to ask your doctor

Here is a list of questions that you might like to ask. There is also some space for you to write down your own questions if you wish. Never be shy about asking questions. It is always better to ask than to worry.

- Are there different types of surgery I could have?
- What is the best type of surgery for me and why?
- Can I still have breast reconstruction if I need radiotherapy?
- Would it be better to wait until after my treatment to have breast reconstruction?
- Can I have breast reconstruction carried out as a public patient?
- What will the scars look like?
- How long do I have to stay in hospital?
- What are the risks of the surgery?
- Are there any lifestyle changes I can make to help me prepare for my surgery?
- Can you show me any photos of breast reconstructions you have done?
- What can be done afterwards if I am not happy with my result?
- Do I need to have mammograms on my reconstructed breast?
- Can an implant hide a new cancer growing beneath it?

Record your questions and answers in the *Journey Journal: Keeping Track of Your Cancer Treatment*. Call 1800 200 700 for a copy.

Your own questions

1

Answer

2

Answer

3

Answer

3

Answer

4

Answer

Notes

Acknowledgements

We would like to extend a special word of thanks to the following for their invaluable contributions to this booklet:

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Would you like more information?

We hope this booklet has been of help to you. If you feel you would like more information or someone to talk to, please call our Cancer Nurseline on 1800 200 700.

Would you like to be a patient reviewer?

If you have any suggestions as to how this booklet could be improved, we would be delighted to hear from you. The views of patients, relatives, carers and friends are all welcome. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers.

If you wish to email your comments, have an idea for a new booklet or would like to review any of our booklets, please contact us at **reviewers@irishcancer.ie.** If you prefer to phone or write to us, see contact details below.

Would you like to help us?

The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, education and research. This includes patient education booklets. If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us at CallSave 1850 60 60 60 or email **fundraising@irishcancer.ie**

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