

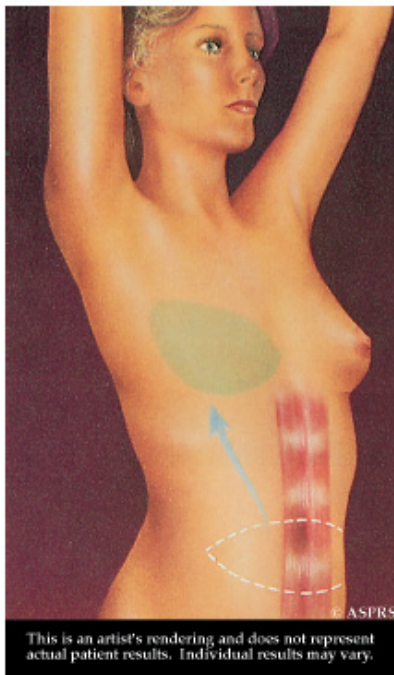


## Patient Information sheet

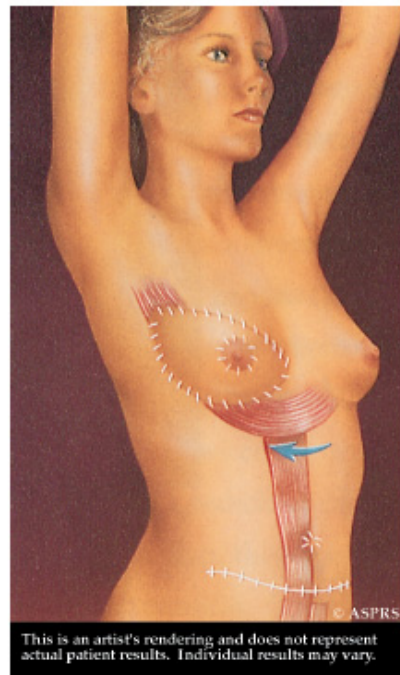
# Breast reconstruction

You have been asked to see a Plastic Surgeon to consider the options available to you for Breast Reconstruction. You will have been referred by your GP or specialist breast surgeon. The diagnosis can often come out of the blue. You are encouraged to bring a spouse or close friend so that you can compare notes afterwards and feel supported in a stressful situation. You are encouraged to visit your surgeon more than once before the operation to answer all of your questions.

Reconstruction of the breast may be done at the time of operation or as a deferred procedure after a year or so. The method used will depend on the tissue you have available for using in the reconstruction. If you have sufficient tissue in the abdomen to make a good volume breast then you will not require the use of a prosthesis. The common procedure done is a transfer rectus abdominus myocutaneous flap or TRAM flap for short. The operation is preceded by a smaller operation in which the feeding blood vessels are divided from the bottom to establish good flow from the top for your operation. This is called a delay operation. It is usually done by your breast surgeon.



This is an artist's rendering and does not represent actual patient results. Individual results may vary.



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The reconstructed breast is entirely dependant on the blood vessels prepared by the delay procedure.

Patients have to be smoke free for 6 months prior to surgery and must avoid passive smoking from others for at least a month afterwards. Nicotine blood levels are checked prior to surgery.

Blood vessels grow in quickly to increase the supply over the first few weeks of surgery. Some of the tissue transferred may have a sub optimal blood supply and areas of fat may die off. This happens to some degree in about 20% of cases and the firm area that results generally settles over time although a minority will require an operation to remove it if it is troublesome.

A breast mound is thus reconstructed. The nipple is reconstructed after the tissues have softened completely to allow the nipple to be placed accurately. This done by a surgical procedure often under local followed by surgical tattooing to match skin pigment colour, generally after one year. Some further tailoring of the breast shape may also be done at the same time.

The space the muscle is taken from is replaced by surgical mesh which heals strongly. There is a low incidence of hernias that require repair afterwards. The shape of the abdomen will be different than it was before operation. If you are a sporty person then this will be discussed in detail beforehand with your surgeon.

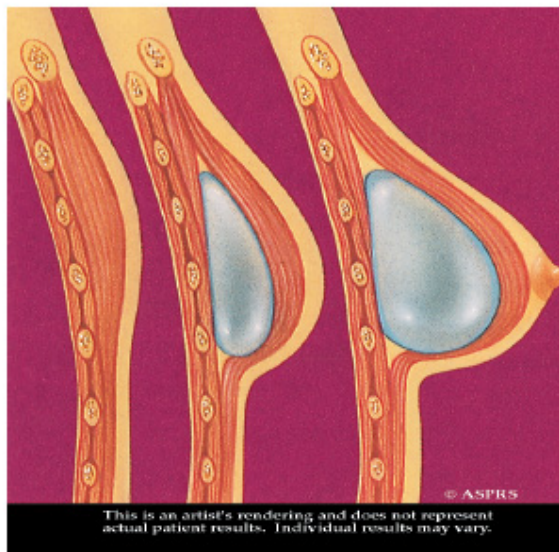
### **ALTERNATIVE PROCEDURES**

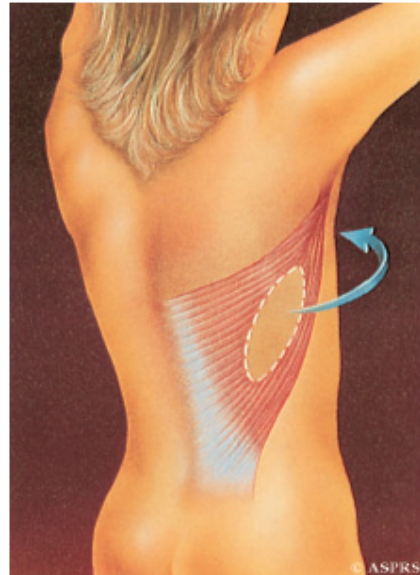
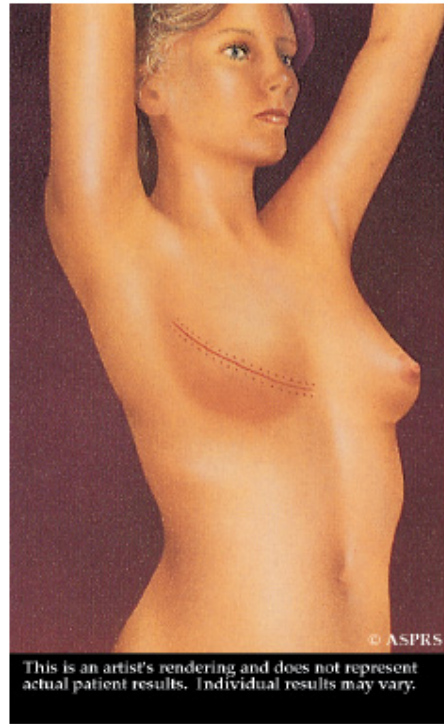
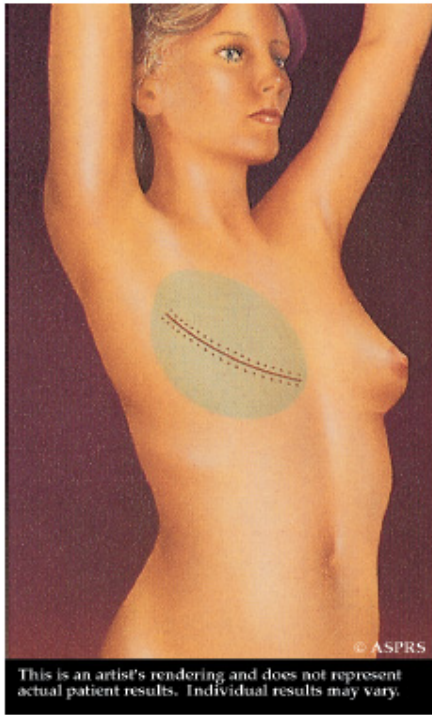
Alternative procedures may need to be considered if there is insufficient tissue available on the abdomen.

The simplest is Tissue expansion. This relies on there being good tissue cover remaining at the breast site.

The treatment consists of expander insertion at operation and then weekly clinic visits for injections of saline into the device over about 10 to 12 weeks. The device is then usually removed at a further operation with a breast prosthesis implant leaving the abdomen intact which may also be considered an advantage in professional sports women.

The disadvantage of this procedure is that it is harder to achieve symmetry and a pre condition is plenty of good tissue at the mastectomy site to allow good coverage of the expander. This is not always possible as there may be significant tissue removed to clear the tumour. As the expander is placed beneath the pectoral muscles the natural droop of the breast is hard to duplicate particularly in the larger breasted lady. Also breast implants have a pooled average of 15% re-operation rate to maintain them. This will be discussed in detail by your surgeon.





## **THE LATISSIMUS DORSI MUSCLE TRANSFER OPERATION**

This operation is similar to the TRAM flap in that a muscle is moved permanently. It does not require a delay procedure. However it does require a prosthesis and does not give natural droop in the large breasted lady. Prosthesis use commits the patient to a 15% re-operation maintenance rate. However it can give a nice result in the right patient. It is sometimes combined with the tissue expansion technique described previously.

## **AFTER CARE**

After discharge from hospital you will be using a pressure garment that you bought prior to operation.

This makes it more comfortable to move around.

You will be resting most of the first week taking it very slowly and quietly. You may see the District Nurse for dressings or the Breast Nurse. Your GP may do some of the dressings if you live in the Far North. You are checked weekly by your surgeon for the first two or three weeks after operation and thereafter according to need. You will not be able to resume normal activities for about a month and about six weeks for sport in young fit patients.

## **SCARS**

There are scars around the reconstructed breast as well as the lower abdomen. You will have a tummy tuck operation effect as a result of the transfer of tissue to the breast.

The scars are tight and a little raised for about three months and then slowly settle and soften over about a year. A few patients get intermittent discomfort in the abdomen for a while until the internal scars resolve with time.

## **FUNDING**

Funding for the operation in the public sector is limited and shifts with available budget constraints.

This will be discussed with your surgeon before operation. Funding is available under insurance policies for these procedures for those with existing policies.

Generally the nipple reconstruction is fully funded by the patient or insurance company. A major effort by the administrators of Northland Health is being made to get additional funding for this type of work, but the health department is resisting for the moment.

## **COSTS**

Costs are generally PARTIALLY covered via your insurance company and are quoted for insurance company approval prior to any operation. Costs are fully documented prior to any operation. The insurance company is asked to confirm with you directly the level of cover available under your policy.

## **YOUR RESPONSIBILITIES**

- To reveal all medications, conditions, history, allergies and recreational drug use.
- To understand all aspects of the information discussed at consultation and all written information given and to seek clarification if needed.
- To understand that you are entering a process where your surgeon is dedicated to the best possible outcome. This requires engaging in the complexities of biology, healing and individual differences.
- That additional stages or further surgeries are occasionally required and that the surgeons best efforts are the basis of the charges. Further surgeries will incur additional charges in pursuit of a particular result.
- To understand that the initial consultation is charged for but all subsequent pre operative consultations pertaining to this surgery are at no charge.

- To understand and accept the above conditions.