

Breast Reconstruction After Mastectomy: A Woman's Choice

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Women diagnosed with breast cancer are confronted with many decisions regarding management. One of the decisions is whether or not to proceed with breast reconstruction following mastectomy. Due to the variety of options that are currently available, this can be difficult, confusing, and stressful. Current reconstructive options include the free TRAM, pedicle TRAM, implants, latissimus dorsi flap, DIEP flap, and the S-GAP flap. Information regarding the indications, options, and recovery from breast reconstruction is provided.

Marilyn Yalom in her book *A History of the Breast* states, "How a woman regards her breast is a good indicator of her personal self-esteem, as well as the collaborative status of women in general." Being diagnosed with breast cancer can be a significant threat to one's self-esteem and self-image. Fear of the cancer and the possibility of losing a breast can result in depression, withdrawal, and loss of control. Our goal at the Georgetown University – Lombardi Cancer Center is to restore one's self-esteem and confidence in order to re-enter society with strength, confidence, and vigor. For many women, the decision to proceed with breast reconstruction facilitates this transition as approximately 75% of women following mastectomy elect to have breast reconstruction at our institution. Some women, however, choose not to proceed with breast reconstruction for a variety of reasons that include fear of additional surgery, tumor recurrence, cultural factors, and the feeling that reconstruction is simply not necessary.

Advances in breast reconstruction over the past few years have generated numerous options. Women can now choose between a variety of autologous tissues that include the TRAM flap, Latissimus Dorsi flap, DIEP flap, and the S-GAP flap; all of which can produce outstanding results. Refinements in implant reconstruction can also yield excellent results. The most commonly performed operation for breast reconstruction at Georgetown Hospital is the DIEP flap. This technique utilizes the skin and fat from the abdomen to create a soft and beautifully shaped breast. The advantage of the DIEP flap is that no portion of the rectus abdominis muscle is removed, only the skin and fat. In this way, the function and contour of the abdominal wall are preserved and often improved. The free TRAM differs from the DIEP flap in that a small portion of the muscle is removed. The pedicled TRAM, also known as the tunnel TRAM, can also create a soft and nicely shaped breast; however, a greater amount of muscle is required which may result in weakening of abdominal strength. When a DIEP or TRAM flap is not an option due to an inadequate amount of abdominal fat or high risk, other options become available. The SGAP flap utilizes skin and fat from the upper buttock and is an excellent alternative. The latissimus dorsi flap uses skin, fat, and muscle from the back that is rotated around to the chest to create a breast. This flap often requires the use of an implant to obtain symmetry with the opposite breast.

Implant reconstruction following mastectomy is an excellent option for many women. This operation requires less operating time, has a quicker recovery time, and can yield an

excellent aesthetic outcome. The operation usually requires two stages. During the first stage a temporary tissue expander is placed to stretch the skin. Following the expansion phase that usually requires 2 to 3 months, the expander is removed and a permanent implant is inserted in its place. Implant reconstruction can also be performed in a single stage using a post-operatively adjustable implant. Currently, the FDA allows for either saline or silicone gel implants to be used for breast reconstruction.

The journey from becoming a breast cancer victim to a breast cancer survivor can be frightening and difficult. The mission of our breast cancer team is to make this journey a smooth and strengthening experience. My goal is to evaluate each woman, discuss all options, and provide the reconstruction that will best satisfy their emotional, psychological, and physical requirements.