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Breast Reconstruction - An Option Rarely Discussed

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(HealthNewsDigest.com) - According to the American Cancer Society, breast cancer is the most common cancer among women in the United States, other than skin cancer. Of the many treatment options available, it is estimated that about 110,000 women who are diagnosed with breast cancer opt to have a mastectomy—removal of the breast.¹ This includes mastectomy as a treatment option as well as prophylactic mastectomy (preventative mastectomy). However, many women who have battled with breast cancer and have faced mastectomy are not aware of breast reconstruction as an option within their continuum of care. Breast reconstruction is a surgical procedure that rebuilds the natural volume, shape and symmetry of a woman's breast after breast cancer surgery or treatment.

Studies report that only three out of ten women are informed about breast reconstruction. Evidence suggests that while women are provided with an immense amount of information about breast cancer treatment options, all too often they are not told about their breast reconstruction options post-mastectomy, proving that this is an overlooked part of the national breast cancer discussion.²

The choice to have breast reconstruction is a very personal decision. For many women, breast reconstruction becomes the final stage in the battle against breast cancer as it provides a sense of closure, lessens the risk of recurrence, and restores confidence in one's body. Most importantly, while reconstruction can be done months or years after a mastectomy, it can also be performed at the same time as a mastectomy. The advantage to having immediate reconstruction is waking up from mastectomy surgery with a breast mound. Not only is this a positive, physical result, but it also may have a positive psychological effect on a patient's body image and self-esteem. Additionally, immediate reconstruction usually means one less surgery.

Breast reconstruction options fall broadly into two categories: breast implants and using the patient's own body tissue. The most common reconstruction procedure that utilizes tissue from the patient's body is called the TRAM (Transverse Rectus Abdominus Myocutaneous flap). During this surgery, surgeons take skin and fat tissue from the abdominal area and transfer it to the chest wall. In addition, surgeons remove and transfer the abdominal muscle that carries blood vessels needed for the skin and fat to survive. The TRAM flap procedure flattens the abdominal donor site, similar to the way that a tummy tuck works. However, removing the muscle can sometimes cause problems. In addition, it can take longer to recover from donor sites on the abdomen as compared to other areas. Furthermore, for some women this treatment is not an option due to lack of tissue in these areas. As an alternative solution, many physicians are using

prosthetic devices that include tissue expanders and implants. One of the latest advancements using prosthetic devices is to use AlloDerm® Regenerative Tissue Matrix as it provides an additional layer of tissue that helps reduce or avoid many of the aesthetic challenges associated with breast reconstruction.

AlloDerm is derived from donated human tissue and acts as an internal replacement for tissue that is removed during the mastectomy. Through a propriety process, all of the cells are removed from the donated skin without damaging the skin matrix, preserving the biochemical components necessary for new tissue to grow into it. In other words, AlloDerm is accepted by the patient's body and ultimately becomes a part of it. AlloDerm acts as a hammock for the breast implant, allowing it to lay naturally. It also addresses some of the technical pitfalls of breast implant-based reconstruction—problems such as controlling the position of the implant, defining the fold, and camouflaging the implant. In addition, recent advances with AlloDerm allow surgeons, in many cases, to avoid using a tissue expander, a temporary device that is made of a material similar to plastic that is filled with saline through a built-in port, and slowly stretches the patient's skin until there is enough space to perform the second stage: opening the incision, taking out the expander, and placing a final breast implant. With AlloDerm, surgeons can proceed directly to placing an implant without the need of a tissue expander. Immediately after the mastectomy, the patient wakes up with her final implant, and the AlloDerm to support it and create the breast shape.

Many of my patients who have undergone breast reconstruction are grateful that breast reconstruction was presented to them as an option early on, during the conversations about their mastectomies. For many patients being informed about their options provided them the tools to overcome breast cancer as well as eliminate any scars left by the battle through breast reconstruction. Patients often tell me they are happy with their decision and are amazed by how natural their bodies look following the surgery. They feel breast reconstruction has helped them regain their sense of self and allowed them to enjoy life to the fullest.

As with any medical condition, every patient is different, and reconstruction options and their results vary from woman to woman. Whether or not to have breast reconstruction is a decision each patient needs to make in consultation with her physician. Only the patient's physician can determine the best option for the patient and then the patient can make the decision she sees best for herself. Patients are strongly encouraged to discuss the benefits and risks of various breast reconstruction options with their physician.

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To learn more about breast reconstruction, visit www.breastreconstructionmatters.com