

What You Need to Know if You Choose Breast Reconstruction

by Karen M. Horton, MD, MSC, FACS, FRCSC

A woman's feelings about her breasts can influence her self-image and femininity. Breast reconstruction helps to restore a woman's body image after facing cancer treatment. The goal of breast reconstruction is to help women feel better about themselves and to provide a beautiful, natural, long-lasting breast reconstruction.

Reconstruction is a very personal procedure, and it should be uniquely tailored to each woman. The ideal breast reconstruction takes into account a woman's body shape and anatomy, lifestyle, personal goals, and medical details to find the very best reconstructive technique for her. Some of the latest advances in breast reconstruction include nipple-preservation, microsurgical techniques that preserve major muscles of the body, and complete reconstruction in a single stage.

Nipple-Sparing Mastectomy

Nipple-sparing mastectomy is a state-of-the-art technique that preserves the



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◆ **DIEP and SIEA Flap** Unlike traditional options that permanently sacrifice the rectus abdominis muscle (like the TRAM flap), DIEP and SIEA flaps preserve this muscle and only use skin and fat from the abdomen to create a new breast. These flaps have a consistency most similar to natural breasts and result in a "tummy tuck" effect. Because

cancer. Breast reconstruction using local tissue rearrangement after a lumpectomy promotes a natural breast shape and may preserve function (sensation and ability to breast-feed). The nipple and areola are preserved, and the remaining tissue is rearranged to form a perkier or smaller shape using a reduction or lift technique in one operation. An implant can be placed to balance the breasts, correct asymmetry, and achieve a woman's personal goals for reconstruction.

◆ **Revision Breast Surgery** Improvement of the appearance of reconstructed breasts has psychological benefits for a woman and can improve her quality of life. Revision of unsatisfactory reconstructions to create better symmetry, proportion, and balance is available to breast cancer survivors. Implant revision includes removal, replacement, correction of deformity, or conversion of implant reconstruction to a flap. Flap revision can involve contouring, scar

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nipple and areola, in addition to the breast skin. A tissue sample from under the nipple is sent to a pathology lab to confirm only normal cells remain before the procedure is done. Nipple-sparing mastectomy preserves the natural contour of the breast, which is usually lost by traditional mastectomy techniques, and avoids a second surgery. This is the procedure of choice for BRCA-positive women seeking risk-reducing prophylactic surgery.

Microsurgical Reconstruction

Microsurgery is a specialized technique that surgically transplants skin and fat (a flap) from the abdomen or the inner thighs to the chest using an operating microscope. Unlike implants, a microsurgical reconstruction provides a permanent, warm, soft, living breast reconstruction that moves naturally, lasts a lifetime, and helps to counteract past radiation, infection, or scar tissue.

no muscle is included, potential abdominal complications, such as abdominal hernia, bulge, and weakness, are avoided.

◆ **TUG Flap** If abdominal tissue is not available, the TUG flap provides a permanent, warm, soft, and shapely breast reconstruction using tissue from the upper inner thigh, which results in an "inner thigh lift" effect. Immediate nipple and areola reconstruction is also possible in one operation.

◆ **Immediate Single-Stage Implant Breast Reconstruction** Permanent, post-operatively adjustable saline implants that are specifically tailored to a woman's desires for her reconstruction are used in this technique. In a single procedure, implants are placed either on top of or below the pectoralis major muscle for the most natural look with minimal downtime.

◆ **Breast Reconstruction after Lumpectomy and Radiation** Not every woman requires a mastectomy for

revisions, "lipofilling" (free fat grafting), augmentation, or donor site contouring for the best aesthetic results.

The breast reconstruction journey should be a positive and empowering experience for women. Breast cancer survivors can be empowered to move forward after surgery, feel whole again, and be proud of their reconstruction. Symmetry and aesthetic should be considered first, without sacrificing major muscles of the body. The goal is to create a beautiful and well-proportioned breast for each woman, both in clothing and when nude.

Dr. Karen Horton is a plastic surgeon and reconstructive microsurgeon whose private practice in San Francisco, CA, specializes in advanced aesthetic breast reconstruction and offers the full spectrum of advanced breast reconstruction techniques to women. Visit DrKarenHorton.com or call (415) 923-3067 for more information.