What You Need to Know about Breast Reconstructive Surgery

Dr. Ali Sadeghi
Plastic, Aesthetic and Reconstructive Surgery

The decision to have reconstructive breast surgery is a very personal one. Because the experience of breast cancer and mastectomy is deeply transformative for women, the goal of breast reconstruction is to restore a patient’s psychological and physical sense of feeling complete. Reconstructive surgery can be done at the time of your mastectomy or you can schedule it for a later date. Given the option, most women elect to have their reconstruction done simultaneously with the mastectomy to obviate the need for a second surgery.

If you decide to have reconstructive surgery, here are some things to keep in mind about the best time to schedule it:

- **Your emotional and psychological well-being.** For some women, it may be less traumatic for them to have the reconstruction done with the mastectomy to avoid the shock of having only one breast after the surgery.
- **Any other treatments you are having.** If you’re having radiation after your surgery, you may need a placement of a temporary implant to salvage your breast skin during radiotherapy. After your treatment is completed, a permanent reconstruction can be performed.
- **Recovery time.** Having reconstructive surgery at the same time as your mastectomy may mean you’ll recover faster.

What happens during reconstructive surgery depends on the type of reconstruction that best suits you. You can opt for reconstructive surgery using implants or you may choose to have surgery that rebuilds your breast using fatty tissue from another part of your body. This is known as perforator flap breast reconstruction.

**Implants**

Tissue expanders are temporary implants that are placed beneath your skin and chest muscle to keep or to expand your breast skin for future permanent reconstruction. Over a period of weeks, the tissue expander is expanded by adding saline. This can typically be done during an office visit. These injections stretch your skin and muscle to the size needed for the new breast mound. Once the skin has stretched enough, you'll have a second procedure, where the tissue expander is switched to a permanent implant or a flap from your own body. The implant is usually a silicone sac filled with saline solution or silicone gel. If an implant is chosen for your final reconstruction, you'll go home the same day that the surgery is done. If a flap is used you will be stay in the hospital for a few days.

**Perforator Flap Breast Reconstruction**

Another reconstructive option to consider is having a new breast constructed using your own tissue instead of having artificial implants inserted. The tissue may come from your abdomen, buttock or thighs.
• **Superficial inferior epigastric artery (SIEA) flap:** This procedure allows the surgeon to only use the fat and skin from the abdominal wall in your lower abdomen for your breast reconstruction based on its superficial blood supply. Again abdominal muscle is left intact, to allow you to continue to use the abdominal muscles to maintain their core strength.

• **Profunda artery perforator (PAP) flap:** This procedure allows the surgeon to use fat and skin from the posterior thigh underneath the buttock crease for your breast reconstruction. The main advantage of this procedure is the donor site scar falls in the crease of the buttock. This procedure is optimal for patients who have had previous surgery that precludes the use of the abdomen as a donor site.

• **Gluteal artery perforator (GAP) flap:** Similar to the DIEP/SIEA flaps, this technique in reconstructive surgery does not sacrifice any donor muscles and allows the surgeon to reconstruct the breasts using the skin and fat from your buttock area.

• **Transverse upper gracilis (TUG) flap:** With this new procedure, the inner thigh fat and skin are used to perform breast reconstruction. The procedure is optimal for patients who have had previous surgery that precludes the use of the abdomen as a donor site.

While reconstructive patients certainly have options, not all patients are good candidates for each of the procedures listed. Reconstructive patient Sedette Skaggs is an example of this. “I did not want implants for my breast reconstruction. I was a regular at the gym so I did not have enough fatty tissue on my abdomen or buttocks either. In order for me to have breasts postoperatively, and to maintain my femininity which was very important to me, my only option was for tissue transfer from my inner thighs. There ended up being enough tissue to transfer, and having the TUG performed has allowed me to have optimal future breast reconstructive surgery and has saved my life.”

If you’re thinking of having breast reconstructive surgery, consult a reconstructive surgeon to talk about the considerations you should keep in mind and to discuss your options so you can choose the procedure that is best for you.

_Dr. Ali Sadeghi completed a general surgery internship and residency at the University of New York Downstate Medical Center. Dr. Sadeghi went on to complete subspecialty training in plastic and reconstructive surgery at LSU Health Science Center, and he specializes in the latest microsurgical techniques in breast reconstruction._