

Rebuilding Breasts

The female breast is emblematic of femininity, sexuality and maternity. Thus, if a woman loses one or both breasts to cancer, she may experience more than the loss of flesh. She may feel as if she has lost a part of her identity, which can emotionally tear at and scar the heart muscle behind the breasts even though the surgery doesn't.

For some women, reconstructing their breast after mastectomy helps them rebuild their sense of self. Thus *WomensCare* talked with Dr. Arthur Cambeiro, a plastic surgeon who completed his fellowship at the Mayo Clinic in Rochester, MN about reconstructive surgery.

WC: What types of reconstruction surgery are available to women?

Dr. Cambeiro: The two most common types are saline implants and muscle flap reconstruction.

When a significant amount of skin is removed, breast reconstruction with saline implants is done in a two-part procedure. During the first operation, the plastic surgeon will insert a tissue expander beneath the skin and chest muscle to help



stretch the skin. During the procedure, the surgeon transfers some abdominal skin, fat, and a small piece of muscle under the skin to the intended breast area. It takes longer than implant operations and a patient's hospitalization is about three to four days, compared to one day with implant surgery. However, the breast usually looks and feels more natural to most women.

WC: Which is better, a breast implant or a reconstructive flap?

Dr. Cambeiro: It's a question of preference. For many women, implants are a very good option. It's a shorter operation, a speedier recovery and provides a very good cosmetic result. Creating the flap is a more difficult operation with a more prolonged recovery, but they last forever and get better with time as the scar tissue softens and the effects of gravity serve to make the breast look very realistic.

WC: If you have a single mastectomy with an implant, won't it look unbalanced next to the unaffected breast?

Dr. Cambeiro: It can happen. So many women will elect to have reconstruction done on both breasts after a mastectomy. It is important to note that a woman's insurance may also cover reconstructive surgery on the unaffected breast for symmetry purposes.

WC: Because a woman's nipple is often affected by cancer, it is usually removed. How is it replaced?

Dr. Cambeiro: Nipple replacement is done a few months after the breast reconstruction, after the body has had time to heal. Often times tattoo the nipple area so that the coloring is similar to that of the woman's natural breast.

WC: When is the best time for a woman to have reconstructive surgery?

Dr. Cambeiro: A great number of women can have immediate reconstructive surgery and wake up with a breast, because doctors are catching cancer at such an early stage. In such situations, immediate reconstruction is safe and acceptable.

In cases where the tumor is more advanced or doctors recommend radiation or prolonged chemotherapy, we might delay reconstruction until treatments end so we don't interfere with the treatment or visa versa. For instance, radiation therapy could affect the reconstruction, causing an implant to fail prematurely or a flap to harden or shrink a bit.

stretch the skin. The expander is similar to a balloon. The surgeon will fill the expander with salt-water solution about once a week over the course of about three to four months. Once the skin has sufficiently stretched, the second surgery is performed to replace tissue expander with a permanent saline or silicone implant.

WC: A muscle flap reconstruction utilizes a woman's own tissue, correct?

Dr. Cambeiro: Yes. In a TRAM (Transverse Rectus Abdominus Muscle) flap procedure, the surgeon utilizes a patient's own tissue to rebuild the

Dr. Arthur Cambeiro, M.D.

