

BREAST RECONSTRUCTION OR PROSTHESIS AFTER MASTECTOMY



Breast implant associated anaplastic large cell lymphoma (BIA-ALCL)

BIA-ALCL is a rare cancer of the cells of the immune system in women with breast implants.

- The FDA is studying the link between breast implants and a slight increase in risk of BIA-ALCL.
- The risk of BIA-ALCL appears to be linked to textured breast implants rather than smooth implants.

Talk with your doctor about the benefits and risks of textured implants and smooth implants.

Let your doctor know if you notice any changes to your implant(s) or any pain in the area.

Breast reconstruction

Breast reconstruction can help restore the look of the breast after a mastectomy. It can be done at the same time as the mastectomy (immediate) or later (delayed).

The timing depends on:

- A physical exam by the plastic surgeon
- Surgical risk factors (such as smoking and being overweight)
 - Women who smoke or are overweight have a higher risk of problems with surgery. Sometimes, waiting to have reconstruction until after you quit smoking or lose weight may lower these risks
- Treatments you will need after surgery

Types of breast reconstruction

Breast reconstruction can be done with:

- Breast implants
- Tissue flaps (using skin, fat and sometimes, muscle from your body)
- A combination of both

There's no one best reconstruction method. There are pros and cons to each. Breast implants require less invasive surgery than using your own body tissues, but the results may not look and feel as natural.

Your breast cancer treatment, your body and your lifestyle will affect your options. Talk with your doctors about what type of reconstruction is right for you.

Breast Implants

There are 2 basic types of **breast implants**: saline and silicone. Implants come in different shapes to match the look of the natural breast. Implant reconstruction is usually done in 3 steps.

1. At the time of the mastectomy, a tissue expander is put between the skin and chest muscle to stretch the skin. This is done to make room for a permanent implant.
2. During office visits, saline is added to the expander until it reaches the desired size.
3. Then, the expander is removed and the final implant (either saline or silicone) is put in.

Breast implants will likely need to be replaced.



For more information, visit komen.org or call Susan G. Komen's breast care helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Friday, 9 AM to 10 PM ET.

Resources

Susan G. Komen®

1-877 GO KOMEN
(1-877-465-6636)
komen.org

American Cancer Society's Reach to Recovery Program

1-800-ACS-2345
cancer.org

American Society of Clinical Oncology

1-888-282-2552
asco.org

Living Beyond Breast Cancer

1-888-753-5222
lbbc.org

Related educational resources:

- [Breast Cancer Surgery](#)
- [Follow-up after Breast Cancer Treatment](#)
- [Talking With Your Doctor](#)
- [QTAD - Breast Reconstruction](#)
- [Breast Cancer 101](#)

For more information on breast reconstruction including: benefits and challenges, types of natural tissue flap surgeries, questions to ask your plastic surgeon and more, visit komen.org.

Tissue flaps use your own tissue (most often from the back, abdomen, buttocks or thighs) to form a breast. They will have a more natural look than an implant. And will have more surgical scars. These surgeries take longer and have a higher risk of problems than an implant.

Some types of reconstruction combine an implant with a flap.

Nipple and areola reconstruction

Recreating the nipple and areola gives the reconstructed breast a more natural look and can help hide scars. The nipple can be recreated with tissue from the reconstructed breast after the skin on the breast has healed. The areola may be recreated with a tattoo or by grafting skin from the groin area (this skin has a similar tone as the areola).

Insurance coverage

The Women's Health and Cancer Rights Act requires all health insurance providers and health maintenance organizations (HMOs) that pay for mastectomy to also pay for reconstruction.

Breast prosthesis

If you don't want reconstruction, you can choose to go flat or get a breast prosthesis. This is a breast form made of silicone gel, foam or other materials. It is fitted to your chest. The form is usually placed in the pocket of a special bra.

If you choose to use a prosthesis

Many cancer center boutiques and some medical supply stores carry them. Some specialty lingerie stores have staff to help fit a prosthesis.

- Find out what your insurance will cover.
- Before you go, call for an appointment.
- Wear a form-fitting top.
- Try on different ready-made prostheses. They come in a wide variety of shapes and sizes, so you can choose the best match for you.

There are some online vendors, but it's best to get fit in person. Once you are fit, you can buy bras and mastectomy bathing suits online.

The list of resources is only a suggested resource and is not a complete listing of breast health and breast cancer materials or information. The information contained herein is not meant to be used for self-diagnosis or to replace the services of a medical professional. Komen does not endorse, recommend or make any warranties or representations regarding the accuracy, completeness, timeliness, quality or non-infringement of any of the materials, products or information provided by the organizations referenced herein.