



Breast Cancer Basics

Surgical Management in Breast Cancer

Body Image and Reconstruction Surgery

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Dr. Medhani Gupta: Welcome to GRACE breast cancer video series. My name is Medhani Gupta. Today, we'll be chatting about surgical management of breast cancer. I'm joined by Dr. Jessica Young. Dr. Young is an assistant professor, but the division of surgical oncology and also part of Comprehensive Cancer Center in Buffalo, New York. She's also a member of National Comprehensive Cancer Network or NCCN guidelines panel for breast cancer. Welcome Dr. Young, it's a pleasure to have you with us. So [inaudible] breast cancer surgery would be a huge issue for many of our patients. So could you please tell us a little bit more about the reconstructive surgeries?

Dr. Jessica Young: Sure. well, the first thing that I would say actually is that most women do very well with the lumpectomy and we have a lot of quality of life issues that show us that lumpectomy is probably better than mastectomy in terms of patient satisfaction and body image afterwards. And I would say that most women who can do a lumpectomy usually offer it, I think the studies really show about 75% of women who can have the lumpectomy will opt for it. In terms of the mastectomy. Absolutely. I think body image is a huge issue and it's probably actually very understudied. And it's really hard, I think for women in the heat of the moment, when they're thinking about their cancer to really make a thorough decision about what they want to do. But really you have the option of having no reconstruction or reconstruction [inaudible] with an implant based reconstruction with an implant or to do a tissue based flap, which is really when we take tissue from either your stomach.

Their Latin miss muscle on the side, or sometimes from your butt actually your gluteus muscle can also be used for a flap. In terms of patient satisfaction, usually patients who



have reconstruction have a higher satisfaction rate than those that do not do reconstruction. And usually patients who have the flap reconstruction probably have a higher quality of life than those who have implant-based reconstruction. There are a lot of different issues for that. Not everyone is a candidate for each kind of reconstruction, so that really depends on evaluation by a plastic surgeon. But an implant-based reconstruction is generally an easier surgery. It's shorter. Most people are more candidates for it. And depending on what size you want to be, implant-based reconstruction is a pretty good option for most people. The cons to it are that it does feel much more like it's a fake piece of tissue that's in you. And generally the way that they sit, if you don't do both sides, one breast will naturally have different properties than the other ones.

So, your implant side will remain more upright. And even as we go forward, a lot of women will want to have it redone in 10 or 15 years, not necessarily because of a leak or anything like that, but because of the way that the tissue sort of stretch and expand. There's consideration for more surgery as we go forward. The flap based reconstruction is a very large surgery to begin with upfront. So it is not necessarily for everyone. The surgeries can be quite long 12 hours or more sometimes. So what they do though, is that they take a piece of tissue from your body already and they reconstruct your breast in that area. So the recovery can be quite a bit longer. Not only do you have to recover in the breast area, but you then also have to recover from wherever it is that they took the tissue. You can have secondary issues such as like hernias or infection or different things from the other areas.

But if the flap reconstruction is done and you tolerate it well, that tissue generally feels a lot more natural to a person from the outside. It looks a lot more natural because it sort of has the same texture as your natural breast. And generally speaking, most people who have the flap reconstruction after they've finished their first reconstructive issues further on down the road, they generally don't tend to have more surgery after that. Also you don't have to worry about having an artificial piece of tissue within you and that can often cause issues with infection or other things. And you really don't have to worry about that when it's your own. So those are generally the major pros and cons of each, and then it depends on what size you want to be, etcetera as well. Some women opt to have both actually, they may have an implant with their natural tissue on top of it. So there's a lot of different ways that you could go about reconstruction.

Dr. Medhani Gupta: When should the patients talk to their surgeon about these reconstructive surgeries? Is this something they should decide from the get-go or is this something they could decide later on?



Dr. Jessica Young: So, another great question. Certainly a lot of reconstruction is usually started at the time of the initial surgery for cancer. So when we know that we're doing a mastectomy, we will often ask them if they want to have reconstruction, if they do, we'll consult a prostate surgeon. And a lot of the surgeries can be done at the same time, or at least the first step of the process can be done at the same time. There are exceptions to that. Some women may not be ready to have such a large surgery, and so they can opt not have reconstruction now, but it is always possible to have reconstruction further on down the road if they changed their mind. Also patients who are going to receive radiation after a mastectomy. So there are some patients we know have radiation that tends to interfere with reconstruction. And so sometimes a plastic surgeon will advise you to wait until you healed up, finished your radiation treatments, and then made it maybe wait another six to 12 months until you're totally healed. And then start to reconstructive process at that point in time.

Dr. Medhani Gupta: So, if someone decides not to undergoing reconstructive surgery. Are there any other alternatives that are available?

Dr. Jessica Young: If you decide not to undergo reconstructive surgery, then in general, most of the time patients put prosthesis into their bras. So there are lots of different prosthesis that are available. Patients are usually fitted for these prostheses after they've healed well from the mastectomy. Of course patients could not to wear prosthesis. That's also okay. But if they feel more comfortable with the prostheses, they come in a wide variety of sizes and shapes and can be, try to be matched more to the opposite side. I will say prostheses are actually much heavier than we think they are. And unfortunately they are heavy just because they need to weigh the bra down. Otherwise the bra does not fit properly.