Portsmouth Regional Hospital
Cancer Care Center

2013 Quality Study

# Breast Reconstruction

*by Dr. Richard Brannon Claytor, Plastic Surgeon*

A women's self image is strongly represented by her breasts and can be a significant component of psychosocial sense of self and femininity.

Breast cancer is the second most common cancer of women in the United States. Many women believe that breast reconstruction is one of the most important physical and emotional reparative steps following breast cancer treatment. Breast reconstruction is not cosmetic surgery. It is reparative procedure to restore a patient to a normal appearance following life saving surgery.

**Insurance coverage**

The Women's Health and Cancer Rights Act of 1998 (WHCRA), Public Law 105-277, requires health plans that offer breast cancer coverage to also provide for breast reconstruction and prostheses. This coverage includes surgery to correct the affected breast following cancer treatment. However it also covers procedures on the opposite breast which may need surgery to achieve symmetry.

**Options for reconstruction**

A consultation with a plastic surgeon before a mastectomy can help in determining the subsequent options. Mastectomy is performed by the breast surgeon to remove the breast tissue and treat the breast cancer. The skin of the breast is left intact. In some cases it may be possible to keep the nipple of the breast; however, in most cases the nipple-areola complex is removed as part of the cancer procedure.

The breast skin envelope can be used for breast reconstruction. Placement of a tissue expander at the time of the mastectomy provides the best opportunity to keep the volume of the breast and allows for this to be performed at a single operation. The expansion process of the tissue expander may take several weeks or even months. Once this is complete, the expander may be removed and the implant is placed.

This process is similar if the nipple-areola complex is removed or left in place. However, additional procedures to reconstruct the nipple may be indicated if the nipple is removed.

Additional options for reconstruction include utilizing the patient's own tissue. These include but are not limited to the TRAM flap: Also known as transverse rectus abdominus musculocutaneous flap, a surgical technique that uses muscle, fat and skin from your own abdomen to reconstruct the breast. This can be performed at the time of the mastectomy, but is more often performed at a subsequent procedure to allow for healing from the mastectomy.

Another procedure which may utilize your own tissue is the OIEP flap: Deep Inferior Epigastric perforator flap which takes tissue from the abdomen as a microsurgical procedure to transfer tissue from your abdomen to you breast. The benefits of this may include fewer disturbances of the abdominal muscles.

In some patients the abdominal tissue is not available for use in reconstruction. In these cases the Latissimus dorsi flap technique: A surgical technique that uses muscle, fat and skin from the back is tunneled under the skin and transferred to the reconstructed breast and remains attached to its donor site, leaving blood supply intact. This option may also include an implant to achieve the shape and volume of the opposite breast.

Reconstructive options following lumpectomy may also be an option if substantial portions of the breast need to be removed but a mastectomy is not indicated. The lumpectomy may alter the nipple position or reduce the shape of the breast resulting in asymmetry with the opposite breast. In such cases, oncoplastic mastopexy procedures on the breast may be performed to achieve symmetry and restore nipple position.

Standard 2.18 - All appropriate patients undergoing mastectomy are *offered* a preoperative referral to a reconstructive/plastic surgeon.

B. Fossett, Quality Management, reported that for Portsmouth Regional Hospital, 2011, 84% of mastectomy patients were offered breast conserving surgery. This study was based on 26 mastectomy patients from 2011. One patient was not appropriate for discussion (advanced tumor protruding through skin). 21 of 25 had discussions about reconstructive surgery (84%). Four patients had no discussion noted. After discussion with surgeons, they indicated that they always have the discussions but may not always document the information. The surgeons will make more of an effort in the future to have this documented.