

POSTMASTECTOMY BREAST RECONSTRUCTION

Any woman who has undergone a mastectomy or will be undergoing a mastectomy should consider breast reconstruction. Breast reconstruction is a quality of life issue and for many women will help maintain or restore their body image and lessen the tendency toward anxiety and depression. Studies demonstrate that a woman's coping abilities in the face of multimodal therapy for breast cancer are better when she undergoes breast reconstruction. Postmastectomy breast reconstruction can be done by a variety of techniques and is often done in two or more stages. Frequently, the normal breast is also treated with reduction, lift, or augmentation for the purpose of symmetry or with a prophylactic mastectomy for the prevention of development of cancer in the opposite breast. Nipple-areolar reconstruction is often done as a final stage. Health insurance routinely covers all stages of breast reconstruction as well as alteration of the normal breast for the sake of symmetry.

There are two main categories of breast reconstruction: autologous tissues reconstruction, which utilizes the patient's own tissues, for example, the TRAM flap (transverse rectus abdominus myocutaneous flap) and the latissimus dorsi myocutaneous flap. Patients who have radiation therapy involved in their treatment or who wish to avoid the use of a prosthetic implant will choose autogenous tissue reconstruction.

Reconstruction with breast implants (either silicone gel, or saline filled) is a simpler procedure and may give highly satisfactory results in patients who do not have radiation involved in their treatment plan. Often a preliminary stage of tissue expansion is necessary when performing an implant reconstruction.

Recent advances in the treatment of breast cancer include nipple-areola sparing mastectomies and immediate implant reconstructions without the necessity for tissue expansion.

Your surgeon at Akron Plastic Surgeons is willing and able to talk to you about all of these various alternatives in breast reconstruction.

BREAST REDUCTION

Women who have large breasts often suffer from several or more of the following symptoms: Neck pain, upper back pain, shoulder pain, deep grooves in the shoulders, tightness or spasm of the trapezius muscle in the shoulders and neck, rash beneath or between the breasts, limited ability to exercise, and frequent headaches. The presence of large breasts and any of these symptoms is termed macromastia. The only effective treatment for macromastia is breast reduction surgery, and this is, in most circumstances, covered by health insurance. In addition to reducing the size of your breasts, your doctor at Akron Plastic Surgeons will lift and reshape the breasts to improve the appearance at the same time that the symptoms of heavy breasts are treated. Ninety-seven percent of women receive partial or complete relief of their symptoms with breast reduction surgery. The most common comment our patients make after breast reduction surgery is, "I wish I had done this years ago." Inevitably, there are scars on the breasts from doing breast reduction surgery, but they fade as time goes by and are hidden by bra or bathing suit. If you think you may qualify for breast reduction surgery, one of our board-certified plastic and reconstructive surgeons will help you make that determination in a simple office visit.