

△ GENERAL INFORMATION

Some women who are scheduled to have their breasts removed because of cancer wish to have a breast reconstruction at the same time.

DIAGNOSIS

The diagnosis of cancer will have been made by a biopsy done before the scheduled mastectomy (Fig. 1). A biopsy of the suspicious tissue and examination of it under the microscope are always done before the breast is removed. Sometimes the diagnosis is made and the treatment is given during the same operation.

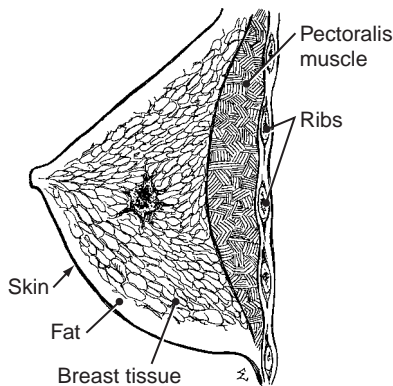


Figure 1. A breast with a cancer in its center. Notice the breast tissue is on top of the pectoral muscles. The pectoral muscles lie on the ribs.

○ TREATMENT

It has been determined that you are not a candidate for breast conservation. The reasons for this have been explained to you.

Characteristics of your cancer indicate that your best option for surgical treatment is to have your breast and the lymph nodes in your armpit removed (a *modified radical mastectomy*) (Figs. 2 and 3).

Several factors determine what can or will be done in performing your reconstruction. They cannot be known for sure before the operation.

- Occasionally, an implant may be put in position immediately, once the breast is removed.
- Sometimes the amount of skin the cancer surgeon needs to remove does not leave enough room for an implant to fit safely. The skin is tight and stretched and becomes pale to blue. There is a risk that if it is left this way, the skin may die and the wound may weaken, exposing the implant and requiring its removal. In such an instance, the prosthesis is not placed in position. Instead, a tissue expander (this is a flattened balloon) will be placed under the muscle and skin. Over a period of several months, the muscle and skin over the tissue expander will be stretched by the surgeon injecting saline (salt water solution) into the tissue expander. When the skin has

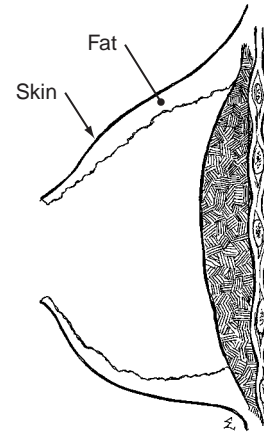


Figure 2. In a modified radical mastectomy, some skin, all of the breast tissue, and the lymph nodes in the axilla (armpit) are removed. The pectoral muscles are not removed.

ballooned up to match that of the opposite breast, the tissue expander will be removed and replaced with a permanent implant in a minor operation (often done on an outpatient basis).

- Occasionally, after the breast is removed, the skin is stunned and the tiny vessels in it (the *capillaries*) clamp down. Because of this, the skin might die if it is stretched too tightly over an implant. If this happens to you, a tissue expander will be inserted, as in the above situation.
- If there are no plans to place an implant or a tissue expander, the excess skin is trimmed and thrown away when removing the breast so that when the wound edges are sewn together the surface will be flat and smooth.
- It will be explained to you how a nipple and areola can be made and the best time to do this.

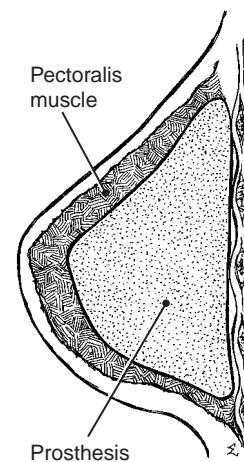


Figure 3. In the reconstruction, the prosthesis is placed under the pectoral muscles and over the ribs. This position gives the skin a better chance to establish a good blood supply from the muscle. Also, the new "breast" feels soft and more natural to the touch.

PREOPERATIVE PREPARATION

- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- If you smoke, stop *now*. Nicotine can make the capillaries in the skin clamp down. This increases the risk that the skin over the prosthesis will die.
- Do not eat or drink anything for 8 hours before the operation.
- Shower as usual on the morning of the operation.
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.

□ OPERATION

- When the cancer surgeon is through with removal of the breast, the plastic surgeon takes over.
- The plastic reconstruction generally takes about 2 hours.
- You will not receive a blood transfusion unless it is absolutely necessary.

POSTOPERATIVE CARE

- You will wake up in a recovery room. When your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room.
- There may be a snug bandage around your entire chest.
- Pain will be controlled with medicine.
- There may be a small plastic tube coming to the outside from right next to the incision. It drains any fluid that may need to come out.
- That evening you will be helped to sit up in bed and on the next day to get out of bed.
- You should be able to go home in 1 to 2 days.
- As with any operation, complications are always

possible, some of them serious. With this type of operation, they can include bleeding, loss of skin as well as the prosthesis, infection, and possibly others.

- Your cancer can be cured. An estimate of your chances can be made only after all the test results are back.
- Arrangements will be made for your medicines, follow-up office visits, stitch removal, discussion of any laboratory reports, and instructions on an arm exercise program.

⊕ HOME CARE

- Continue with the program started while you were in the hospital.
- You may walk about as you wish, even climb stairs.
- After the first change of dressings in the surgeon's office, you will be told when you may begin taking showers and how to change your dressings. In the meantime, sponge bathe as you wish.
- You will be helped to select a bra that is suitable for wearing during the day as well as when you sleep.
- Driving a car with an automatic shift is not too demanding. But if you suddenly have to slam on the brakes or twist to turn the steering wheel, you may strain the sutures or tear something. During your follow-up visit let's discuss when you can resume driving.
- You may resume sexual activity whenever you choose.
- You may return to work when you feel up to it, but let's talk about it first during a follow-up office visit.

℄ CALL OUR OFFICE IF

- The incision becomes red or swollen, or there is drainage from it.
- You develop a temperature higher than 101°F.
- You have any questions.