

## Everything You Wanted to Know About Mammoplasty (Breast Reconstruction)

Like hundreds of thousands of women around the world each year, Helen had a mastectomy to remove a cancerous growth from one breast. And, like many women, she's glad to have caught the disease in its early stages... but that doesn't mean she's completely healed. Since losing her breast, she says she has felt "incomplete." When she's dressed for work, she is self-conscious about the emptiness where her breast used to be. She's tried wearing mastectomy bras and prostheses, but these don't give her the same confidence she used to have. And when she undresses at the end of the day, the scar is always there.

One day Helen talks about this with some of her friends who have also undergone mastectomies. Some are happy with prostheses; others are comfortable simply "going flat." But a couple of them say that having [breast reconstruction](#) was an important part of their own physical and mental recovery processes. After getting the names of her friends' plastic surgeons, Helen decides to look further into breast reconstruction.

Both of the plastic surgeons Helen consults are [board-certified specialists](#) in breast reconstruction, who listen to her and explain her options. Breast reconstruction can be done using implants, donor tissue or her own body's tissue, or a combination of any of these. Choosing to get an implant means Helen will first need to have a tissue expander inserted (several weeks prior to the implant surgery itself). A "flap reconstruction" uses tissue, muscle and fat taken either from a donor or from the patient's abdomen, thighs or buttocks, to sculpt a new breast mound. It's also possible for a flap procedure to be performed first, and then combined with an implant after several months.

Helen chooses the surgeon who has performed the greatest number of breast reconstructions. Even though his office is less conveniently located, it's worth it to her to have the most experienced specialist. Together they settle on a combined "free-flap" procedure with an implant. The flap will use her own fat and tissue, but will not require transplantation of blood vessels. She also ponders whether the implant should be silicone or saline: saline is more expensive, but also longer-lasting, and it best approximates the look and feel of natural breast tissue. Ultimately, she decides to postpone her final decision about the implant until after she sees the result of the flap. Her surgeon reminds her that she will also need to decide whether her remaining breast will need to be [lifted](#), [augmented](#) or even [reduced](#) in order to keep a symmetrical appearance. Her decision is determined partly by her height, weight and overall health, as well as the type of cancer she had and the stage of advancement it was in when removed. But it's also about what will make her feel whole again, like her real self.

The free-flap surgery takes several hours. When Helen awakens from the general anesthesia, her upper body is wrapped in a bandage, and an inserted tube allows fluid to drain. Her surgeon had advised her that she would spend approximately five days in the hospital, but her surgery and post-operative recovery went so smoothly that he sends her home on the fourth day with prescriptions for painkillers, antibiotics and exercises to prevent muscle stiffness. After three weeks, she returns to her regular schedule of daily activities, with all soreness and sutures gone by week six. When Helen has completely healed from her first surgery, she's ready for an implant to complete the look and feel of a natural breast. The second surgery takes less than an hour, again with general anesthesia. The surgeon covers the implant with a fat graft to improve radiation damage and avoid the risk of hardening tissue around the implant. This time Helen is able to go home the same day, and is back to a regular routine within two weeks.

Later, she can decide whether to have a third and final surgery to reconstruct the nipple (using skin grafts). But she's happier and healthier now that she's done something to feel in control of her body again. She's confident, not only about her decision to have the surgery, but in her choice of an [ISAPS-member surgeon](#) with a safe, state-of-the-art [facility](#). And the next time a friend asks her to recommend a plastic surgeon for breast reconstruction, she directs them to the ISAPS website to [find the right surgeon](#) with the highest level of skill and care.