

BREAST RECONSTRUCTION



FREQUENTLY ASKED QUESTIONS



1

WHAT IS BREAST RECONSTRUCTION PROCEDURE?

Breast reconstruction is a surgery to create a new breast shape. It may be done after cancer surgery to remove your whole breast which is mastectomy or part of the breast which is lumpectomy or breast-conserving surgery.



2

WHEN IS BREAST RECONSTRUCTION IS DONE?

You may have breast reconstruction done at the same time as a mastectomy or breast-conserving surgery (immediate reconstruction) or months or years later (delayed reconstruction).



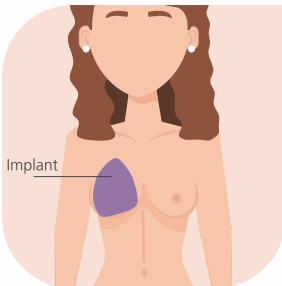
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WHAT ARE THE TYPES OF BREAST RECONSTRUCTION?

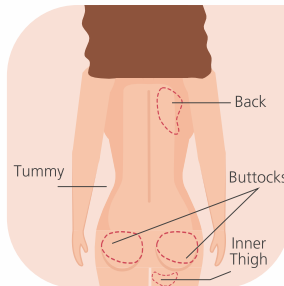
Breast reconstruction can be done using:

- 1) A breast implant
- 2) Your own tissue from another part of the body (Autologous)
- 3) A combination of an implant and your own tissue

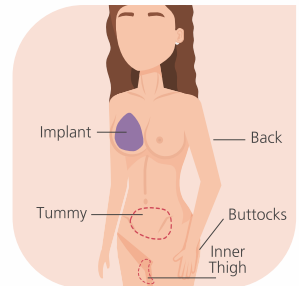
Your doctor will discuss with you regarding the benefits and limitations of the options suitable for you.



Breast Implant



Own Tissue (Autologous)



Implant + Own Tissue

? 4

WHY HAVE BREAST RECONSTRUCTION?

Breast reconstruction helps restore your natural appearance and to regain confidence after breast cancer surgery. Surgery for breast cancer is likely to affect how you look and feel. It is important you make a decision based on what is right for you. Having breast reconstruction will not increase your risk of the breast cancer coming back (recurrence).



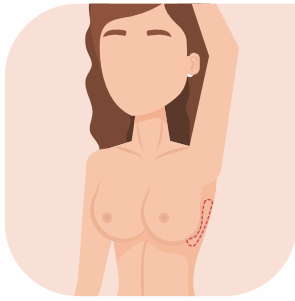
PARTIAL RECONSTRUCTION WITH BREAST-CONSERVING SURGERY

Surgical oncoplastic techniques can be used to maintain the shape and symmetry of the breast when the cancer is removed. During the same operation to remove the cancer, the remaining breast tissue can be repositioned to shape the breast and fill the area where the cancer was removed which is known as **THERAPEUTIC MAMMOPLASTY**.

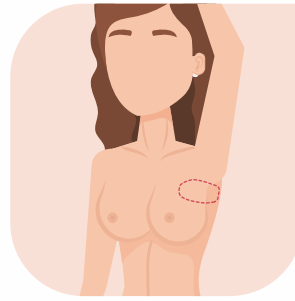
Partial breast reconstruction can also involve replacing breast tissue using skin and fat from the side of the chest or the back.

These procedures include:

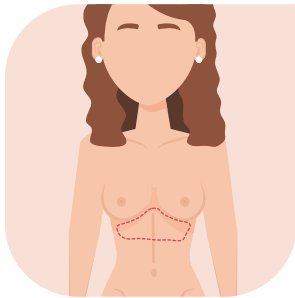
- LICAP (Lateral Intercoastal Artery Perforator) flap
- LTAP (Lateral Thoracic Artery Perforator) flap
- AICAP (Anterior Intercoastal Artery Perforator) flap
- MICAP (Medial Intercoastal Artery Perforator) flap



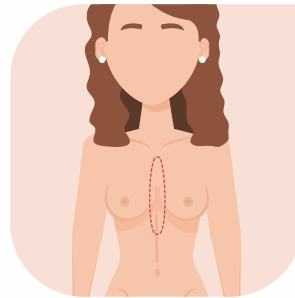
LICAP:
Tissue is taken from the
side of the chest, near
the ribs



LTAP:
Tissue is taken from the
upper side of the chest
near the armpit



AICAP:
Tissue is taken from the
front of the chest,
around the rib area



MICAP:
Tissue is taken from the
inner side of the chest,
close to the breastbone

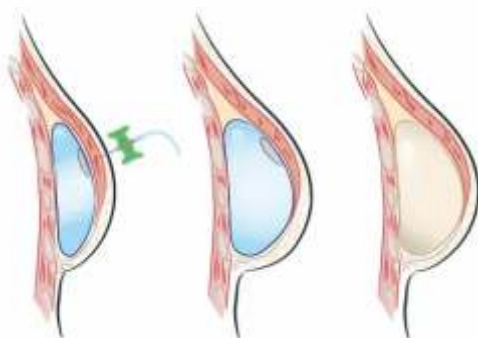


HOW CAN THE APPEARANCE OF THE BREAST BE IMPROVED AFTER PARTIAL RECONSTRUCTION?

Lipomodelling or fat grafting may be used after breast conserving surgery to improve the appearance of the breast.

IMPLANT BASED RECONSTRUCTION

Breast implants made of silicone or saline can be used to restore the shape and volume of the breast after a mastectomy. Implants can be used in immediate or delayed reconstruction. They can be combined with Acellular Dermal Matrix (ADM) which is 'medical leather' to provide extra coverage and support.



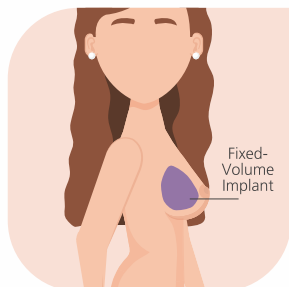
ADVANTAGES & DISADVANTAGES OF IMPLANT-BASED RECONSTRUCTION

The operation is usually quicker than and recovery time is usually shorter than breast reconstruction using your own tissue. However, implants can feel firmer, colder and move less naturally than reconstruction using your own tissue. You may need surgery in the future to replace the implant if it gets damaged or if you develop hardening around the implant. If you are planned for radiotherapy or have had it before you may not be a good candidate for implant-based reconstruction.

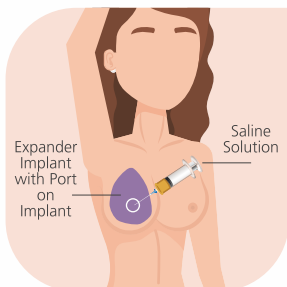


6 HOW IS AN IMPLANT-BASED RECONSTRUCTION DONE?

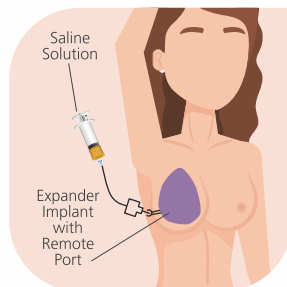
Immediate reconstruction: It can be done as a single or 2-stage procedure. In a single stage, fixed-volume silicone implant is inserted in front of or under the chest muscle at the same time as your mastectomy. In a staged procedure, you have a temporary tissue expander implant which is expanded over time and later replaced with a fixed-volume silicone implant.



Fixed-Volume Implant
may be placed under or in front of the chest muscle



Expander Implant
is filled with salt water through a port (valve) under the skin



Expander Implant
The port may be remote, which means it is connected to the implant with a small tube

Delayed reconstruction: A tissue expander implant is placed either in front of or behind the chest muscle, usually through the mastectomy scar. The expander is gradually inflated over time using saline. Once it has been fully inflated, the expander implant may be left in place or it may be replaced with a fixed-volume silicone implant.



HOW LONG DO IMPLANTS LAST?

Most breast implants are expected to last between 10 and 20 years and will probably need replacing at some point. However, you do not need to have your implant replaced unless you are having problems with it.

RECONSTRUCTION USING YOUR OWN TISSUE

This type of breast reconstruction uses your own tissue, including the skin, fat and sometimes a muscle, to create a new breast shape. The tissue used to create the breast shape is called a flap which is an autologous reconstruction. Most common donor site is from your tummy (lower abdomen), but can also be taken from the buttock or inner thigh. Reconstruction using your own tissue can be used in immediate or delayed reconstruction.



WHO MIGHT BE OFFERED RECONSTRUCTION USING THEIR OWN TISSUE?

Women with larger breasts that have a natural droop may be more suited to this technique. Flap reconstruction is commonly used in delayed reconstruction, particularly if you have had radiotherapy. This is because radiotherapy can increase the risk of complications with implant reconstruction. Women who do not want to have an implant may feel using their own tissue is a better option.



HOW RECONSTRUCTION USING YOUR OWN TISSUE WILL LOOK AND FEEL?

Using your own tissue means the reconstructed breast will look and feel more similar to your natural breast, compared to using an implant. Reconstruction using tissue instead of an implant may also provide a better match with your other breast in the long term as it changes more naturally by gravity, ageing and weight change.

ADVANTAGES & DISADVANTAGES OF RECONSTRUCTION USING YOUR OWN TISSUES

The appearance and feel can be much closer to your natural breast, when compared to implant reconstruction. If you gain or lose weight the reconstructed breast will change in a similar way to the other breast. This is longer surgery with extended recovery however you are less likely to need future revision procedures. There are additional scars from donor area but you will get a tummy tuck / thigh contouring at the same time.

DIEP (DEEP INFERIOR EPIGASTRIC PERFORATOR) FLAP

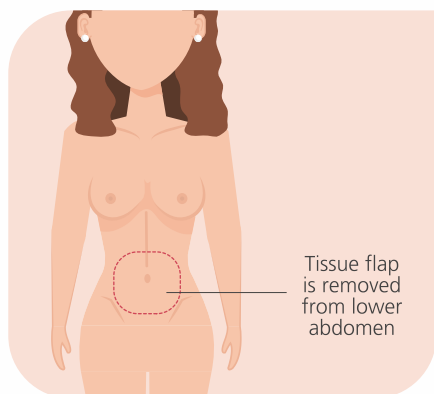
The most commonly used flap reconstruction is a DIEP flap.

A DIEP reconstruction uses a free flap of skin and fat, but little or no muscle, to form the new breast shape.

The flap is taken from the lower abdomen.

It includes the skin and fat between the belly button and the groin, along with the blood vessels.

As little or no muscle is removed, the strength of the abdomen is usually not affected.



LD (LATISSIMUS DORSI) FLAP

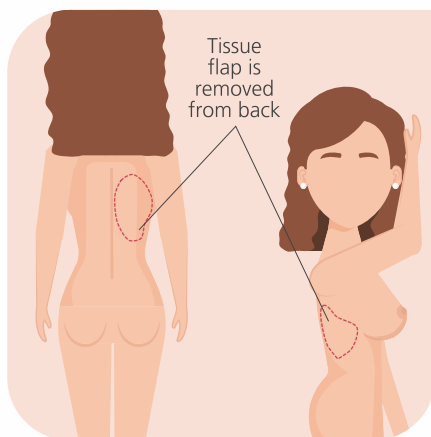
This procedure uses a large muscle in the back just below the shoulder blade, known as the latissimus dorsi muscle.

The skin, fat, muscle and blood vessels are moved from the back but remain attached to the body at the end nearest the armpit.

The flap is brought round to the front of the body to lie on the chest wall and form the new breast.

It's sometimes necessary to use an implant under the flap to help create a breast that's a similar size to the other one.

Some women may notice weakness or stiffness in the shoulder during everyday activities.



RECONSTRUCTION USING TISSUE FROM THE THIGH

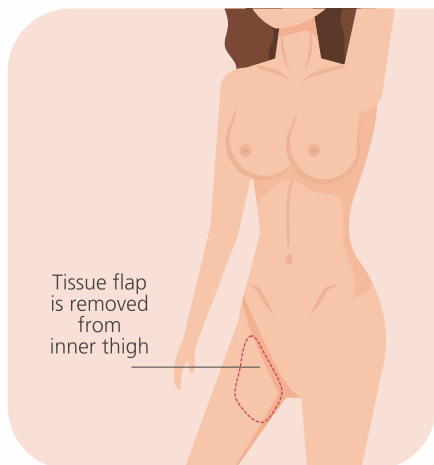
A number of free flap procedures involve taking tissue from the upper, inner thigh.

These include:

- TUG / TMG (Transverse Upper Gracilis / Transverse Myocutaneous Gracilis) flap
- DUG (Diagonal Upper Gracilis) flap
- PAP (Profunda Artery Perforator) flap
- LTP (Lateral Thigh Perforator) flap

These procedures may be suitable for women with small or medium-sized breasts with low abdominal volume.

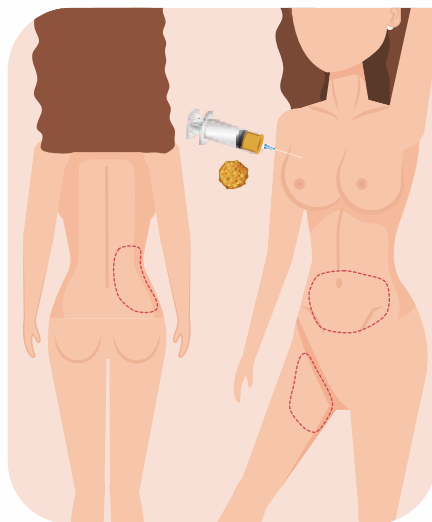
The inner thigh fat generally feels soft and, therefore, similar in texture to the breast fat.



FAT TRANSFER (LIPOMODELLING)

This technique involves taking fat from certain areas such as the tummy, thigh or lower back, and injecting it into the breast.

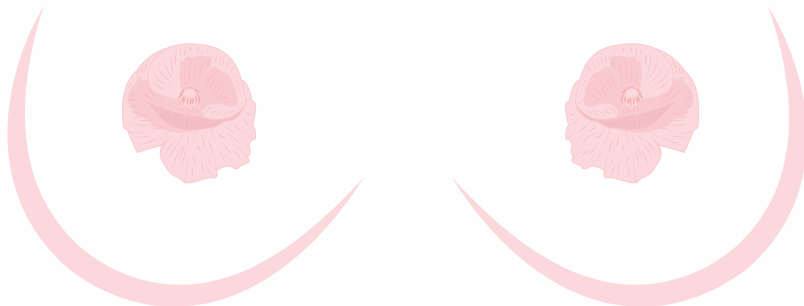
It can be used after breast-conserving surgery to improve the appearance of the breast or after breast reconstruction to adjust the size or shape of the breast.



NIPPLE RECONSTRUCTION, TATTOOING AND PROSTHESES

If it's not possible to keep your nipple when you have a mastectomy and reconstruction, a nipple can be created, usually at a later date.

This can be done using surgery or a nipple tattoo, or a combination of both. Some people feel it's the final part of their reconstruction while others choose not to have it done.



NIPPLE RECONSTRUCTION

Your surgeon can then position the new nipple to match the opposite side. Nipple reconstruction involves using part of the skin from your reconstructed breast to create a nipple.

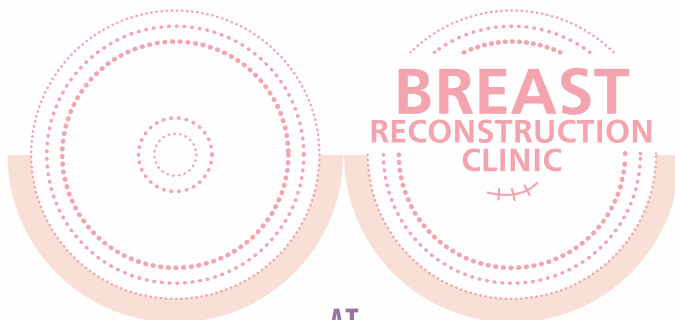
It's usually done as day surgery. Your surgeon can talk through the operation and the risks and benefits with you.

NIPPLE AND AREOLA TATTOOING

Nipple and areola tattooing is an option if you have had a nipple reconstruction. It can give a more natural appearance and match with the opposite breast.

Disclaimer: This leaflet is for general information and does not replace advice during clinical consultation. For more information please book a consultation with the Consultant Plastic Surgeon at Fortis Hospital, Mumbai.

INTRODUCING OUR EXPERTS



AT FORTIS HOSPITAL, MULUND DEPARTMENT OF A PLASTIC SURGERY



DR. RACHANA TATARIA

Consultant
- Plastic, Reconstructive &
Aesthetic Surgeon

ABOUT

Dr. Rachana Tataria, trained in India and UK, is a highly experienced plastic surgeon with over a decade of expertise in plastic, reconstructive, and aesthetic procedures, specializing in breast reconstruction, including microvascular and oncoplastic techniques. Her practice focuses on breast surgeries such as augmentation, reduction, and lifts, often combined with body contouring for comprehensive transformations. Dr. Tataria delivers compassionate, personalized care, prioritizing patient wellbeing and safety.

EDUCATION

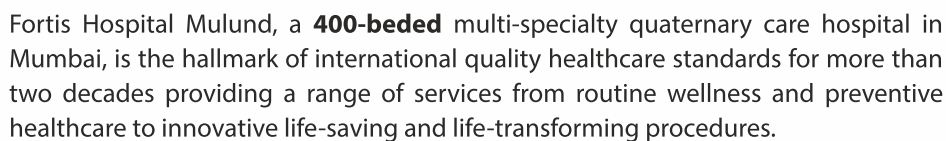
- MCh (Plastic surgery)
- DNB (Plastic surgery)
- FRCS (Plastic surgery), UK
- Oncoplastic Breast Surgery Fellowship (RCS, England)

SERVICES OFFERED

- Breast reconstruction microvascular procedure - DIEP flap, TUG flap etc.
- Breast reconstruction other procedures - Local flap, LD flap, Implant based etc.
- Prophylactic mastectomies and reconstruction for high risk patients (e.g. BRCA1, BRCA2 genes etc.)
- Aesthetic & Cosmetic procedures - Breast asymmetry, Breast augmentation, Breast reduction, Breast lift, Tuberous breasts, Congenital anomalies etc.
- Nipple reconstruction & Correction surgeries
- Abdominoplasty, Tummy tuck
- Liposuction, Lipofilling
- Body contouring, Arm lift, Thigh lift etc.
- Mummy Makeover
- Male Rejuvenation - Gynecomastia, Liposuction, Body contouring, etc.
- Labiaplasty

NOTES

Handwriting practice lines consisting of 20 sets of horizontal dotted lines for writing practice.



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