Patient information sheet – Breast Cancer Reconstruction

What are the usual cancers of the breast?

The most common breast cancer is Ductal carcinoma. Others are Lobular carcinoma, Giant Phylloides tumour, Angiosarcoma, Lymphoma etc.

Breast cancer can spread to your lymph nodes in the arm pit, neck and chest. It can also spread remotely to lungs, liver brain and spine.

How is it diagnosed?

After a thorough physical examination by your onco surgeon/breast surgeon, we might order a Mammogram, Ultrasound and tissue biopsy. Further tests could be conducted depending on the extent of the disease – Like a USG Abdomen scan, Spine X ray, Chest X ray, CT scan of head etc to check for spread of cancer to other areas.

How is it treated?

After a multidisciplinary meeting involving the cancer surgeon, plastic surgeon and medical oncologist, a management plan is usually charted out. The treatment could be a combination of surgery, radiotherapy and chemotherapy.

What is the surgical management?

The Onco surgeon/ breast surgeon usually cuts the cancer out with ample amount of normal margin around the cancer. The defect thus created is reconstructed by the plastic surgeon using your own tissues or sometimes with the help of implants additionally.

The most commonly done reconstruction of the breast is by using the tissue from your tummy (DIEP flap/ MS-TRAM flap). This has the advantage that you also a get a tummy tuck operation along with the reconstruction of the breast.

If you do not have enough tissue in the tummy or if the size of your normal breast is very small, we might use the upper thigh skin (TUG flap) to reconstruct the breast.

In some cases an implant along with tissue from your back (LD flap) is used for reconstruction.

All the above is done using microsurgical principles using an advanced operating microscope to join the blood vessels from the donor site to recipient site.

What does the surgery involve?

The patient will be seen by our anaesthetist before the surgery. The surgery is conducted under general anaesthesia and takes about 5-6 hours depending upon the surgical plan. After the cancer surgeon cuts the cancer out, the plastic surgeon reconstructs the defect depending on the tissues lost and the condition of the patient. Sometimes, silicone implants might be required. Draining tubes will be placed in your breast, armpit and tummy. Blood transfusion is also required at occasions. Blood thinning medications are given to keep the blood vessels patent. Patients usually spend the first night in the ICU and later shifted to the ward the next day.

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What happens after surgery?

Strict monitoring of the flap will be done continuously by doctors and nurses. Regular blood tests are also conducted. You will have IV fluids given continuously to maintain hydration. You will be advised to wear a comfortable sports bra after surgery. The tubes from the breast, armpit and tummy will be removed gradually. You will be discharged from the hospital usually after 5-6 days. There will be a follow up appointment after 1 week to check the wound and the stitches are removed. You will then have regular follow ups with your cancer surgeon and plastic surgeon until wound heals.

What complications can I expect?

Infection, bleeding, swelling, bruising and pain are common complications that can happen. The pain will be managed by our acute pain service team while in the hospital. One of the main complication is flap failure due to blockage of blood vessels. In that case, we might have to take you back to the operating theatre to establish blood flow again. In very rare circumstances, there might be total loss of flap requiring redo operation. Recurrence of the cancer is also an issue to be borne in mind.

What are the additional procedures that I might require?

After the primary operation to reconstruct the breast, there might still be asymmetry between your breasts. You might require a breast lift or reduction on the normal side to achieve symmetry. In addition, you also might require some fat grafting to smoothen out the breast. Both these things can be done together after 3 months of the first operation.

Later, you might need a minor procedure to reconstruct the nipple, under local anaesthesia. The areola also can be created using tattooing.

I have a few more questions. What do I do?

Kindly write to us at contact@drvybhavderaje.com. We will be happy to reply to any of your questions and concerns.

Disclaimer: This information sheet is for you to get a general idea about the condition and surgery. This is in no way a substitute for a formal consultation with your doctor.

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