Reconstructing Beauty

Mr Gary Ross gives an insight into the serious side of breast surgery

The diagnosis of breast cancer can be devastating and decisions regarding reconstruction are often seen as a secondary consideration when dealing with so many other painful issues. However, women often feel that breast reconstruction is essential to recovering their self-confidence once the ordeal is over, and for those women there are different options available.

Patients may undergo autologous reconstruction at the same time as the initial mastectomy or may choose to wait until after mastectomy and subsequent oncological treatments such as chemotherapy and radiotherapy.

A careful discussion with the surgeon is imperative to guide the patient in the decision making process. This often requires multiple consultations with both the doctor and the specialist reconstructive nurse within a multidisciplinary oncological team.

Breast reconstruction can be provided by either autologous or non-autologous tissue, or a combination of both techniques. Non-autologous methods of reconstruction include the use of tissue expanders and implants. Autologous reconstruction uses one's own tissue. The advantages of this are that the tissue ages naturally and the reconstruction changes minimally with time.

Initially, an autologous reconstruction may be more time consuming in terms of surgery and recovery, however the benefits often outweigh the risks. It is important that the surgeon discusses the pros and cons of each form of reconstruction with each patient individually to determine suitability.

For autologous breast reconstruction the gold standard technique is the deep inferior epigastric perforator flap (DIEP), which is a modification of the transverse rectus abdominis muscle flap (TRAM).

> "The most important aspects of breast reconstruction include size, shape and symmetry"

With newer techniques to protect the muscle and its function (DIEP), tissue from the abdomen can be used to reshape the breast with minimal side effects to the abdomen. The tissue that would normally be excised during a cosmetic tummy tuck is dissected carefully with its blood supply (the diep inferior epigastric artery) to avoid damage to the tummy muscles creating a flap of tissue.

Blood vessels in the chest or the armpit are also dissected free and the artery and veins of the veins in the chest and the veins in the tummy tissue are sutured together using fine suture material under a microscope. The tummy is closed in the same way as a tummy tuck or abdominoplasty and the new tummy tissue is reshaped onto the chest wall to create a new breast.

The most important aspects of breast reconstruction include size, shape and symmetry. The initial operation provides the basis with which the surgeon can mould the final result. Often a second operation is required in order to achieve these goals.

With increasing refinements such as lipo modelling – combining liposuction (removal of fat) and autologous fat transfer (injection of fat) – the new breast can be remodelled to give an even more natural result. This can be combined with a nipple reconstruction to give a result that is similar in size, shape and symmetry.

The advent of microsurgery in the field of plastic, aesthetic and cosmetic practice has made the provision of this form of autologous reconstruction more widely available. Although it is not suitable for everyone and can never replace the original breast tissue, those that choose this form of surgery benefit from longer lasting breast aesthetics and abdominal contour.

As with all aesthetic surgery, autologous breast reconstruction is not without its inherent risks and these need to be discussed with surgeons experienced in this highly specialised form of breast reconstruction.

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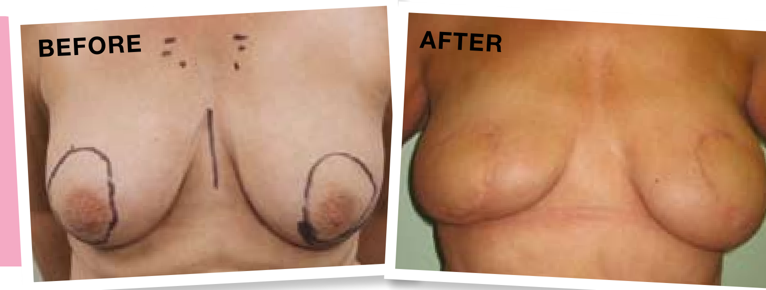
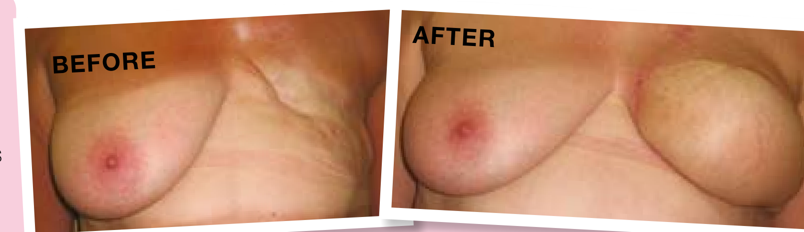
Case one

Immediate breast reconstruction following breast reconstruction can be performed not only on one side but also on both sides in carefully selected patients. Often size, shape and symmetry can be



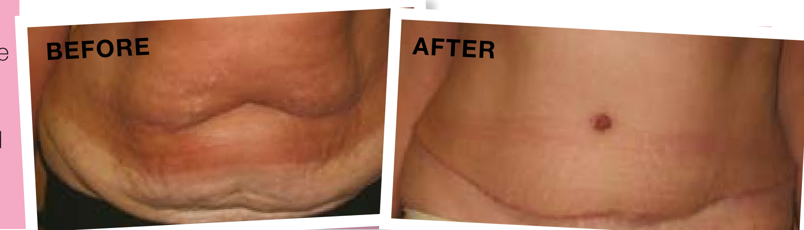
Case Two

In this case the patient chose to undergo mastectomy and adjuvant therapy before undergoing breast reconstruction using an autologous DIEP flap harvested from the abdomen.



Case Two continued

The abdomen is closed in the same way as an abdominoplasty to give a rejuvenated abdominal contour. Although there are risks associated with weakness of the abdominal wall these are less than 5%.

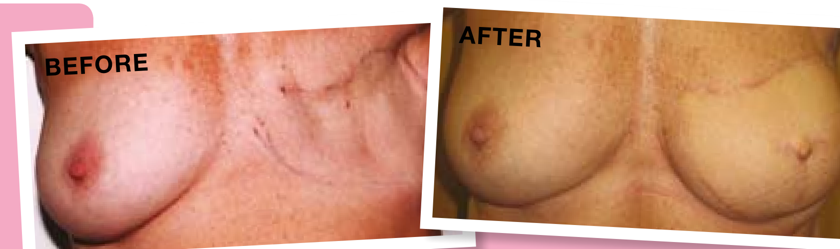


Case Four

This lady underwent a delayed breast reconstruction with a DIEP flap that was followed up subsequently by lipo modelling and flap adjustment to give a more symmetrical result.

Case Five

This lady underwent reconstruction with a DIEP flap and lipo modelling followed by nipple reconstruction to give the final long lasting result



Available from: Breast reconstruction surgery following cancer treatment should be offered free of charge on the NHS. To find out more about your rights and options, visit www.nhs.uk.
Mr Gary Ross offers a wide range of plastic, reconstructive and aesthetic surgical procedures both on the NHS, at The Christie Hospital in Manchester and within his private practice at the BMI Alexandra Hospital, Cheshire. For more information, call 0800 955 8551, or visit www.garylross.com