



# BREAST RECONSTRUCTION

**T**HE BREASTS ARE ONE OF THE symbols of femininity, so being diagnosed with breast cancer that requires mastectomy is a double blow for a woman – having a cancer diagnosis and having to lose her breast. Some women may not feel the loss of their breast so acutely, but for other women it is a big blow to their self-confidence and self-image.

Breast reconstruction is surgery to rebuild a breast. This is most often done when a woman loses her breast (or breasts) to cancer; less often, it is done for women who have abnormal or absent development of one or both breasts.

The reconstructed breast can look and feel very natural. Even though there will be surgical scars, in clothes, a woman can look normal, and it may be impossible to tell that she has had surgery. The surgical scars vary depending on the nature of the reconstruction and also the timing of reconstruction. Sometimes, reconstructed breasts can be virtually scarless.

Reconstructive options can broadly be divided into: 1) methods which use tissues from a woman's own body – usually the tummy or back, 2) the use of an implant, and 3) a combination of these two methods. There are advantages

and limitations to the different methods, and the choice depends on various factors, such as the cancer treatment, the availability of

tissue on the woman's body, the woman's lifestyle and her expectations from the reconstruction.

For breast cancer reconstruction, surgery can be performed either at the same time as the removal of the breast (mastectomy) – immediate reconstruction; or at a later date, after completion of mastectomy and chemotherapy or radiotherapy – delayed reconstruction.

Immediate reconstruction offers the advantage of preserving the skin of the original breast. In cases where all of the breast skin can be preserved, the reconstructed breast is virtually scarless. The other advantage is that the woman wakes up from her mastectomy with a "new" breast already there – so that she does not have to endure the psychological effects of losing her breast.

Some ladies decide several years later to have their breast reconstructed. These ladies may have been conscious of the loss of their breast for some time, which can affect their self-confidence, or even affect their relationships with their spouses. The lack of a breast on one side can also make it difficult for them to wear certain clothes or undergarments.

A question commonly asked is: What if the cancer recurs or occurs in the other breast? The chances of the cancer recurring on the same side are low because the breast tissue would have been removed already. However, if cancer occurs in the opposite breast, that will need to be treated accordingly. If mastectomy is necessary, there is also the option of reconstruction of the opposite side. If the woman has a high risk of developing cancers in both breasts, there is the option of bilateral mastectomies and simultaneous reconstruction.

Reconstruction does not interfere with cancer treatment. Generally there is not much change in the reconstructed breast over time but if a patient has radiotherapy, the shape may change or the breast may become smaller over time. Touch-up procedures can then be done to counter these changes. ■



**DR KAREN SNG**  
Plastic Surgeon  
MBChB, MRCS(Edinburgh),  
MMed (Surgery) (Singapore),  
FAMS (Plastic Surgery)

The Plastic Surgery Practice @ Orchard  
3 Mount Elizabeth #12-02  
Mount Elizabeth Medical Centre  
Tel: 6235 7565  
[www.karensng.com.sg](http://www.karensng.com.sg)