

# **Breast Reconstruction**

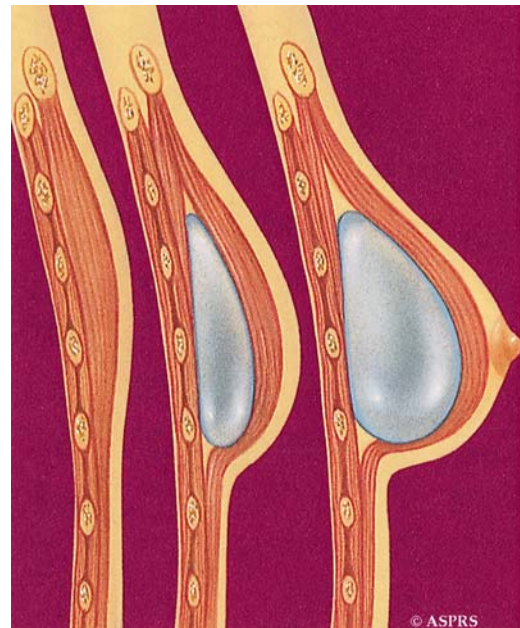
**by Schuyler C. Metlis M.D., F.A.C.S.**

With October being Breast Cancer Awareness Month, it is an appropriate time to write about breast reconstruction. The number of women who get breast cancer seems to be ever rising, and although many are treated by more limited surgical procedures such as a lumpectomy or quadrantectomy followed by radiation therapy, there are still many women who require or choose to have a mastectomy, which is the complete removal of the breast.

Some of these women have a mastectomy as the treatment for a primary or first time breast cancer. Others have a mastectomy because their cancer has recurred after previous treatment.

The subject of this article will be limited to reconstruction with breast implants.

For a woman who is having a mastectomy, an expander implant, which is like a balloon, can be placed under the pectoralis muscle, which lies immediately behind the breast, at the time that the mastectomy is performed. (Figure 1) This can also be done as a secondary operation if the woman did not have reconstruction at the time of the mastectomy. After the wounds heal, the surgeon can place a needle through the skin into the implant and inject saline (salt water) to blow the implant up like a balloon. This is done gradually to stretch the skin. After the skin is stretched sufficiently so that the desired breast size has been reached, additional saline is placed to overstretch the skin, so that when a permanent implant is placed, there will be more appearance of the natural shape or droop of the breast.



**Figure 1**

For a woman who has had a previous limited procedure with radiation, there is a greater risk in trying to stretch the skin. Although reconstruction in women who have had radiation has been done with an expander implant as described above, often additional tissue is brought in from the back to provide more healthy tissue in the area and to avoid trying to stretch skin that has been treated with radiation.



**Figure 2**



**Figure 3**

The muscle that is moved is known as the latissimus dorsi muscle, and it is usually moved with some of the overlying skin in the shape of an ellipse. (Figures 2 & 3) This results in a scar on the back, usually vertical and toward the side. At the time the muscle flap is moved, an implant can be placed behind it and the pectoralis muscle that remains on the front of the chest. Although an expander implant can be used and the breast made bigger, often a permanent implant is placed at that time.

Except for the case when a permanent implant is placed below a latissimus flap, after waiting a few months for the skin to stay stretched, a second operation is performed and a permanent implant is placed. The recovery from this second operation is usually much easier. At the same time, if necessary, the other breast can be adjusted by repositioning it on the chest wall, or making it smaller or bigger depending on what is needed.

At a later time a nipple can be made to complete the reconstruction of the breast.

If you have need or want more information about breast reconstruction, please call for an appointment.

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