

Breast Reconstruction

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

Yesterday I revised the breast reconstruction of a woman who had undergone reconstruction of her breasts five years ago (after bilateral mastectomies) by a well-advertised plastic surgeon practicing in the community. When she saw me for a consultation, she complained about the appearance of her breasts, that they had bands across them, or ripples, and that they always felt tight.

In addition to the bands, her breasts were round in shape, somewhat like half-cantaloupes on her chest. She did not want her breasts to be any bigger, just to look better.

When I saw her this morning for her post-operative visit, she had a big smile on her face, no more tightness, and normal looking breasts. I asked when her breasts had first developed the bands. She told me that they were present immediately after her previous reconstructive surgery.

When I told her that I had actually used implants that were bigger than the ones I had removed, she was surprised, because to her, even with the post-surgery swelling, due to the more normal shape, her breasts looked smaller (which is what she had wanted).

A few weeks ago I operated on another woman who had undergone reconstruction of her breasts (after bilateral mastectomies) a few years ago by another well-known plastic surgeon in the community. Although she initially came in for a problem with skin breakdown that forced her to undergo several additional surgeries, when she first came to see me, her breasts were horizontal, that is, wide, short, and tight, and did not look natural.

When she completed her repeat reconstruction/revision process, she too had a big smile on her face, and normal looking breasts.

What did these women have in common? A normal “ideal” female breast, except when it is very large, is usually taller than it is wide. Neither of them had been reconstructed with implants designed to recreate that normal breast configuration.

The first patient also had very little fat under her skin. Her reconstruction was done with saline (salt water) filled implants. Saline implants are more likely to show rippling than silicone gel-filled implants. Clearly saline implants were a poor choice, as the patient noticed from the beginning that her breasts had bands, or rippling.

Although decisions about breast reconstruction often have to be made more rapidly than the choice of which plastic surgeon to see for a breast augmentation or enlargement (that operation should also be done with consideration of ultimate breast shape) there is time to discuss the reconstructive process and expected end results before surgery. There is also time to seek out a second opinion.

You are also entitled to have your insurance company pay for surgery on your other breast, like a lift or a reduction, or even an enlargement, to make it a better match, even if only one is being removed.

Make sure you are comfortable with, and understand what you are being told.

What if you have already undergone reconstruction and are unhappy with the result? Most of the time (there are exceptions) surgery can be done to improve the configuration of your breasts.

With certain limitations, you should be able to have reconstructed (or augmented) breasts that look like breasts, not round melons on your chest.

To find out if your reconstructed breasts can be improved to have a more normal appearance, or if you have to have a mastectomy and want information or a second opinion about reconstruction, call for an appointment.

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