

Shands HealthCast - December 2008 Breast Reconstruction Surgery

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Intro:

Welcome to another Shands HealthCast brought to you by Shands HealthCare. This HealthCast features a discussion about breast reconstruction surgery with Dr. Jamie Ranieri, an assistant professor of surgery with the University of Florida College of Medicine - Jacksonville. Dr. Ranieri sees patients at the UF Plastic Surgery Institute of Jacksonville and at Shands Jacksonville. For more information about breast reconstruction, please call (904) 633-0130 or visit <http://jax.shands.org>.

Dr. Ranieri:

Breast reconstruction is achieved through several plastic surgery techniques that attempt to restore the breast to near normal shape, appearance and size following mastectomy (removal of the breast). While mastectomies are typically performed for the treatment of breast cancer, patients may also undergo prophylactic mastectomy to prevent the development of breast cancer. Such a difficult decision is often made by a patient that has a very strong family history of breast cancer such as a mother, sister or aunt being diagnosed with breast cancer at a very young age.

At Shands Jacksonville we offer genetic testing for the breast cancer gene – BRCA 1 or 2 genetic mutations – that increases a woman’s likelihood of developing breast cancer. According to estimates of lifetime risks, women with an altered BRCA 1 or BRCA 2 gene are three to seven times more likely to develop breast cancer than women without alterations in those genes. These patients may undergo testing, and if found to carry the breast cancer gene they may opt for mastectomies in order to decrease their risk for developing breast cancer.

There are two categories of surgical procedures involved in breast reconstruction. Breast reconstruction can be performed utilizing implants or by using the patient’s own tissue.

The first category is implant reconstruction, which is a two-stage operation. This type of reconstruction can be performed at the same time that the patient undergoes a mastectomy. The procedure involves placing a tissue expander underneath the chest muscle, or pectoralis muscle. A tissue expander is specifically designed to stretch the overlying chest wall muscle and the skin that is remaining after your mastectomy. The tissue expander is placed and your breast incision is allowed to heal. Approximately two weeks after your surgery, the expansion of the tissue expander will start. This is an office procedure that takes approximately 10 minutes to perform. Typically the expansion is carried out on a weekly basis for four to eight weeks. Once

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the desired breast size is reached the expansion is complete. Most commonly patients may work during their expansion period and experience only mild to moderate discomfort. Although each patient is different, most patients will tolerate expansion with a non-narcotic pain medication such as Tylenol and ibuprofen. Once the expansion is complete the patient is scheduled in the following weeks for removal of the tissue expander and placement of a permanent breast implant; typically a silicone cohesive gel implant. This is an outpatient procedure with a short recovery time. Patients well suited for this type of reconstruction are those who prefer a less complicated, shorter procedure with limited recovery time and less surgical scars. Typically patients that are of normal weight with breasts that do not droop or sag excessively are good candidates for this type of reconstruction. In addition, patients that do not need radiation as part of their breast cancer treatment are also good candidates for this type of reconstruction.

The second type of breast reconstruction is called autologous breast reconstruction. In this type of reconstruction, the breast is recreated using your own tissue that is taken from your back, abdomen, or less commonly the buttock area, with or without placement of a breast implant. When the muscle is taken from your back, in combination with a small to medium size area of overlying skin, and the tissue tunneled through your axilla to the mastectomy site; it is called a latissimus dorsi flap. The muscle used is your latissimus muscle, which is a thin muscle found in the mid portion of your back. The latissimus flap is used in combination with a tissue expander and like tissue expander reconstruction alone, the tissue expander is expanded in the office on a weekly basis. This procedure brings skin, fat and muscle from the back, which is beneficial for breast skin and fat that has been damaged from radiation that will not stretch adequately with a tissue expander alone. This type of reconstruction creates a more natural droop or sag to the breast. The patient will need to stay in the hospital for approximately two days after this procedure for pain control and is released from the hospital with a surgical drain in place, which is easily removed in the office.

Another type of breast reconstruction that we perform is called a TRAM (transverse rectus abdominis myocutaneous) flap. This reconstruction technique uses your own tissue taken from your abdomen, usually without the use of a breast implant. In this type of reconstruction, one of the two rectus abdominis muscles, in addition to the overlying, attached skin and fat is transferred from your abdomen to the mastectomy site. In some cases the muscle can be spared. The patient is left with a flatter abdomen and an incision located below the belly button similar to an incision used for a tummy tuck procedure.

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The disadvantages of this procedure are that the recovery time is longer and there is a longer hospital stay; typically up to four to five days. You'll have an abdominal scar in addition to the scars on your breast and your abdomen will be weaker. If you have young children you will not be able to pick them up for approximately four weeks after your procedure, to lower your chances of developing a hernia or experiencing healing complications. This procedure is not recommended for current smokers, or those who have recently quit.

If you or your primary care physician detect a lump or change in your breast exam, you should be referred to our multidisciplinary breast clinic. We know that this is an extremely difficult time for patients and their families, and we want to make the diagnosis and treatment of your breast cancer as pleasant as possible.