

# Breast reconstruction after cancer using abdominal tissue

October 20 2016, by Dipali Pathak

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In addition to being faced with the diagnosis of breast cancer, many women also are faced with making several important decisions, including whether to have breast reconstruction surgery. According to a plastic surgeon who specializes in breast reconstruction at Baylor College of Medicine, when making this decision, women should consider all of the options available to them, including techniques that use a patient's own abdominal tissue to rebuild their breasts.

"Once patients and their cancer physicians have decided on whether a partial or total mastectomy is necessary, women who are interested in [breast reconstruction](#) will typically see a [plastic surgeon](#) to discuss the various options. It's a multidisciplinary approach," said Dr. Sebastian Winocour, assistant professor of surgery in the division of plastic surgery at Baylor, who also a member of the NCI-designated Dan L Duncan Comprehensive Cancer Center.

Depending on the circumstances, patients can choose to have the reconstructive surgery at the same time as the mastectomy or wait until after the cancer is treated. Results are typically improved when done immediately; however, immediate reconstruction is not always possible. Patients can frequently choose between two types of reconstruction surgeries: implant-based or autologous reconstruction.

Implant-based surgery is usually done in two stages. The first stage involves placing tissue expanders that are slowly inflated and then replacing the expanders with implants a few months later. The skin after

a mastectomy frequently is too fragile to immediately place the implants, although it can be done in rare circumstances. The surgery is a shorter procedure up front with less recovery time, but over the long-term, patients usually require a revision every 10 to 15 years.

Autologous surgery involves using the patient's own tissue to build the breast. It's a longer surgery up front, about eight to 10 hours, and involves taking tissue from the abdomen to build the breasts. When the tissue is harvested from the abdomen, surgeons also preserve a small artery and vein and connect it with the artery and vein behind the cartilage of the ribs to keep the tissue alive. Plastic surgeons then shape it into a breast and can even build nipples later on. The procedure offers similar results as a tummy tuck.

"Over the long term, this type of reconstruction holds up better and people are generally much more satisfied with it," said Winocour.

"Because we are using tissue, it drapes more naturally. Patients are also very happy with the new shape of their abdomen."

The recovery is a longer one compared to the implant-based surgery. The best candidates for the autologous surgery are generally in good health, have adequate abdominal tissue in order to achieve their desired breast cup size and have finished having children.

In the U.S., 70 percent of breast reconstructions are implant-based, but Winocour said patients who are candidates for both procedures should be presented with all available options and should weigh the risks and benefits of them before making a decision.

Provided by Baylor College of Medicine

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