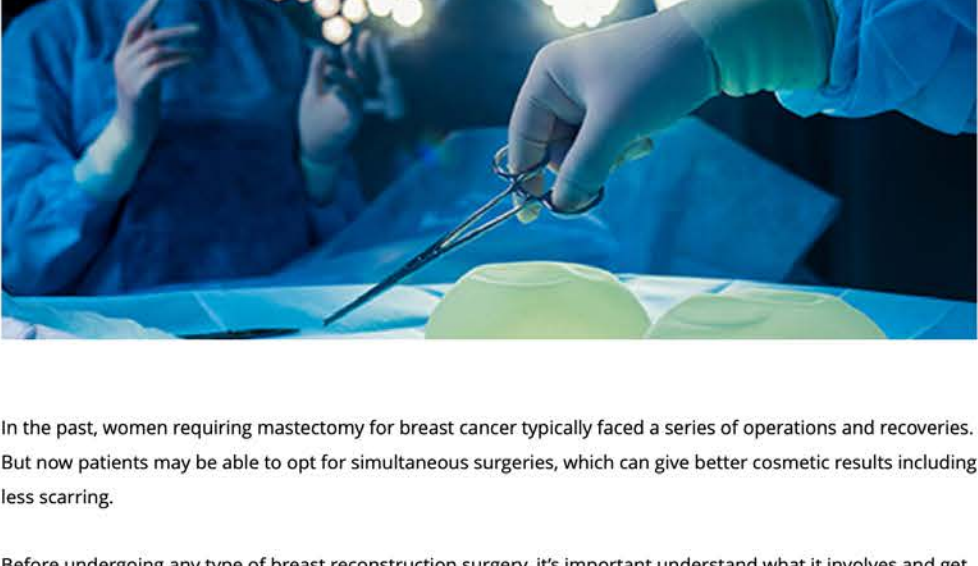


CANCER TREATMENT

# Double Duty

Simultaneous breast removal and reconstruction surgeries can give women better outcomes

By Erin Brereton



In the past, women requiring mastectomy for breast cancer typically faced a series of operations and recoveries. But now patients may be able to opt for simultaneous surgeries, which can give better cosmetic results including less scarring.

Before undergoing any type of breast reconstruction surgery, it's important understand what it involves and get answers to your questions ahead of time.

Many patients want to know if they'll be able to obtain a desired shape. A number wonder what recovery will involve, according to [Dr. Aaron Pelletier](#) a plastic and reconstructive surgeon at Cancer Treatment Centers of America® (CTCA) in Zion, Illinois.

Some also have other questions. Is it true, they ask, that reconstruction can make it harder to find cancer in the future? Will there be much scarring? If I choose implants, are they actually safe?

"A lot of concerns we hear are related to misconceptions about the options for reconstruction," Pelletier says. "We frequently spend a fair amount of time dispelling myths."

### Investigating Available Treatments

The dual procedure isn't the best choice for everyone; however, pairing cancer removal surgery with reconstruction can potentially provide an aesthetic advantage.

If you're trying to determine if immediate reconstruction is your best course of action, get the facts about some of the most common patient concerns—including:

#### Who decides what type of reconstruction I can get—and when?

The type of cancer removal surgery a patient is planning to undergo plays a big part.

In a lumpectomy, where a tumor and some surrounding tissue are removed, fairly minor reconstruction may be needed. Doctors can, in some cases, move existing tissue around to reconfigure the breast, according to Dr. Pelletier.

A patient who is getting a mastectomy might be able to have her breast reconstructed with an implant, or tissue from elsewhere in her body, during the surgery. Occasionally, a combination of both may be required.

Surgeons weigh additional factors, such as whether radiation treatment, which can cause implant issues and scarring, is part of the patient's treatment plan.

"Depending on the situation, body type and shape, how much fat there is elsewhere that can be spared and the need for radiation are all things that help us recommend one type of reconstruction over another," says [Dr. Daniel Liu](#), a plastic and reconstructive surgeon also at CTCA® at Midwestern Regional Medical Center in Zion. "Otherwise, it's based on patient preference."

#### What is the advantage of getting reconstruction at the same time as surgery?

The cosmetic results can be superior, compared to reconstructive procedures done weeks or months later, according to Pelletier.

"No doubt, if you can preserve and utilize breast skin, the aesthetic look will be the best in the long run," he says. "The optimal way to do that is to start the reconstructive process at the same time as a mastectomy."

Performing an immediate reconstruction can also help reduce scarring—another frequent concern—by preventing the need for additional incisions later.

Depending on the tumor's location and a patient's breast size, doctors may also be able to preserve the areola (nipple), which can greatly enhance the reconstructive outcome.

"We see the best results after any type of reconstruction in patients who can keep their nipple," Dr. Liu says. "The ability to preserve the conical shape of the breast makes a huge difference."

#### Are there any reasons I might not be a good candidate for it?

"In certain situations, we do not want reconstruction to delay necessary treatments for the cancer, including chemotherapy and radiation," Dr. Liu says.

Certain pre-existing health issues can also pose problems, such as uncontrolled diabetes and morbid obesity (which is defined as a body mass index of 35 or more).

Because reconstruction makes cancer removal surgery longer, patients who face a greater risk being under anesthesia for an extended time period, such as individuals with heart disease, may not be well-suited for it, says Dr. Pelletier.

Dr. Liu and Dr. Pelletier never offer active smokers reconstruction because nicotine's negative effect on blood flow can cause healing complications and necrosis.

"Patients who are poor surgical candidates may elect to do a mastectomy first, undergo lifestyle modifications and then return for reconstruction," Dr. Liu says.

#### Does the dual procedure affect recovery?

If reconstruction is started at the time of a mastectomy, Dr. Liu says there may be slightly more recovery time involved, compared to having reconstruction weeks or months afterward.

Patients who have implant-based reconstruction will experience swelling for a couple of weeks, according to Dr. Liu. For two to three weeks, Dr. Pelletier says they'll also have drainage tubes in place to remove fluid—but only be on pain medication for a few days.

Tissue-based reconstructions may require more recovery time because the donor site also has to heal. For a reconstruction with abdominal skin and fat tissue, Dr. Pelletier generally tells patients it will require about four weeks for healing.

#### Will reconstruction increase my risk of getting cancer again?

No data indicates there's an increased risk, according to Dr. Liu.

"We hear that all the time, and a number of studies have shown there is no difference in cancer occurring in patients who have had any type of reconstruction," he says.<sup>1</sup> "A chest wall recurrence may be more difficult to detect after reconstruction though modern imaging techniques have become useful for cancer surveillance."

#### What if I don't want to make a decision now?

Some women choose to hold off on committing to reconstruction until their treatment is complete.

Although creating a natural-looking breast is more challenging without preserved skin, Dr. Liu says some reshaping can be done later.

"Once patients complete their cancer treatment, they may realize they want some kind of reconstruction," he says. "It can be years later on."

For many women, however, after learning about their options, immediate reconstruction is an overwhelmingly clear choice, according to Dr. Pelletier.<sup>2</sup>

"I've personally never met with a patient, that I can remember, who was a good candidate, or even a fair one, and chose not to start reconstruction at the time of mastectomy," Dr. Pelletier says.

"I have also performed many delayed reconstructions for women who were never offered immediate reconstruction, or for whom delayed reconstruction was the safer choice, and we can still achieve excellent results."

Additional Reading: [What you need to know about breast implants after breast cancer](#)

<sup>1</sup> H. Medina-Franco, L.O. Vasconez, R.J. Fix, et al. Factors associated with local recurrence after skin-sparing mastectomy and immediate breast reconstruction for invasive breast cancer. *Ann Surg*, 235 (2002), 814-819

<sup>2</sup> A Comparison of Psychological Response, Body Image, Sexuality, and Quality of Life between Immediate and Delayed Autologous Tissue Breast Reconstruction: A Prospective Long-Term Outcome Study, *Plastic & Reconstructive Surgery*; October 2016 - Volume 138 - Issue 4 - 772-780

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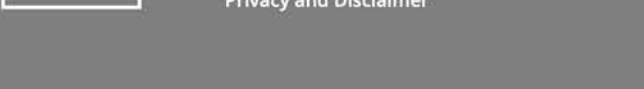
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