

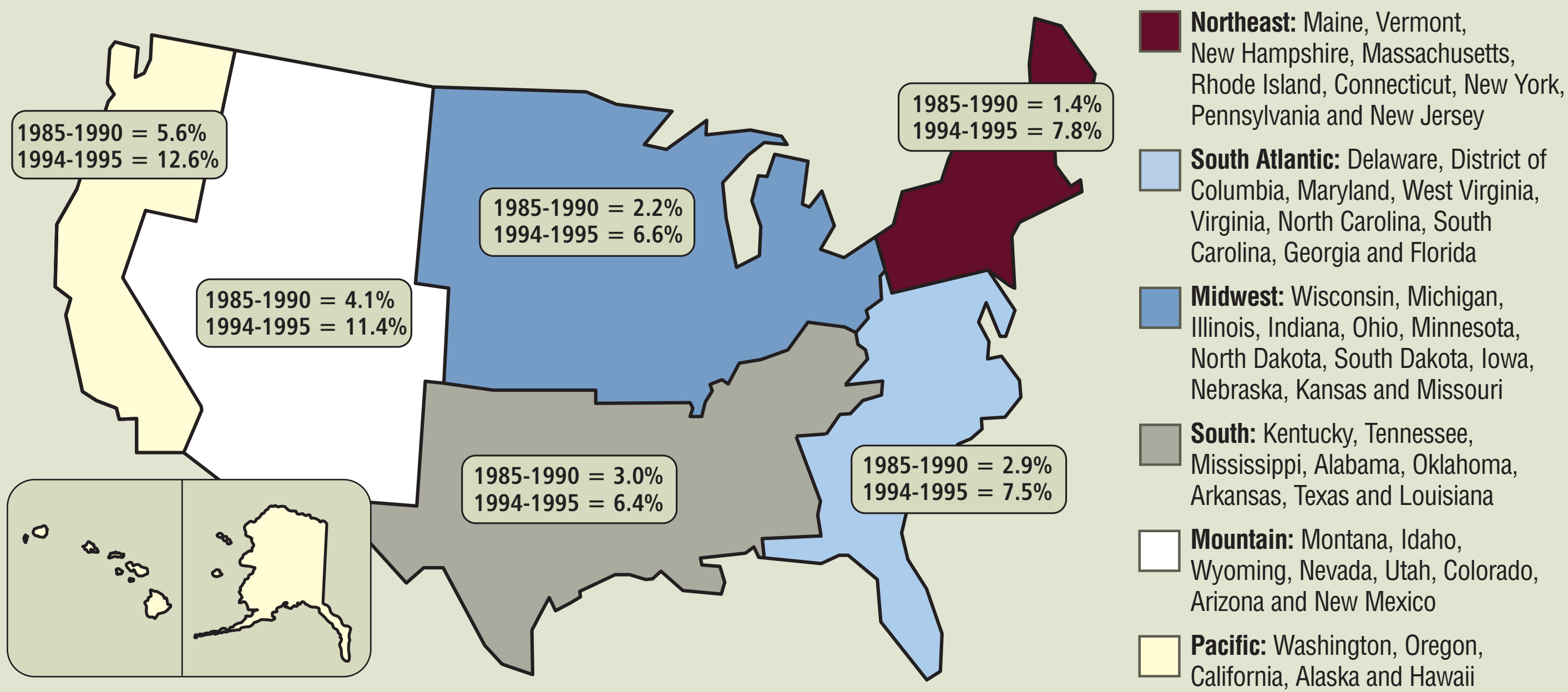
Method and Timing for Breast Reconstruction after Mastectomy



Over the past 15 years, breast reconstruction has undergone a significant evolution. Controversies involving implant safety, new implant design, flap design, the increased use of radiation to treat breast cancer and the pursuit of more aggressive breast-conserving surgeries have significantly influenced breast reconstruction procedures. Determining the optimal time and method of breast reconstruction cannot be reduced to an algorithm. Careful consideration of the patient's disease profile as well as her objectives and understanding of reconstruction options are critical.

Clinical Research Background

INFLUENCE OF GEOGRAPHIC REGION ON USE OF IMMEDIATE BREAST RECONSTRUCTION



DERIVED FROM: Morrow M et al. *J Am Coll Surg* 2001;192(1):1-8

USE OF IMMEDIATE BREAST RECONSTRUCTION BY AGE

	< 50	50-69	> 70
n=155,463 (1985 - 1990)	8.1%	3.0%	0.5%
n=63,348 (1994 - 1995)	17.9%	7.8%	1.3%

USE OF IMMEDIATE BREAST RECONSTRUCTION BY INCOME

	< \$20,000	\$20,000 - \$46,999	\$47,000 +
n=155,463 (1985 - 1990)	1.7%	3.4%	6.7%
n=63,348 (1994 - 1995)	4.2%	7.9%	14.6%

DERIVED FROM: Morrow M, et al. *J Am Coll Surg* 2001;192(1):1-8

Miami Meeting Patterns of Care Study

What would you generally recommend for the following women with 2cm breast masses, which on core biopsy prove to be poorly differentiated ER-negative, infiltrating ductal carcinoma? Patients wish to have mastectomy and reconstruction.

SURGEONS

	43-YEAR-OLD	43-YEAR-OLD WITH PRIOR HYSTERECTOMY AND A HORIZONTAL INCISION	62-YEAR-OLD
TYPE	Implants	45%	60%
	Latissimus dorsi	25%	15%
	TRAM flap	50%	25%
TIMING	Immediate	60%	50%
	3-6 months	10%	25%
	After 6 months	25%	20%
	2 years	5%	5%

SELECT PUBLICATIONS

Chang DW et al. **Reconstructive management of contralateral breast cancer in patients who previously underwent unilateral breast reconstruction.** *Plast Reconstr Surg* 2001;108:352-8; discussion 359-60.

Morrow M et al. **Factors influencing the use of breast reconstruction postmastectomy: A National Cancer Database Study.** *J Am Coll Surg* 2001;(192)1:1-8.

Nissen MJ et al. **Quality of life after breast carcinoma surgery: A comparison of three surgical procedures.** *Cancer* 2001;91:1238-46.

Petit JY et al. **Breast reconstructive techniques in cancer patients: Which ones, when to apply, which immediate and long term risks?** *Critical Reviews in Oncology/Hematology* 2001; 38:231-239.

Polednak AP. **Type of breast reconstructive surgery among breast cancer patients: A population-based study.** *Plast Reconstr Surg* 2001;108:1600-3.

Rowland et al. **Role of breast reconstructive surgery in physical and emotional outcomes among breast cancer survivors.** *J Natl Cancer Inst* 2000; 92:1422-1429.

Shons A, Mosiello G. **Postmastectomy breast reconstruction: Current techniques.** *Cancer Control* 2001;(8)5:419-426. [Full-Text](#)

RECONSTRUCTION PROCEDURE PREFERENCES

"The final degree of satisfaction of the woman is not always in agreement with the evaluation of the medical staff for which the shape and the symmetry of the reconstructed breast are the two main criteria. For this reason, the cosmetic aspect of the final result of the reconstruction cannot be the only criteria to choose the technique.

Although the TRAM flap provides usually the best cosmetic results, there are patients who do not support the changes that result on the morphology and the function of their abdomen wall. Therefore, the choice of the technique should take in consideration both the technical difficulties and the psychological reactions of the woman when she is informed before the operation. It is of major importance to understand what are the expectations of the patient in order to maximize her final satisfaction."

—Petit JY et al. *Critical Reviews in Oncology/Hematology* 2001;38:231-239. [Abstract](#)

"Patients who have undergone augmentation mammoplasty and who later develop breast cancer are a unique group. They tend to place great importance on body image, and most maintain their ideal body weight. Body habitus, small breast size and the acceptance of breast implants seem to make the latissimus flap an ideal reconstructive method for breast cancer patients with implants."

—Carlson GW et al. *Plast Reconstr Surg* 2001;107:687-92. [Abstract](#)

"Skin sparing mastectomy (SSM) and immediate reconstruction can be used in the treatment of invasive breast cancer without compromising local control. The aesthetic results of various reconstructive methods are similar, but the method failure rate is higher for expander reconstruction. Ipsilateral pedicled TRAM flaps or free TRAM flaps may improve the aesthetic outcome by preserving the inframammary fold."

—Carlson GW et al. *Ann Plast Surg* 2001;46:222-8. [Abstract](#)

TIMING OF RECONSTRUCTION

"Immediate reconstruction has been shown to yield the greatest patient benefit and should be the treatment of choice for most patients. However, delayed reconstruction is preferable for patients who are unable to make a sound decision regarding reconstruction at the time of mastectomy."

—Shons A, Mosiello G. *Cancer Control* 2001;5(8):419-426. [Full-Text](#)

"In the past, the use of immediate or early breast reconstruction after mastectomy was an unpopular concept. Concerns about potentially compromising the surgical resection for the sake of reconstruction and the possibility of a decreased ability to detect local recurrences were used to justify delaying reconstruction for several years after mastectomy. In addition, techniques for breast reconstruction had not been fully developed. Multiple procedures were required, hospital stays were prolonged and end results were not consistently esthetically pleasing. Today, these concerns should no longer be significant barriers to the use of reconstruction.

Many retrospective studies have demonstrated that the use of postmastectomy reconstruction does not interfere with the ability to detect local recurrence, nor does it delay the administration of adjuvant chemotherapy. In addition, the use of skin-sparing mastectomy coupled with advances in plastic surgical technique has resulted in a variety of reconstruction options with improved esthetic outcomes."

—Morrow M et al. *J Am Coll Surg* 2001;(192)1:1-8. [Abstract](#)