

Plastic Surgery

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Rebuilding Breasts

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Oct 24, 2005, 07:00

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Because October is National Breast Cancer Awareness Month, many women wonder what happens after breast cancer strikes.



(HealthNewsDigest.com).. When a woman knows she is going to undergo a mastectomy, she and her physician can start planning immediately for reconstruction of her breasts. After the mastectomy, her surgeon can do one of several things: he or she can insert an expander, a balloon-like device that can be slowly filled with saline (salt water) to make room in the chest for a breast implant. Or, the surgeon can use the patient's own tissues to build a breast mound – in the same operation as the mastectomy – so she is spared the troubling sight of waking and finding a flat chest where one, or both, breasts once were.

Most plastic surgeons today use the expander on mastectomy patients. The woman then returns to her physician every several weeks and has more saline injected into the expander which slowly creates more space under the chest muscles. While some brands of expanders are intended to remain in the patient's chest, others are extracted and replaced by a more permanent implant filled with saline or, sometimes, a saline-silicone mix.

Another common method of breast reconstruction is using the patient's own tissue. Known as a "flap" procedure, one of the two, long stomach muscles (the rectus abdominis) that run from your sternum and rib cage down to the pubic bone is taken; the muscle is reworked into a breast mound while maintaining the tummy muscle's blood supply. Muscles (the latissimus dorsi) and other tissues from your side can also be tunneled under the skin to the front of the chest wall to create a reconstructed breast. The final step is adding a reconstructed nipple and then tattooing on the areola. While a reconstructed breast may lack sensations, most people can't tell it from the real thing.

Some women opt to wait and sort out their options while they are struggling to cope with their diagnosis. Physicians may advise yet other women – those who are obese, have high blood pressure or those who smoke – to also wait until later for reconstruction. Nicotine, for instance, can delay healing, resulting in unsightly scars and a longer-than-normal recovery.

In a few cases, other body tissues are completely removed and replaced as a breast mound. But that procedure is extremely difficult and time-consuming because microsurgery is required to connect a blood supply to the new breast.

With so much discussion and concern about breast cancer during the month of October, some women consider having a prophylactic mastectomy – surgically removing the breasts -- before cancer strikes. When first and second degree relatives – mothers, sisters, grandmothers, aunts and cousins – have suffered breast cancer before age 50, a woman's chance of developing the dreaded malady is known to increase. While there is still some uncertainty about reliability in the scientific community, some women have genetic testing – through the BRCA1 and BRCA2 gene tests – to tell if they are very likely to develop breast cancer. Mutations in those genes are thought to be highly conducive to breast cancer.

Some researchers report that mutations on BRAC1 and BRAC2 means a 50 percent risk for developing the disease.

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