

Everything You Wish You Had Known... About Breast Reconstruction

If you will be having breast reconstruction as part of your cancer treatment, here are some helpful tips

1. Breast reconstruction may be available to you following breast surgery depending on your treatment plan and your disease. Your breast surgeon, reconstructive surgeon, and sometimes radiation oncologist, will discuss with you the available options and make recommendations. The goal of reconstruction is to help women regain a sense of normalcy and body image. Reconstruction might occur immediately after breast surgery or may be delayed, depending on your situation. It is important to ask questions and share your thoughts about the reconstruction options. Some women choose to have no reconstruction following mastectomy or lumpectomy. Each woman decides what is right for her. No matter what you decide, you will have time to make an informed decision.
2. Reconstruction Options after mastectomy are implant-based and tissue-based (flap) procedures. Following a lumpectomy, various techniques may be offered such as fat grafting, breast lifts or reductions, using tissue from other parts of the body or implants. Some of these procedures are performed by the breast surgeon at the time of initial surgery and other times the reconstruction is a separate surgery/surgeries. Implant-based reconstruction is typically a two-stage procedure. First, a tissue expander is implanted to gradually stretch the skin and muscle. Next the expander is removed and a saline-filled or silicone implant is inserted under the skin or chest muscle. Sometimes skin sparing or direct-implant surgery negates the need for expanders. The reconstruction surgeon will determine the best approach for your circumstances. Compared to tissue-based reconstruction, surgery and recovery times for implants are usually shorter. Implants may not be an option if radiation is planned.

Tissue-based procedures involve transferring skin, fat, and sometimes muscle from other parts of your body to create a breast. Typical donor sites include the abdomen, back, thigh, or buttocks. Types of flaps include: DIEP flap: Uses skin, fat, and blood vessels from the abdomen; Latissimus dorsi (LD) flap: Uses tissue from the back, often combined with an implant or expander; TRAM flap: Uses skin, fat, and muscle from the abdomen; and, other flaps using tissue from the thigh or buttocks. Some of these procedures may require that you travel from Alaska to other states. Information about tissue-based procedures is available from:

<https://www.breastcancer.org/treatment/surgery/breast-reconstruction>
<https://www.cancer.gov/types/breast/reconstruction-fact-sheet>
www.breastcenter.com
www.diepflap.com

3. Prepare before surgery as you will have restrictions on reaching and lifting when you go home from surgery. Have your favorite foods and drinks on hand and within reach. Be sure essential items such as water bottle, medications, tissues, toilet paper, phone/charger, and other favorite items are reachable. Preparing yourself mentally can help lead to a greater sense of calmness. Strategies such as meditation, prayer, yoga and mindfulness are helpful. Some women listen to guided meditations for several weeks/days prior to surgery. A downloadable mp3 guided meditation called Successful Surgery was created by social worker, Belleruth Naparstek. This audio has been used in research with positive outcomes. You can listen to it here: <https://www.cc.nih.gov/patientlibrary/healing-streams> or download at <https://www.hayhouse.com/guided-meditations-to-promote-successful-surgery-audio-download>

For a period of time after surgery you will probably sleep more comfortably in a recliner or on your back propped with pillows. Set up your sleeping arrangements ahead of time if possible. If you have young children let them know that you will have a big "owie" so they need to be gentle with you (no body-slam hugs!)

4. You'll go home with one or more surgical drains in most cases. The drains are attached to your body with long flexible tubing. Drain care will be explained to you before going home. Some women like to have a friend/family member help with drain care initially. Your doctor will monitor the amount of fluid you collect from each drain to determine when the drains can be removed, typically 1-2 weeks. You will need something to hold the drain bulbs such as an apron with pockets, hoodie with kangaroo pocket, lanyards with carabiners or a garment made specifically to hold the drains. These websites offer several items to purchase <https://www.anaono.com> and <https://www.pinkpepperco.com>. Drains will be removed in the doctor's office, and it is usually painless. If you have a flap procedure, you will have multiple surgery sites, and healing may occur at varying rates. Getting a first look at your incisions after the bandages are removed can be jarring. Remember that your body is still healing and the appearance will improve dramatically. Bruising, redness, discoloration and swelling are all common. You may experience nerve pains/zingers for several weeks or months after surgery, and they are normal and will taper off as you heal. Be gentle with yourself and rest as much as you are able. Sleep and rest are an essential part of healing.

Additional information is available in our **Everything I Wish I Would Have Known...** series on the website.

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