



Patient Satisfaction in Breast Reconstruction

Understanding Options, Communicating Goals, and Maximizing Results

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The treatment of breast cancer is often considered a journey. Breast reconstruction can be an important part of the journey, as it has the potential to restore a woman's positive body image and make her feel whole again. Reconstruction has been shown in several studies to improve psychosocial well-being after mastectomy^{1,2}, but that doesn't mean it is right for everyone. The decision to undergo reconstruction is an extremely personal one that should be dictated by a woman's values and goals. A good candidate for reconstruction is able to cope well with the diagnosis of breast cancer and the treatment proposed by the breast surgeon and oncologist. She should not have any significant medical conditions that would impair healing or increase the risk of postoperative complications. She should also have a positive outlook and realistic goals for restoring her breast and body image. Reconstruction requires a commitment on the part of the patient to the process, which may take several operations to complete. Each woman has to decide whether the additional surgery is right for her.

Some women may want to defer decisions about breast reconstruction until after their cancer treatment is completed. If a woman knows that chemotherapy or radiation therapy is likely, she may want to focus on the cancer treatment first, before undertaking reconstruction. While immediate reconstruction (at the same time as the mastectomy) has been shown to have aesthetic and psychological

benefits over delayed reconstruction^{3,4}, a woman may choose to postpone her reconstruction until she is better able to cope with the additional surgery and doctors visits. Once medical treatments are completed and she has fully recovered, reconstruction can happen at any time in the future.

A frequent question is whether this "elective" surgery is covered by insurance. The Woman's Health and Cancer Rights Act of 1998 requires that, along with the mastectomy, reconstruction of the breast and procedures on the opposite breast for symmetry must also be covered. While not required by law in California, all patients should also be informed of the option of immediate breast reconstruction and offered a consultation with a plastic surgeon before she has a mastectomy.

Once the decision to undergo reconstruction is made, the patient should begin considering some important questions (see sidebar). These are questions a woman may never have thought about or thought she would never have to consider. The answers come only through personal reflection and honest discussions with a team of medical professionals: breast surgeon, medical oncologist, radiation oncologist, and a plastic surgeon. Consultations are obtained before any final decisions are made so that all options are addressed and regrets can be avoided. With this information, patients can formulate realistic expectations and emerge from their cancer treatment

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confident knowing that they have made the right decisions for themselves.

The goal of breast reconstruction is to create symmetric breasts in the size and manner that the patient desires. There are many choices when considering reconstruction and every patient should be presented with all appropriate options. One option is autologous reconstruction, or a flap procedure, which uses a patient's own tissue to recreate the breast. State of the art techniques in this type of reconstruction involve the use of microsurgery to transplant tissue and its associated blood vessels into the chest to form a breast. The most common of these procedures is known as a DIEP flap, which uses tissue from the lower abdominal wall to reconstruct the breast. Other areas of the body that can be used are the buttocks or the inner thighs. One major advantage of a flap is that the recreated breast is supple and feels life-like. Another benefit is that the use of foreign material such as an implant, and its potential complications, is avoided. The surgery and recovery for a flap reconstruction is significant and may involve more than one procedure (e.g. nipple reconstruction, procedures for symmetry). However, once fully completed, there should not be a need for any additional surgery related to the reconstruction in the future.

Another option for breast reconstruction is implants. While implant reconstruction can be performed in a single surgery at the time of the mastectomy, it is more commonly performed in two stages. The first stage involves placement of a tissue expander, which is a temporary, deflated implant that is placed at the time of the mastectomy. The expander is then intermittently

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Questions to Consider with Reconstruction

Ask Yourself:

- How do your breasts relate to your overall body image and self-esteem?
- How important is it to preserve as much of your breast(s) as possible?
- How do you feel about living with foreign material, such as an implant, in your body?
- How do your breasts impact what you wear and what you do?
- How do your breasts relate to your sexual satisfaction?
- How important is it to achieve a certain size breast?
- How important is symmetry of the breasts?
- What are your priorities and expectations?
- How would you describe your ideal outcome?
- What risks and side effects are you willing to endure in order to achieve your goals?
- Are you willing to undergo numerous surgeries for optimum aesthetics?

Ask Your Doctor:

- What should I expect from surgery?
- Describe the pre-op, intra-op, and post-op course for each surgical option.
- Given my particular job and lifestyle, what surgical option would have the least adverse impact on me in the near future as well as long term?
- Do I have any medical conditions that would make complications more likely?
- Are my expectations realistic?

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filled with sterile saline at office visits during the postoperative period. The expansion process may take three to four months to complete. This gradual process allows the skin to heal and expand in order to accommodate the implant. Once the expander is inflated to the desired size, the patient undergoes a second operation to have the expander removed and the implant inserted through the previous incision. There are many different shapes and sizes of implants now available, and advances in implant design and manufacturing have improved the overall results associated with this type of reconstruction. Regardless of the implants chosen, there is still a high likelihood of needing additional surgery sometime in the future, because the implants may ultimately require revision or replacement. Furthermore, implant manufacturers recommend patients get an MRI starting at three years after they are placed, and then every two years thereafter to look for implant rupture. In patients who have had radiation therapy, implant reconstruction can be associated with increased rates of severe capsular contracture (hardening of the breast), implant failure and removal, worse cosmetic results, and decreased overall patient satisfaction. Implants are not perfect devices, but in some patients, they can look natural. One misperception among patients

is that reconstruction with implants is the same as breast augmentation. These operations are very different, because in breast reconstruction, the entire breast is removed and there is only a thin layer of tissue separating the implant from the skin. Breast augmentation or enlargement with implants, even in small-breasted women, still has a thicker layer of tissue covering the implant. This makes a big difference in the final appearance of the breast. With augmentation, the implants can go under the pectoralis muscle (submuscular) or on top of the muscle (subglandular, or under the breast). In reconstruction, most plastic surgeons place the implant under the muscle, which reduces complications.

In addition to performing the reconstructive surgery, the plastic surgeon is responsible for providing comprehensive, accurate information that allows the patient to make informed decisions and formulate realistic expectations. To this end, it is important that patients have a thorough understanding of the advantages and disadvantages of all reconstructive options before formulating a plan. It is also quite helpful to have a trusted confidant attend any consultations in order to take notes and review the discussion afterwards. This discussion should include benefits, risks, and potential complications, not

only as they pertain to the specific procedure, but also as they pertain specifically to the patient (*see sidebar on previous page*).

It is important to realize that there are many factors that impact the final appearance of a breast reconstruction. The plastic surgeon considers the appearance of the breasts and nipples before mastectomy, including size and shape. The patient's height and weight, overall health, medical history, lifestyle, and recommended treatment are also reviewed. Not all options may be appropriate for all patients. Most important, the values and goals of the patient must be known so that the reconstruction can be individualized to the patient. High patient satisfaction can only result when the patient's expectations match the end result. When the patient's expectations are not met, the patient is often disappointed, regardless of the result. To maximize the chances that expectations will be met, the patient needs to communicate clearly with the plastic surgeon. Likewise, the plastic surgeon needs to communicate clearly with the patient and help her understand what expectations are realistic. Knowledge is the key to making sound decisions, formulating realistic expectations, and achieving optimum results. **⌘**

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