BREAST RECONSTRUCTION

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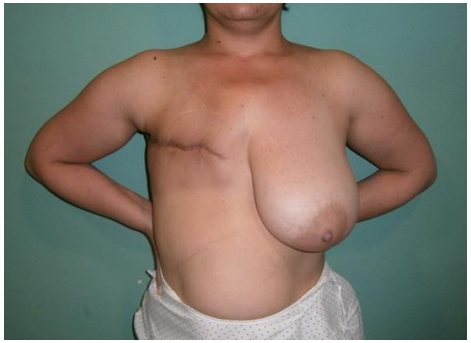
13-11-2025

Beacon Hospital
THIS IS MODERN MEDICINE

Breast Reconstruction

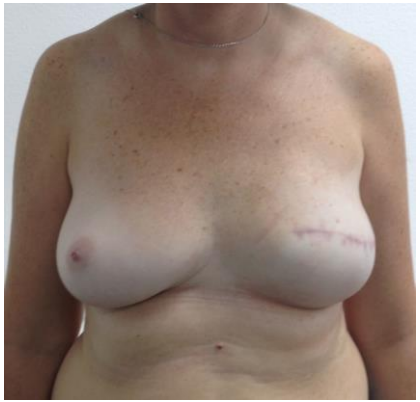
The loss of a breast is psychologically traumatic for many women. Breast cancer can have a negative impact on a woman's body image and sexuality, as well as a clear asymmetry resulting in a difficulty in wearing clothes and keeping a good body balance.



Numerous studies have found reconstruction potentially offers psychosocial benefits for women, including:

- reduced psychological distress
- improved body image
- improved self-esteem
- feelings of well-being

} BETTER QUALITY OF LIFE



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Breast reconstruction

Breast cancer reconstructive surgery is a complex process of decision-making involving the patient, the breast surgeon, and the plastic surgeon. In the end, it is the **patient's choice** how she should proceed.

The patient should be well educated about **all** the **available options** as well as the **complications and benefits.**

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BREAST RECONSTRUCTION: INDICATIONS

Ideally, all women should be offered the option to an immediate or delayed reconstruction based on her clinical situation.

RELATIVE CONTRAINDICATIONS

-Co-morbidities
-Smoker
-Elderly patients with bad quality of life

TYPES OF BREAST RECONSTRUCTION

TIMIMG

TYPES OF BREAST RECONSTRUCTION

IMMEDIATE
DELAYED

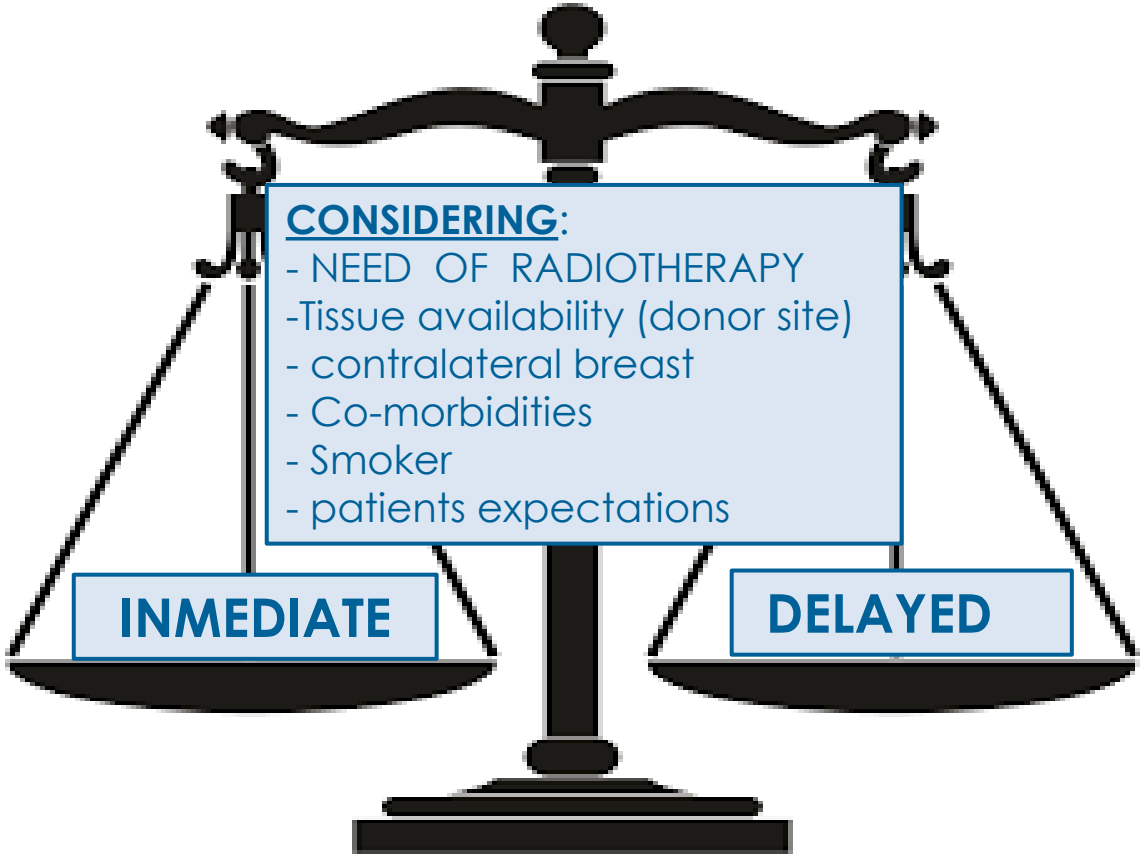
TIMIMG

IMPACT OF RADIOTHERAPY (PRE OR POST)

- The complication rate is x 2-10 (depending of the series) in implant based reconstruction, in the short term and in the long term.
- The result, even if no complications, is usually harder and tighter.
- In flaps it causes fat necrosis, shrinking and may affect the skin.

It´s one of the most important factor to decide the timing and type of reconstruction, avoiding only implants ideally.

Breast reconstruction



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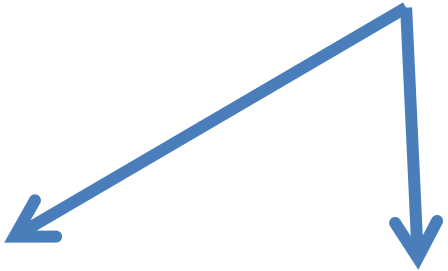
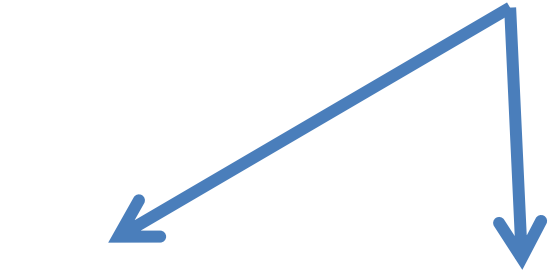
TYPES OF BREAST RECONSTRUCTION



IMMEDIATE
DELAYED

TECHNIQUE

TYPES OF BREAST RECONSTRUCTION



AUTOLOGOUS

IMPLANT BASED

IMMEDIATE

DELAYED

TYPES OF RECONSTRUCTION

AUTOLOGOUS

- It's your own tissue, no external materials

- Once healed, it´s there forever. Doesn´t need follow up

- It changes with the patient as she gains or loses weight

- It's a more complex and longer surgery
- Needs donor sites

- Leaves new scars in the donor sites

- They usually look more natural and softer

IMPLANT BASED

- We are using an external device

- There can be complications in the short term, but also in the long term

- There´s follow up for ever

- Implants don't have an expiry date. But above 10-15 years the risk of complications is higher

- Patients will need more surgery over time

- They usually look harder and less natural

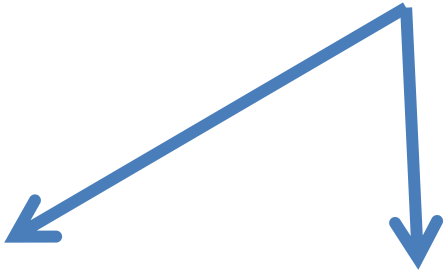
IMPLICATIONS OF USING IMPLANTS

- They need surveillance for ever. If rupture is suspected, US or MRI is needed

- They have potential complications in the short-long term:
  - Infection
  - Rupture
  - Capsular contracture
  - Pain
  - Rotation/Implant malposition
  - Skin problems
  - BIA-ALCL: tipical presentation, sudden late seroma. Or mass.

TYPES OF BREAST RECONSTRUCTION

IMMEDIATE
DELAYED



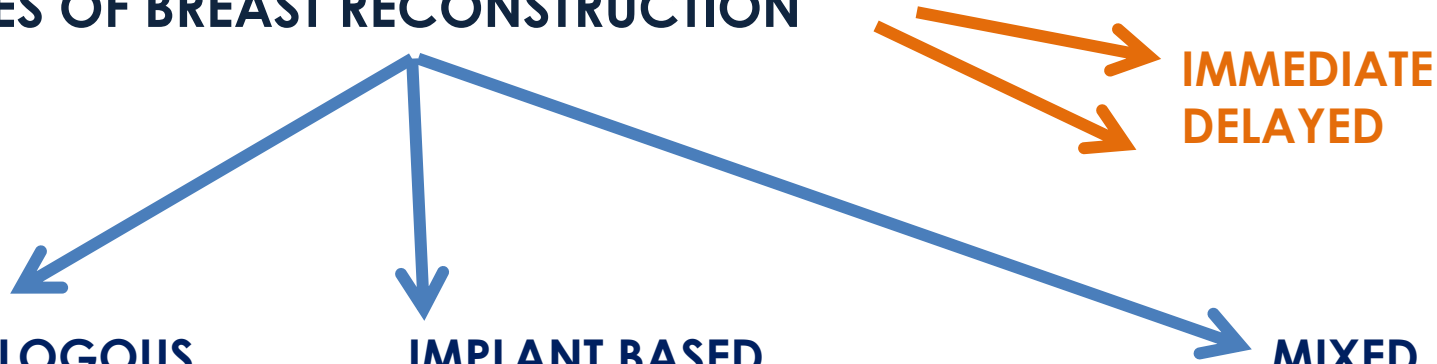
AUTOLOGOUS

-DIEP
-Other Free flaps
-LD + Fat Graft

IMPLANT BASED

-1 stage: DIRECT IMPLANTS
+/- ADM
- 2 stages: EXPANDER FIRST +
IMPLANT EXCHANGE (later)

TYPES OF BREAST RECONSTRUCTION



AUTOLOGOUS

-DIEP
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IMPLANT BASED

-1 stage: DIRECT IMPLANTS
+/- ADM
- 2 stages: EXPANDER FIRST +
IMPLANT EXCHANGE (later)

MIXED

LD + IMPLANT

Breast reconstruction

THINGS TO CONSIDER:

- RADIOTHERAPY (PRE/POST)
-Breast size/Width
-Tissue availability (donor site)
- CONTRALATERAL BREAST
- Co-morbidities
-Implications of using implants
-Scars
-**PATIENTS EXPECTATIONS/DESIRES**

AUTOLOGOUS

IMPLANTS

MIXED

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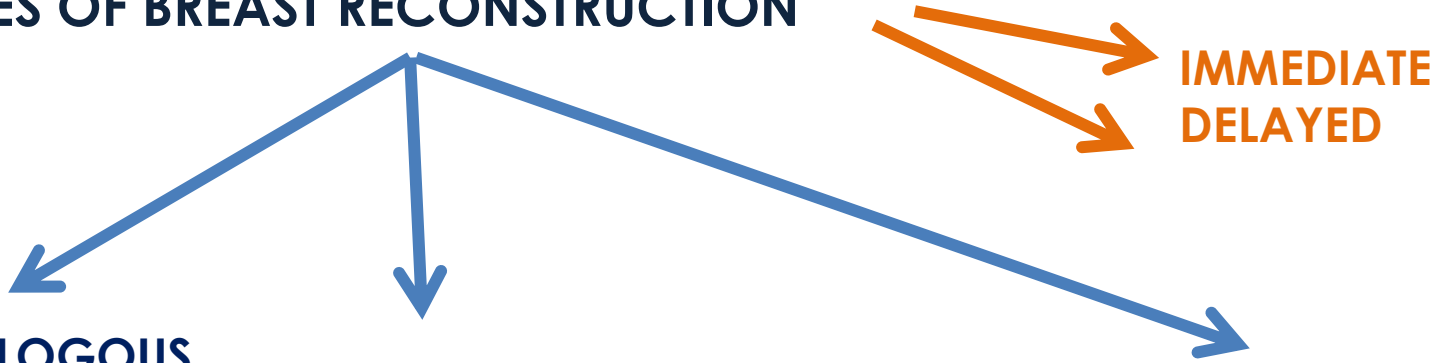
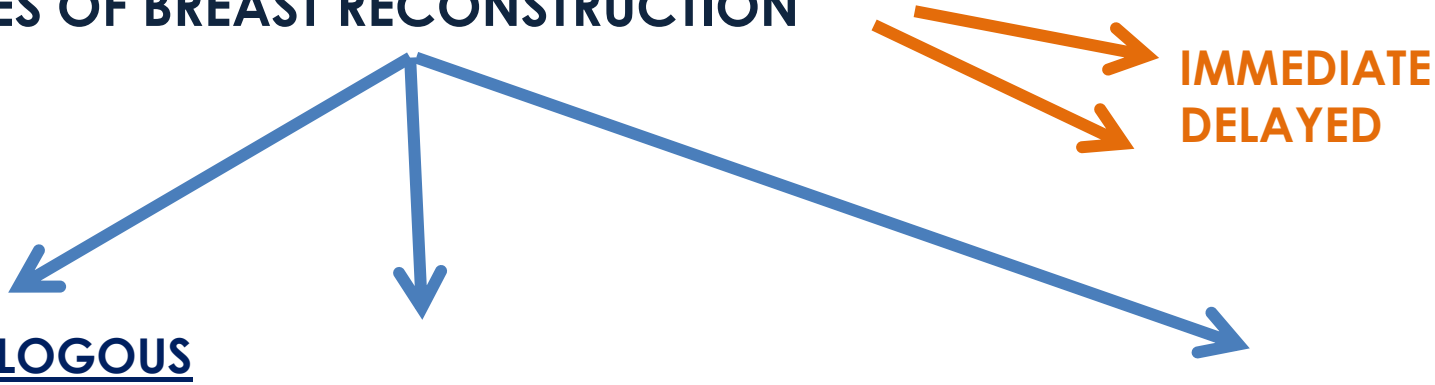
TYPES OF BREAST RECONSTRUCTION



AUTOLOGOUS

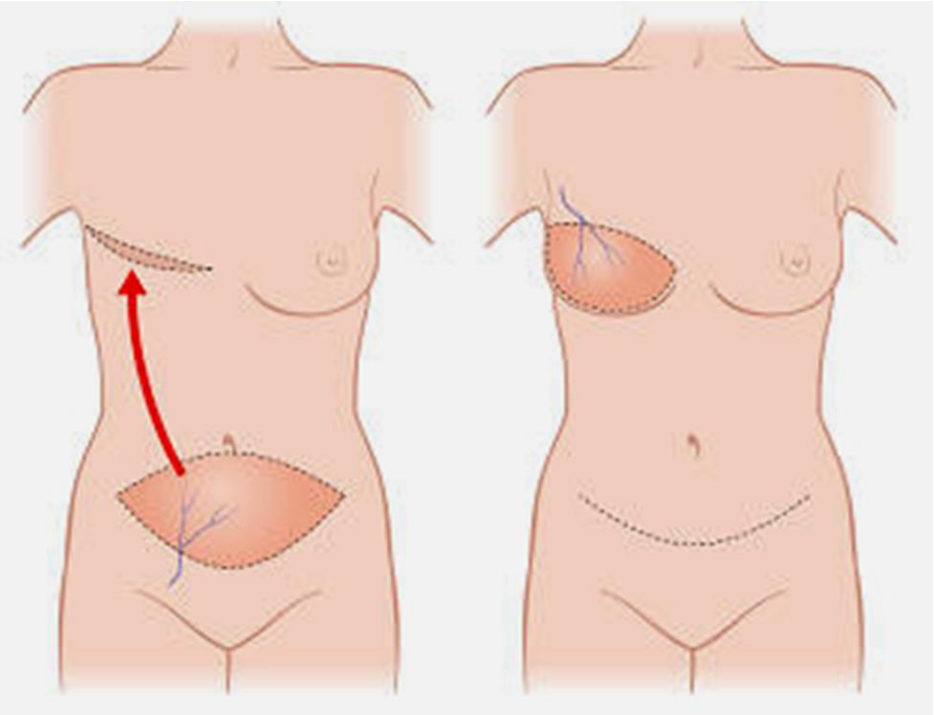
TYPES OF BREAST RECONSTRUCTION

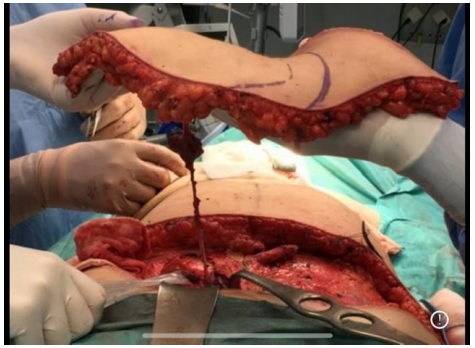


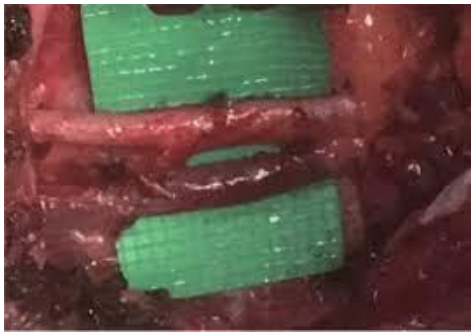
AUTOLOGOUS

-DIEP

Breast reconstruction







DIEP: DEEP INFERIOR EPIGRASTRIC PERFORATOR FLAP

Free flap

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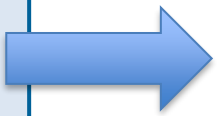
Breast reconstruction

CLINICAL CASE:

- Medium Age (40s). Non smoker. No conditions
- Unilateral (right) Breast cancer. For right mastecotmy
- Breast medium Size. Ptotic
- Good adiposity in the abdomen
- No radiotherapy needed
- Desires to avoid implants



INMEDIATE Right DIEP + Left Mastopexy

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CLINICAL CASE:

- Medium Age (50s). Non smoker. No conditions
- Unilateral (right) Breast cancer, for mastectomy
- Large Breast . Ptotic
- Good adiposity in the abdomen
- No radiotherapy needed
- Desires to avoid implants. Doesn´t want surgery in the CL breast.

INMEDIATE Right DIEP

Breast reconstruction

CLINICAL CASE:

- Medium Age (40s). Non smoker. No conditions
- Previous left Mastectomy **+ RT**
- Breast medium Size. No Ptosis
- Good adiposity in the abdomen
- Good size and shape in the right, prefers to avoid scars (surgery) in the right.

DELAYED Left DIEP

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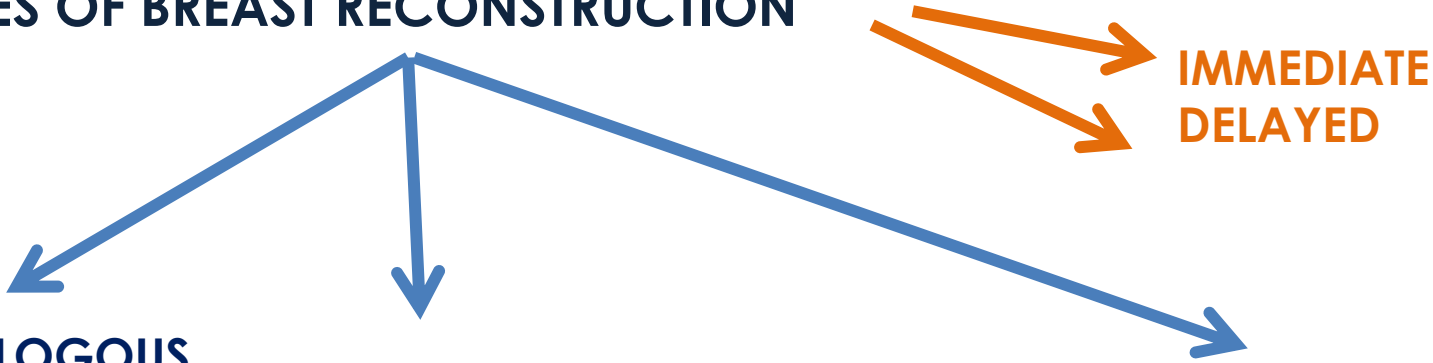
TYPES OF BREAST RECONSTRUCTION

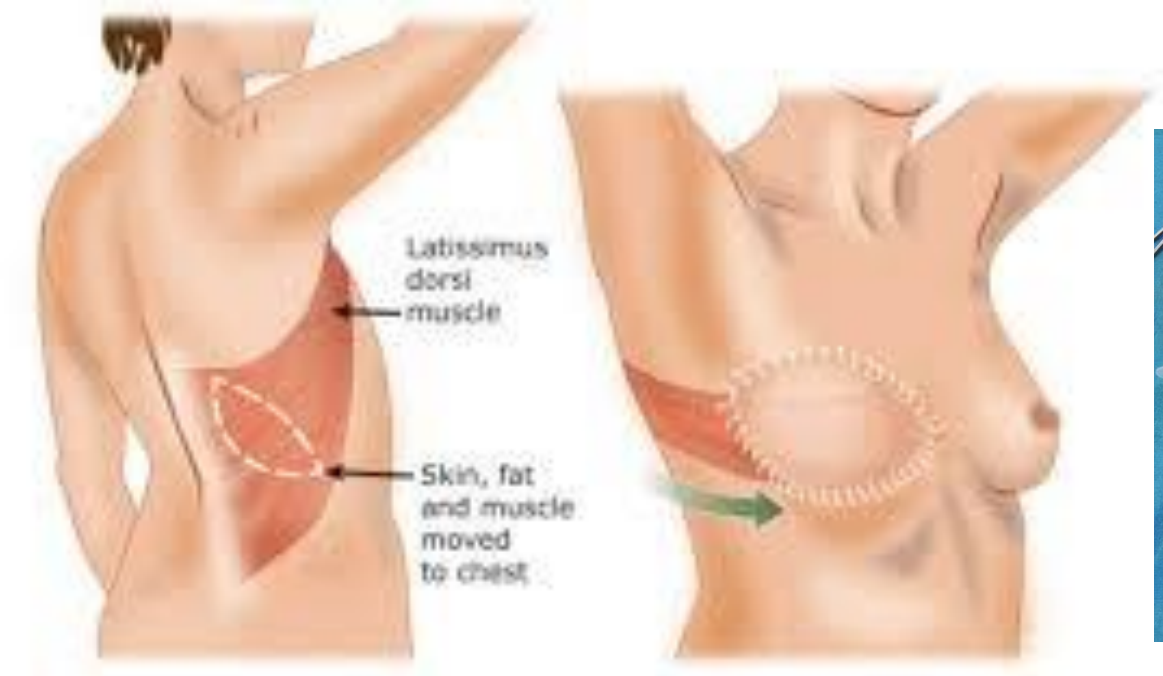


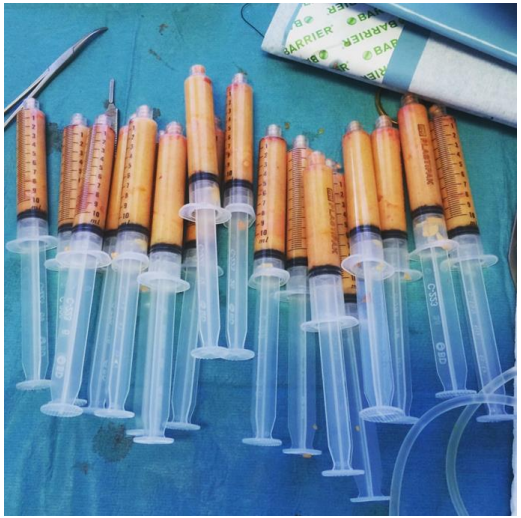
IMMEDIATE
DELAYED

AUTOLOGOUS

-LD + Fat Graft

LD (LATTISIMUS DORSI) AND FAT GRAFT





LD: Pedicled flap (vessels in the axilla, transposed)

Breast reconstruction

FAT GRAFTING

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Breast reconstruction

CLINICAL CASE:

- Young(30s). Non smoker. No conditions
- Unilateral Breast cancer in BRCA patient
- Previous bilateral mastectomies
- No radiotherapy
- Limited abdominal adiposity for bilateral DIEP. Runs marathons. Wants to avoid implants.

DELAYED Bilateral LD AND FAT GRAFT (1ST STAGE)

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Breast reconstruction

CLINICAL CASE:

- Young(30s). Non smoker. No medical conditions. High risk (No BRCA)
- Bilateral Breast cancer (Left had WLE and RT in the past). For bilateral mastectomies
- Large breast, with important ptosis
- Desires similar or smaller volumen. Small adiposity in abdomen, ok for one breast, small for two.

IMMEDIATE Bilateral LD AND FAT GRAFT (1ST STAGE)

Beacon Hospital

Breast reconstruction

CLINICAL CASE:

- Young(30s). Non smoker. No conditions
- Bilateral Breast cancer. Left previous RT, reconstructed with DIEP.
- Failed implant in the right side.
- Desires autologous reconstruction in the right side (to match and avoid implants). Abdomen no longer available.

DELAYED Right LD AND FAT GRAFT

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Breast reconstruction

CLINICAL CASE:

- Medium age (50s). Non smoker. No conditions
- Current right breast cancer, for mastectomy
- Previous left breast cancer reconstructed with delayed DIEP
- No radiotherapy needed
- Desires also autologous reconstruction (avoiding implants). NO DIEP available (already used)

IMMEDIATE LD AND FAT GRAFT (1ST STAGE)

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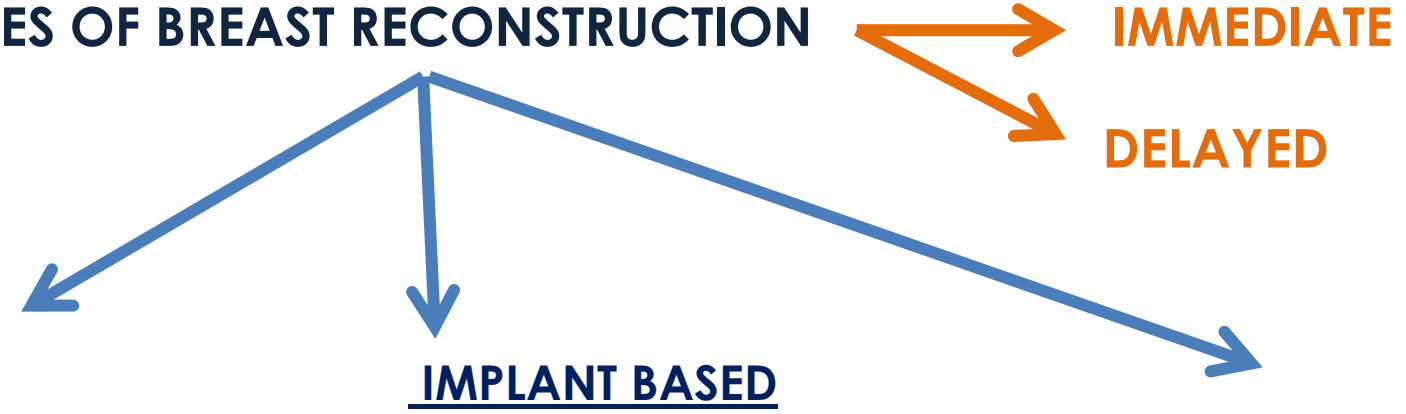
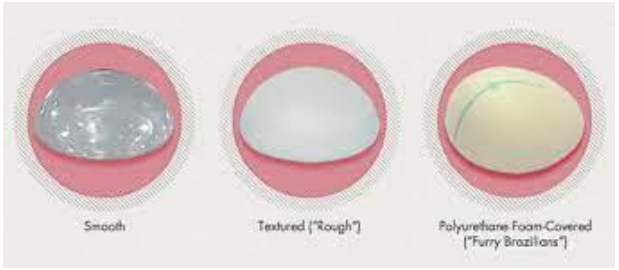
TYPES OF BREAST RECONSTRUCTION



Breast reconstruction

SHAPES



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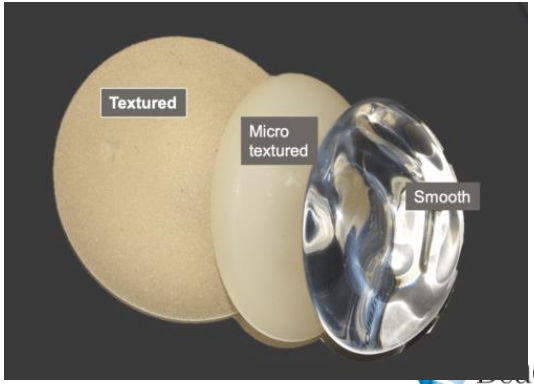
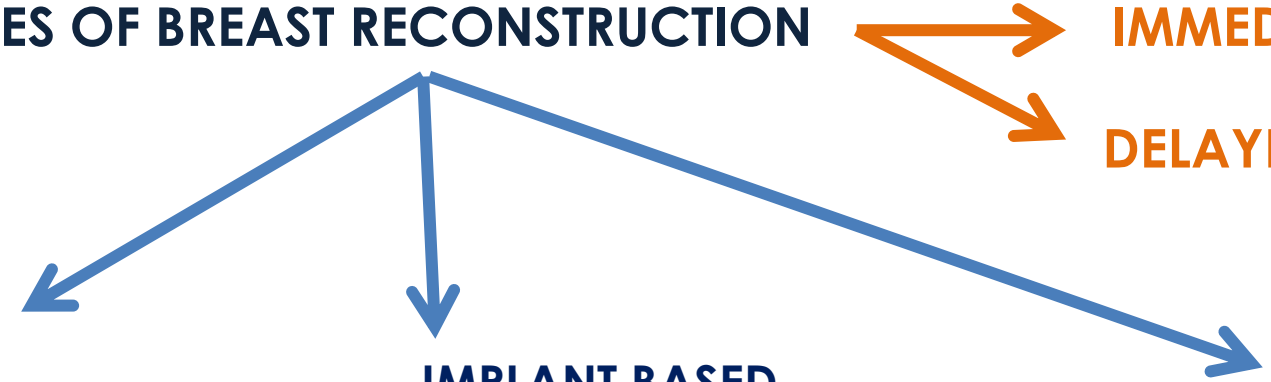


FILLING

TYPES OF BREAST RECONSTRUCTION



IMMEDIATE

DELAYED

IMPLANT BASED

-1 stage: DIRECT IMPLANTS
+/- ADM

Breast reconstruction

CLINICAL CASE:

- Young(20s). Non smoker. No conditions
- Unilateral Breast cancer in BRCA Patient, for bilateral mastectomies
- Medium breast Size. No ptosis
- No radiotherapy needed
- Desires similar volumen. No adiposity for bilateral autologous reconstruction

Bilateral IMMEDIATE DIRECT IMPLANTS

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Breast reconstruction

CLINICAL CASE:

- Young(20s). Non smoker. No medical conditions
- Unilateral Breast cancer in BRCA patient
- Small Size. No ptosis. Good shape
- No radiotherapy needed
- Desires similar volumen. No adiposity for bilateral autologous reconstruction

Bilateral IMMEDIATE DIRECT IMPLANTS (SUBMUSCULAR)

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Breast reconstruction

CLINICAL CASE:

- Medium age (40s). Non smoker. Bleeding disorder.
- Unilateral Breast (right) cancer, for mastetomy
- Medium Size. Medium ptosis.
- No radiotherapy needed
- Desires similar volumen. Doesn´t want to simmetrize (risk of bleeding)

Right IMMEDIATE DIRECT IMPLANT (PREPECTORAL)

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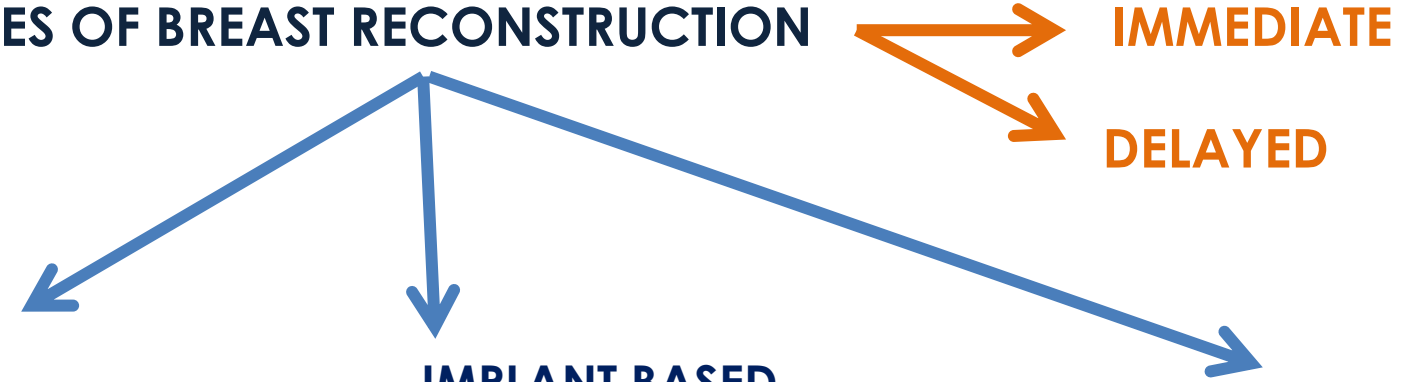
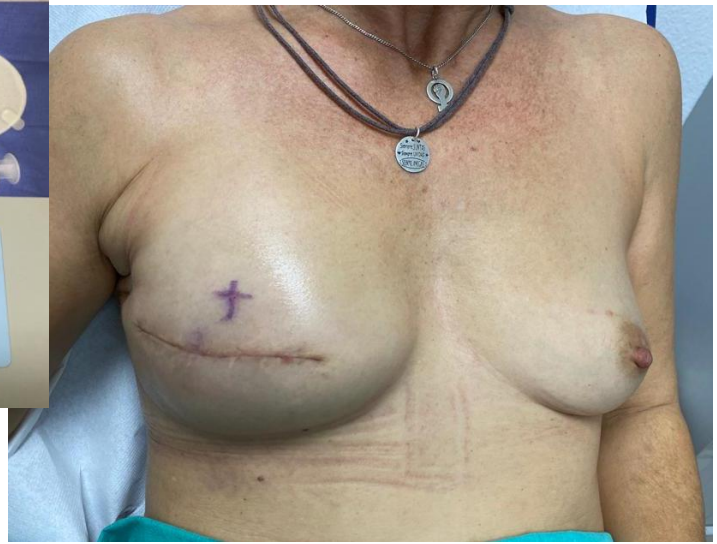
TYPES OF BREAST RECONSTRUCTION



- 2 stages: EXPANDER FIRST +
  IMPLANT EXCHANGE (later)

Breast reconstruction

EXPANDERS



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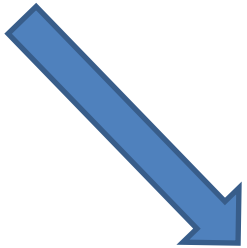
What technique to use in the contralateral breast?



Augmentation

Breast reconstruction

CLINICAL CASE:

- Young(30s). Non smoker. No medical conditions
- Unilateral (right) Breast cancer, for mastectomy
- Breast small Size. Minimum ptosis
- No radiotherapy needed
- Desires implant in the contralateral breast

IMPLANT reconstruction IN 2 STAGES

1st) Immediate right expander

2nd) Expander exchange

+ left augmentation

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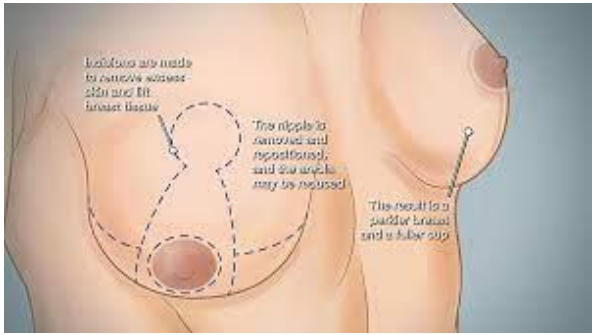
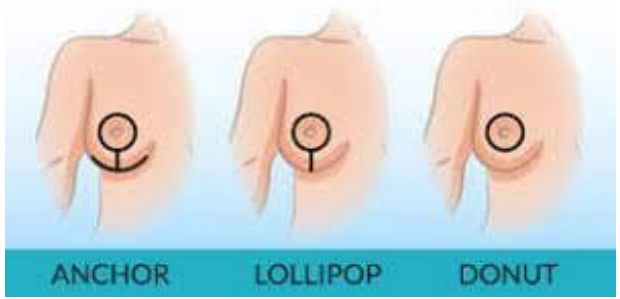
What technique to use in the contralateral breast?





Augmentation

Mastopexy/
Breast Reduction

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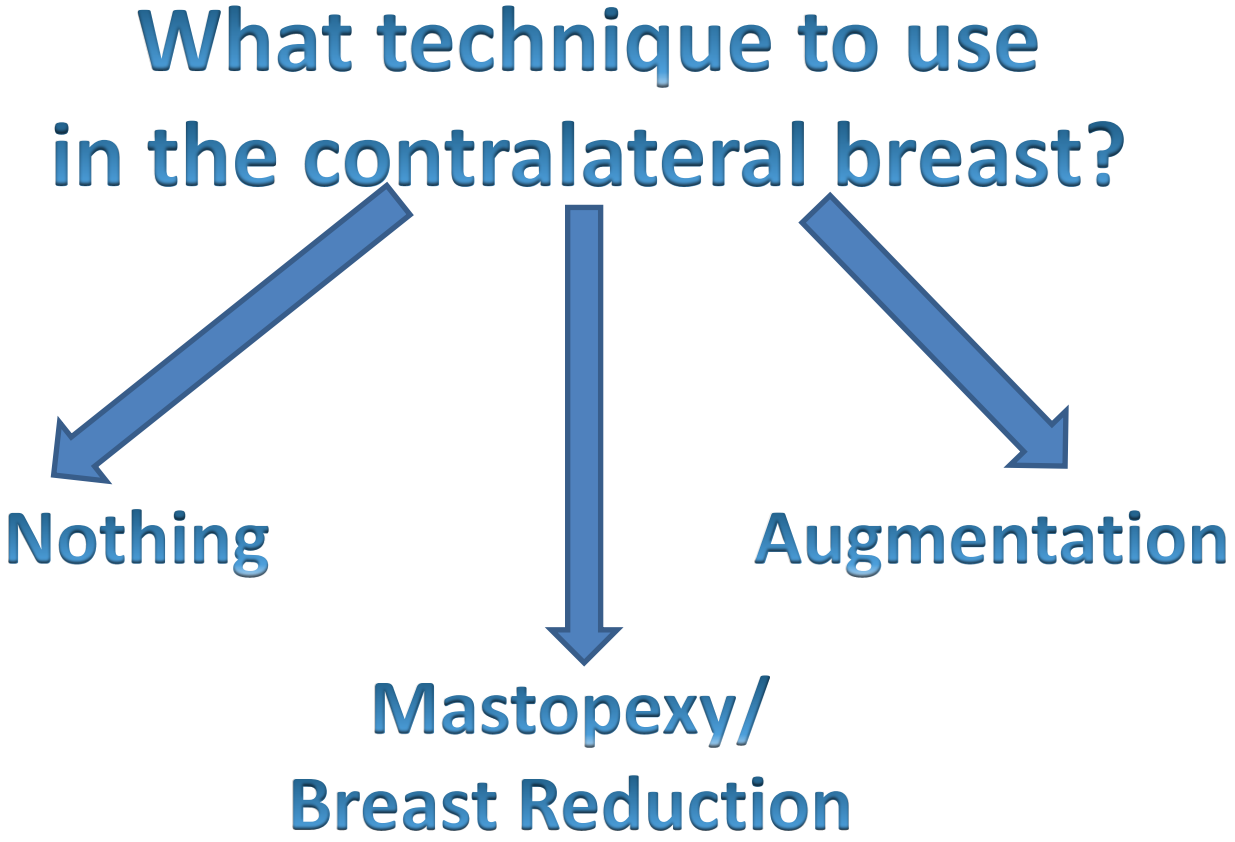
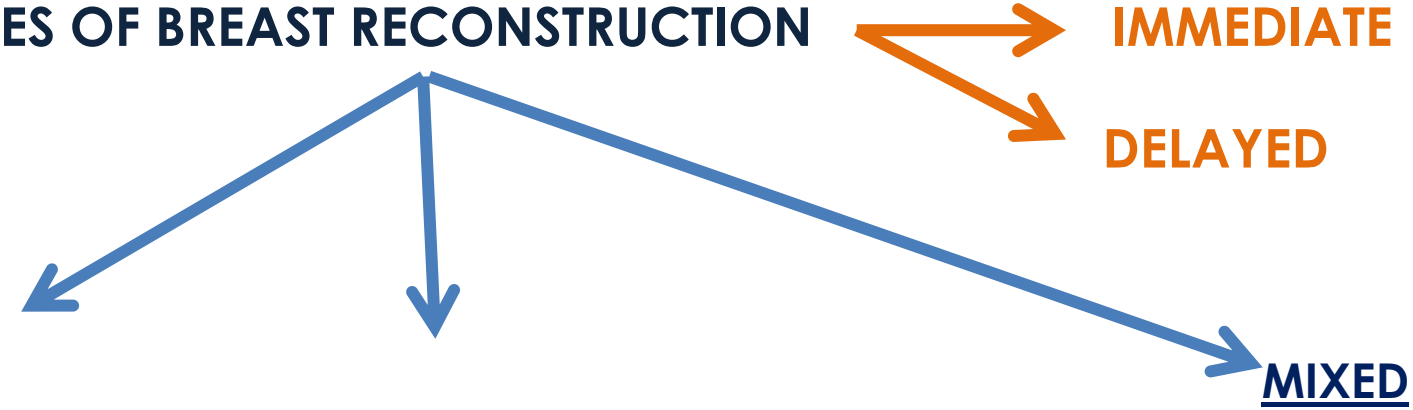
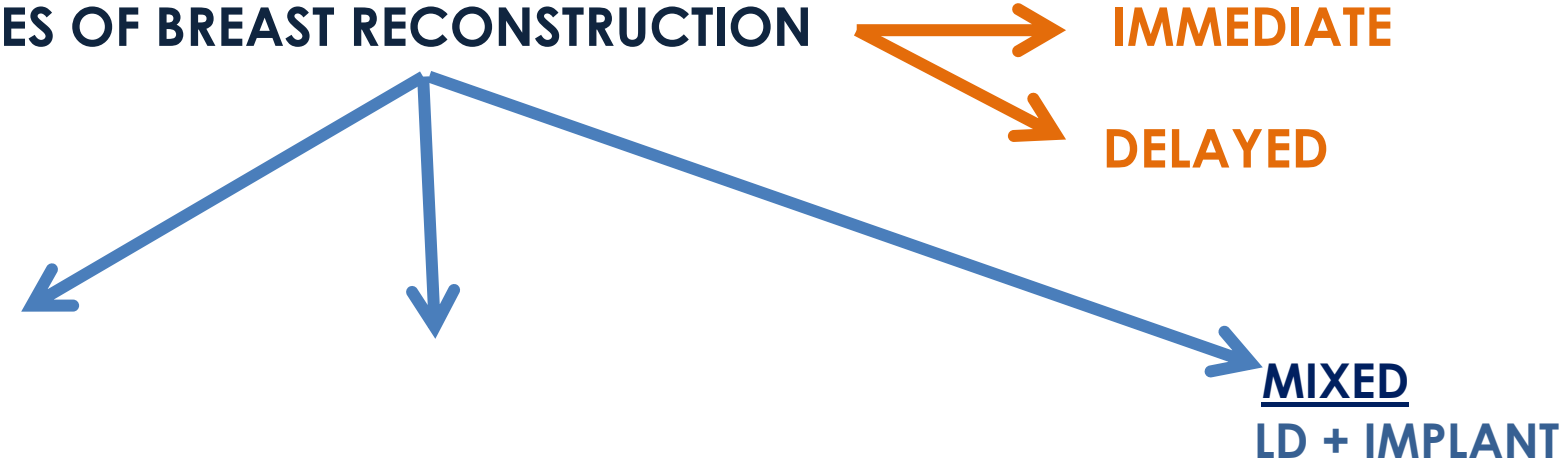

What technique to use
in the contralateral breast?
Nothing
Mastopexy/
Breast Reduction
Augmentation

TYPES OF BREAST RECONSTRUCTION



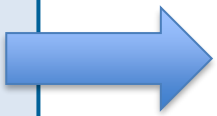
TYPES OF BREAST RECONSTRUCTION



Breast reconstruction

WHEN? EXAMPLES:

- Patients with previous RT that would desire implant based reconstruction
- Patients with previous RT that desire an implant in the contralateral breast
- Patients with previous RT that want a large volumen but have small adiposity for DIEPS



BILATERAL or UNILATERAL LD AND IMPLANT

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Breast reconstruction

CLINICAL CASE:

- Medium age(50s). Non smoker. No conditions
- Previous left Breast cancer reconstructed with LD and implant
- Important weight los. Previous LD dropped
- Posterior right breast cancer and mastectomy

PEXY of the previous LD and IMPLANT EXCHANGE and RIGHT DELAYED LD AND IMPLANT (SECONDARY CASE)

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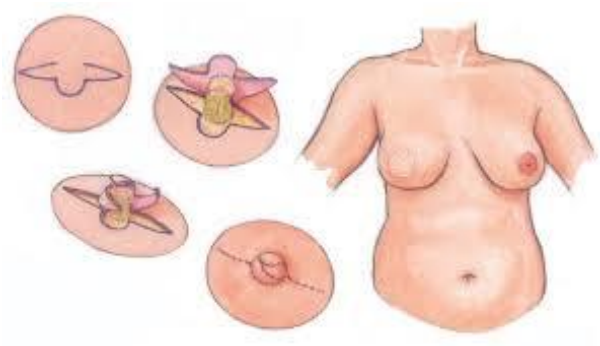
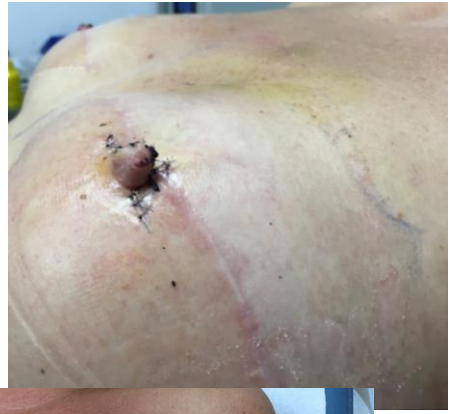
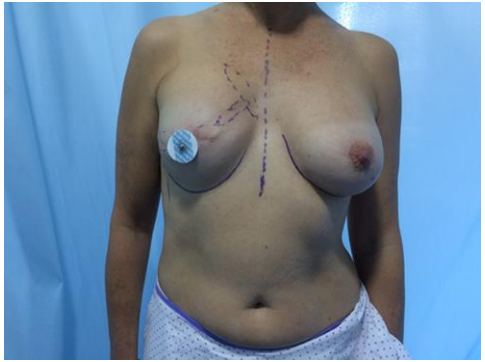
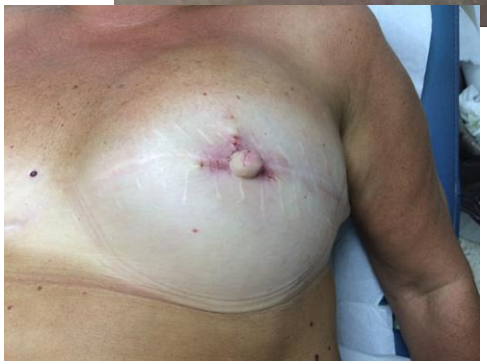
NIPPLE RECONSTRUCTION

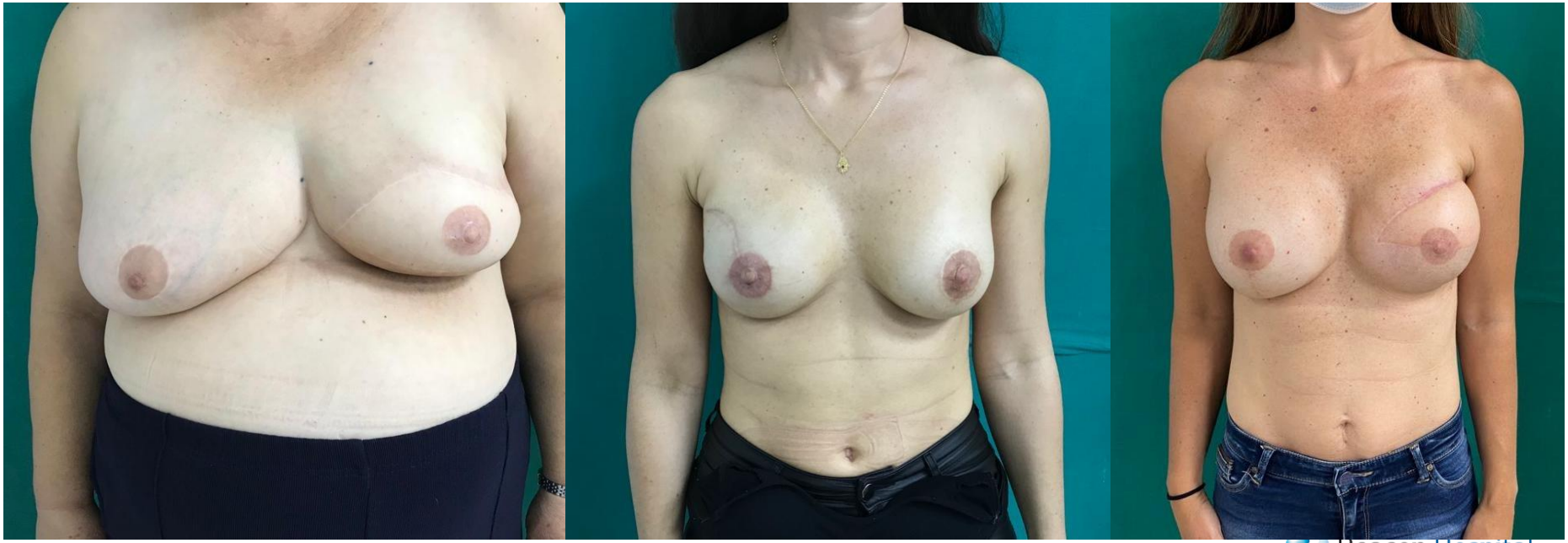




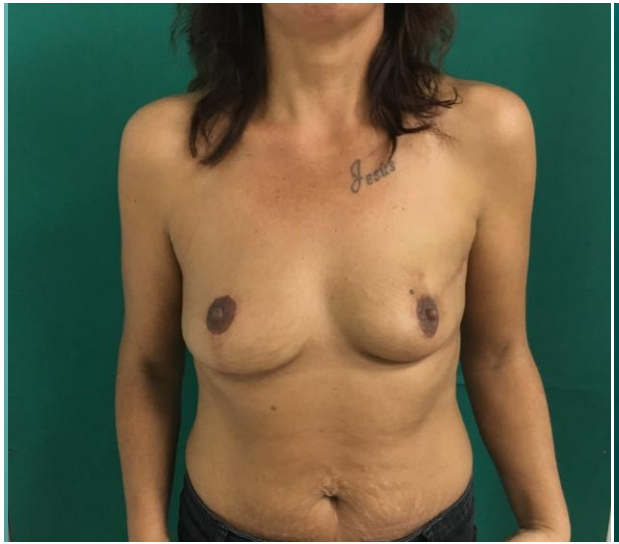


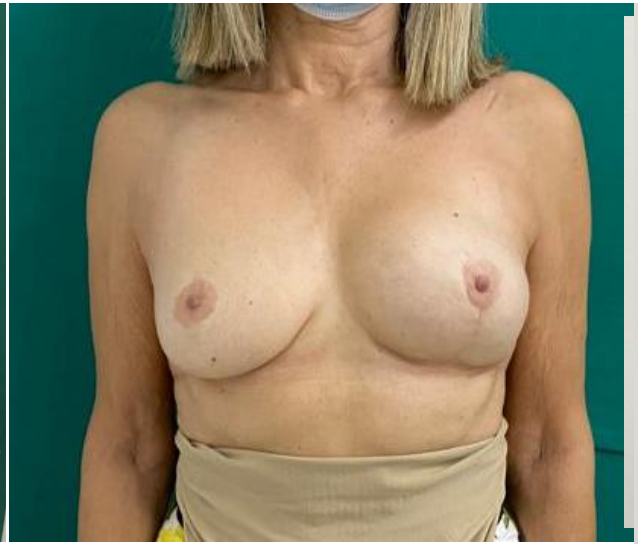


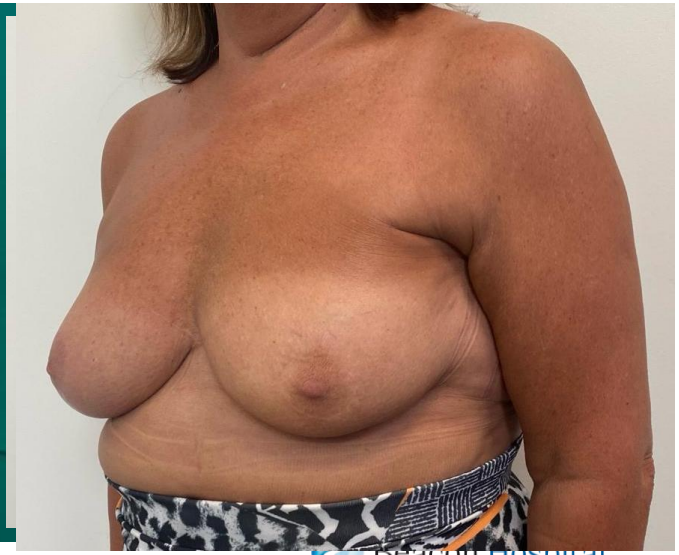
NIPPLE RECONSTRUCTION



SEQUELAE POST WLE AND RT







CONCLUSIONS

* The potential benefits of breast reconstruction are well documented and include improved body image, self-esteem, sexuality, well-being.

* Breast reconstruction is a complex process that sometimes involves long and/or several surgeries and potential complications.

* There are many different options and techniques to offer.

* The patient should be well informed about ALL available options as well as the complications and benefits. In the end, it is the patient's choice how she should proceed.

- Ideally ALL patients who face a mastectomy should be at least considered for breast reconstructive surgery.

Thank you

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