My Breast Reconstruction Decision Workbook

CONSIDERING BREAST RECONSTRUCTION AFTER MASTECTOMY

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

My Breast Reconstruction Decision Workbook

Information and activities to help you talk with your doctors about which types of breast reconstruction may be best for your health and appearance goals.

- What do you need to know?
- How do the options compare?
- What, if anything, does it cost?
- What matters most to you?
- Which options are you leaning toward?
- What questions do you have?

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Decisions about breast reconstruction are as unique as the women that make them.

The best decision is one that is:

- well-informed;
- works with your body type, cancer treatment plan, and overall health; and
- gives you the best opportunity to achieve your health, activity, and appearance goals.

What to expect at your appointment with your reconstructive surgeon

At your appointment, the reconstructive surgery team will:

- Review your health history and cancer treatment plan
- Ask about your health, activity, and appearance goals and preferences
- Explain which reconstructive options would be best for your cancer treatment plan and breast shape
- Answer your questions and confirm you're well-informed
- Discuss three key decisions

3

key decisions

- Is reconstruction right for you?
- Should you start at the same time as mastectomy or delay until later?
- Do you want to use your own tissue or an implant?

To help us understand what matters most to you, please complete the worksheet at the end of this workbook and bring it to your appointment.

Who pays for reconstruction?

The 1998 Women's Health and Cancer Rights Act states that after mastectomy, health insurance plans should cover:

- external breast prostheses (inserts you can wear in your bra that give the look of a breast when clothed),
- reconstruction surgery on the breast with cancer, and
- surgery on the other breast, if needed, to make both breasts look similar.

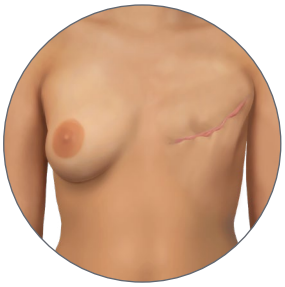
Please call your insurance company to request pre-authorization and an estimate of what, if anything, you would pay as your out-of-pocket costs (see the number on the back of your insurance card; page 12 lists some common insurance company numbers). Our MD Anderson financial associates can also help you find this information; please call 713-792-2991.

How is breast reconstruction done?

There are many ways to perform breast reconstruction. The process generally involves two or three surgeries over several months.

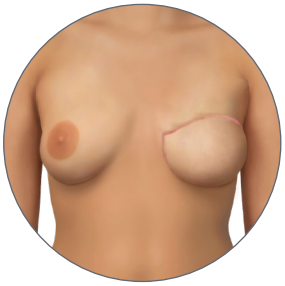
You and your surgeon will discuss which options might be best for you, considering:

- the plans for your mastectomy and any follow-up treatments like radiation;
- your breast shape, stretchiness of your skin, and overall health; and
- your personal preferences and goals for your health, activity, and appearance.



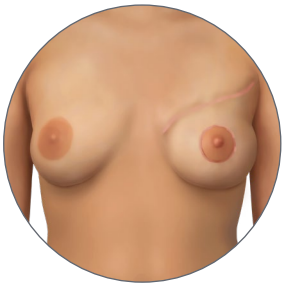
mastectomy surgery

removes the breast with cancer



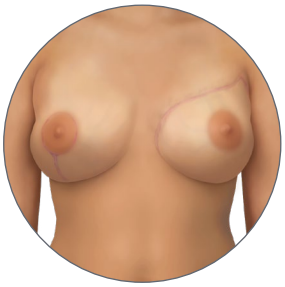
breast mound surgery

rebuilds the overall size and shape of the breast that was removed in the mastectomy



nipple reconstruction and/or tattoo

recreates the shape of a nipple, if desired recreated the darker skin around the nipple (aerola), if desired



revision surgery

reshape or touch-up, if needed

contralateral surgery on the other breast

reshape/resize so they are both similar in size and shape, if desired

Decision #1: Is breast reconstruction right for you?

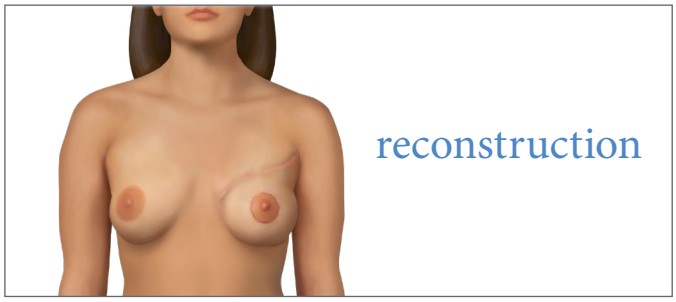
	No reconstruction	Reconstruction
Decision-making process	• Can focus entirely on cancer treatment now, but may have fewer reconstruction options later • Can decide whether to wear an external breast prosthesis (bra insert shaped like a breast)	• Can plan ahead • Can focus on life after breast cancer
Surgery	Total process = 1-2 months* • Mastectomy surgery: 1 day in hospital, 2-4 weeks recovery at home* • Prosthesis fitting and ordering: 1-30 days **Plus 6-12 months if chemotherapy or radiation is needed after mastectomy*	Total process = 3-12 months* • Mastectomy plus breast mound surgery: 1-5 days in hospital, 2-6 weeks recovery at home • Tissue expander, if needed: 1-3 months • Revision surgery, if needed: 0-1 days in hospital, 1-3 weeks recovery at home **Plus 6-12 months if chemotherapy or radiation is needed after mastectomy*
Recovery	• Varies by person, typically moderate pain for 1-2 weeks after the mastectomy surgery	• Varies by person and type of reconstruction, typically moderate pain for 1-2 weeks after reconstructive surgery
Additional options	• Can wear an external breast prosthesis (bra insert shaped like a breast) • Can do a nipple tattoo	• Can do surgery on the other breast so they are similar in size and shape • Can reduce, enlarge, or lift breast(s) • Can revise or touch up scars • Can rebuild the nipple or do a nipple tattoo
Risks	• An external breast prosthesis may cause rashes and chaffing in warm weather. They may also be difficult to keep in place during exercise or swimming • No difference in rates of cancer coming back (recurrence), or the ability to detect a recurrence	• Additional surgeries and procedures may add additional risks of possible complications • No difference in rates of cancer coming back (recurrence), or the ability to detect a recurrence
Out-of-pocket costs	• After mastectomy, most insurance companies cover external breast prostheses (bra inserts) • Given the variability in insurance coverage, please call your insurance company to obtain a pre-authorization and estimate of your out-of-pocket costs, if any	• After mastectomy, most insurance companies cover breast reconstruction, as well as surgery on the other breast to make them similar • Given the variability in insurance coverage, please call your insurance company to obtain a pre-authorization and estimate of your out-of-pocket costs, if any
Look and feel	• Chest may be flat or dip inward toward the ribcage • Usually there is one scar • External prosthesis looks normal with clothes on and feel similar to breast • Clothing, swimsuits, jewelry, and shoulder straps on bags may not fit the same	• Looks near normal with clothes on • Can have the appearance of a breast without having to worry about an external prosthesis • May be more than one scar • The reconstructed breast may feel softer or firmer than the other breast, depending on type of reconstruction

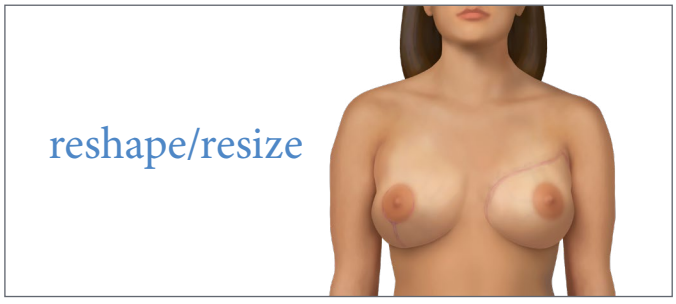
No reconstruction

After your breast surgeon finishes the mastectomy, you'll go home to recover. In a few weeks, you may choose to be fitted for an external prosthesis (a gel or foam insert that you can wear in a special bra).

If you choose not to have reconstruction, the surgery and recovery time may be shorter. You may get back to life and work sooner, and may have fewer out-of-pocket costs. You may be able to wear an external breast prosthesis. However, some women find the external prosthesis difficult to keep in place while exercising or swimming, and it may cause rashes or chafing in warm weather. Without the prosthesis, you may have a flat chest. Women who are overweight may have an indented chest that curves inward towards the ribs where the breast was removed.

Reconstruction





After the mastectomy, the reconstructive surgeon will rebuild the shape of the breast, called the breast mound, using either a breast implant or tissue from your own body. After giving your new breast mound time to heal, you may come back for a revision surgery to touch up any tissue that settled, and/or to rebuild the shape of the nipple. You may also do a tattoo to create the darker appearance of a nipple.

If you choose to have reconstruction, you won't have to worry about an external prosthesis. Many women also choose reconstruction because insurance covers reshaping or resizing the other breast as well. However, additional surgeries may mean additional risks, scars, recovery time, and out-of-pocket costs, depending on what type of reconstruction you choose.

It is very important to understand that there are no differences in rates of breast cancer coming back (called recurrence) whether you do breast reconstruction or not.

Also, whether or not you have reconstruction, you will have a scar, some pain, and a few months of recovery time after your mastectomy.

Decision #2: Should you start your breast reconstruction at the same time as your mastectomy or delay until later?

	Immediate reconstruction	Delayed reconstruction
Decision-making process	• Have to decide quickly, but can start reconstruction at the same time as mastectomy	• Fewer decisions now, but may have fewer reconstruction options later
Surgery	• 1 long operation • (mastectomy + reconstruction) • Revision surgery, if needed	• 2 separate operations (mastectomy now, reconstruction later) • Revision surgery, if needed
Recovery	Total process: 3-6 months* • 1-5 days in the hospital • 2-6 weeks at home **Plus 6-12 months if any additional revision surgeries are needed*	Total process: 6-12 months* • 0-5 days in the hospital • 1-8 weeks at home **Plus 6-12 months if chemotherapy, radiation, or revision surgeries are needed*
Additional options	• Can do surgery on the other breast so they are similar in size and shape • Can reduce, enlarge, or lift breast(s) • Can have a procedure to recreate the shape of a nipple or a tattoo to color/darken the skin around the nipple (the areola)	• Can address other health concerns first • Can do surgery on the other breast so they are similar in size and shape • Can reduce, enlarge, or lift breast(s) • Can have a procedure to recreate the shape of a nipple or a tattoo to color/darken the skin around the nipple
Risks	• Provided there are no complications during the mastectomy, there are no delays in getting chemotherapy or radiation • No difference in rates of recurrence, or the ability to detect a recurrence	• No delays in getting chemotherapy or radiation • No risk of damage to reconstructed breast skin or flap from chemotherapy or radiation • No difference in rates of recurrence, or the ability to detect a recurrence
Out-of-pocket costs	• Sometimes less for one surgery • Given the variability in insurance coverage, please call your insurance company to obtain a pre-authorization and estimate of your out-of-pocket costs, if any	• May be more for separate surgeries • Given the variability in insurance coverage, please call your insurance company to obtain a pre-authorization and estimate of your out-of-pocket costs, if any
Look and feel	• Will have a breast mound after the mastectomy	• May have flat or concave chest for 3-9 months

The second decision you'll discuss with your reconstructive team is whether to start at the same time as your mastectomy surgery (immediate reconstruction), or wait until later (delayed reconstruction).

Immediate reconstruction

During the mastectomy, the breast surgeon will remove the breast that has cancer, and the reconstructive surgeon will immediately begin rebuilding the overall shape of the breast mound.

Starting reconstruction immediately means you are never without a breast mound, and it often produces a better long-term appearance. Combining the mastectomy and breast mound surgery means fewer surgeries, which may mean shorter recovery time and less out-of-pocket costs.

Starting immediately does make the initial surgery longer and you may still need revision surgeries later on. Immediate reconstruction may not be best if you have other health concerns such as quitting smoking or losing weight that should be addressed first.

Delayed reconstruction

Delayed reconstruction means waiting to start the reconstruction process later, and may be recommended:

- if there is a possibility that you will need radiation, which damages some types of reconstruction,
- if you want to take time to address other health concerns such as quitting smoking, losing weight, or rebalancing diabetes after cancer treatments, or

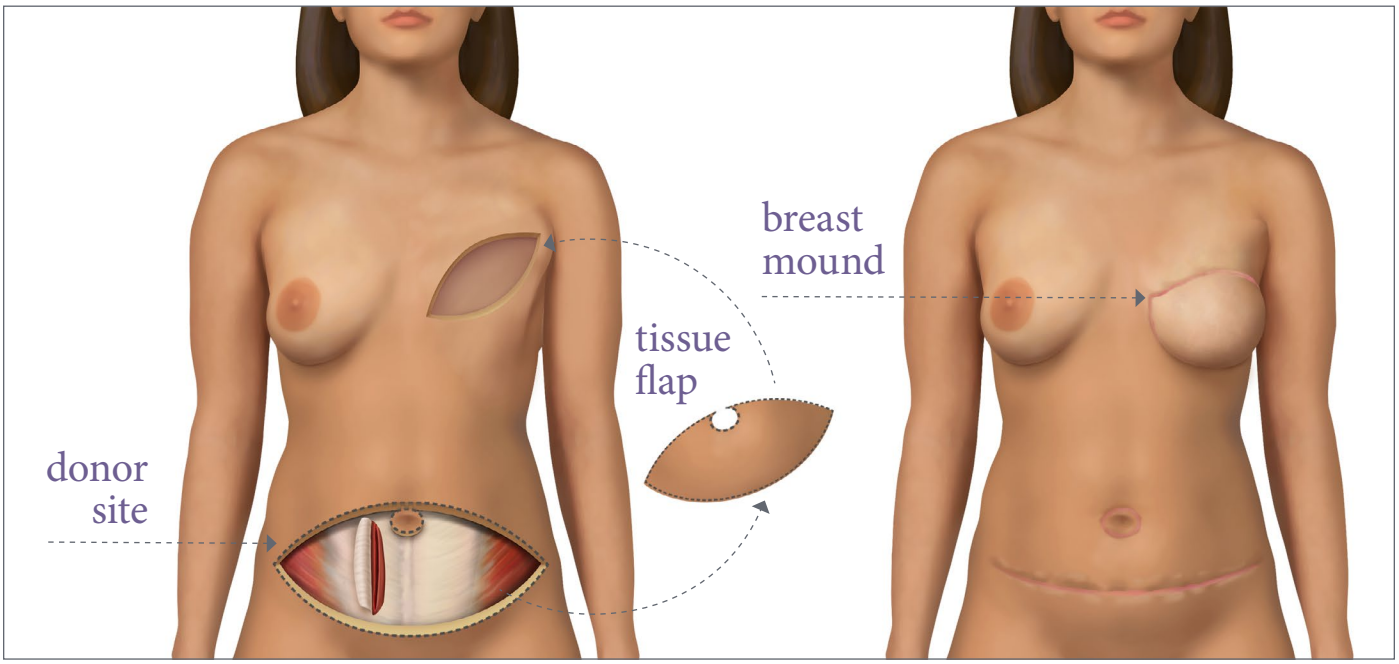
Delayed reconstruction allows you to address other health concerns first. It can also allow you to focus entirely on your cancer treatment.

However, delaying may mean having a flat or indented chest for 3-9 months, more surgeries, more cost, and an overall longer process. You may have fewer reconstruction options if you delay and it can make it harder to achieve a natural look.

It is important to remember that there are no differences in the rates of breast cancer recurrence or the ability to detect a recurrence whether you have immediate or delayed reconstruction.

Decision #3: Use your tissue or an implant?

Using a tissue flap (autologous reconstruction)



Using a piece of your own tissue is called a **tissue flap** or **autologous** reconstruction, which means "from the same person." At the end of your mastectomy surgery, the reconstructive surgeon takes a small flap of tissue from your belly, thigh or back, moves it to your breast, and reshapes it to make the **breast mound**. This piece of tissue usually includes some skin and fat, and sometimes includes a piece of muscle.

The spot the tissue is taken from is called the **donor site**, because it donates the tissue to your breast. Your surgeon will discuss with you whether you have enough healthy tissue to create the breast size you want, and whether tissue from your belly, thigh, or back may work best for maintaining long-term shape. If you have other health concerns like smoking, obesity, or diabetes, you may need to treat those concerns before you can use a tissue flap. The most common kind of flaps are **belly flaps**, which are also called **TRAM flaps** or **DIEP flaps**. Your surgeon will explain these terms and describe any other flaps that might work for you.

Tissue flaps can feel more like the original breast and some women prefer knowing they have used only their own tissue. They can also make nipple reconstruction easier.

However, tissue flaps involve two surgical sites (the breast and the donor site where the tissue was taken from). This means longer hospital stays and recovery times, and two scars. The size of the breast may be limited by the amount of healthy tissue you have available, and tissue flaps may need revision if you have radiation, or gain or lose a lot of weight.

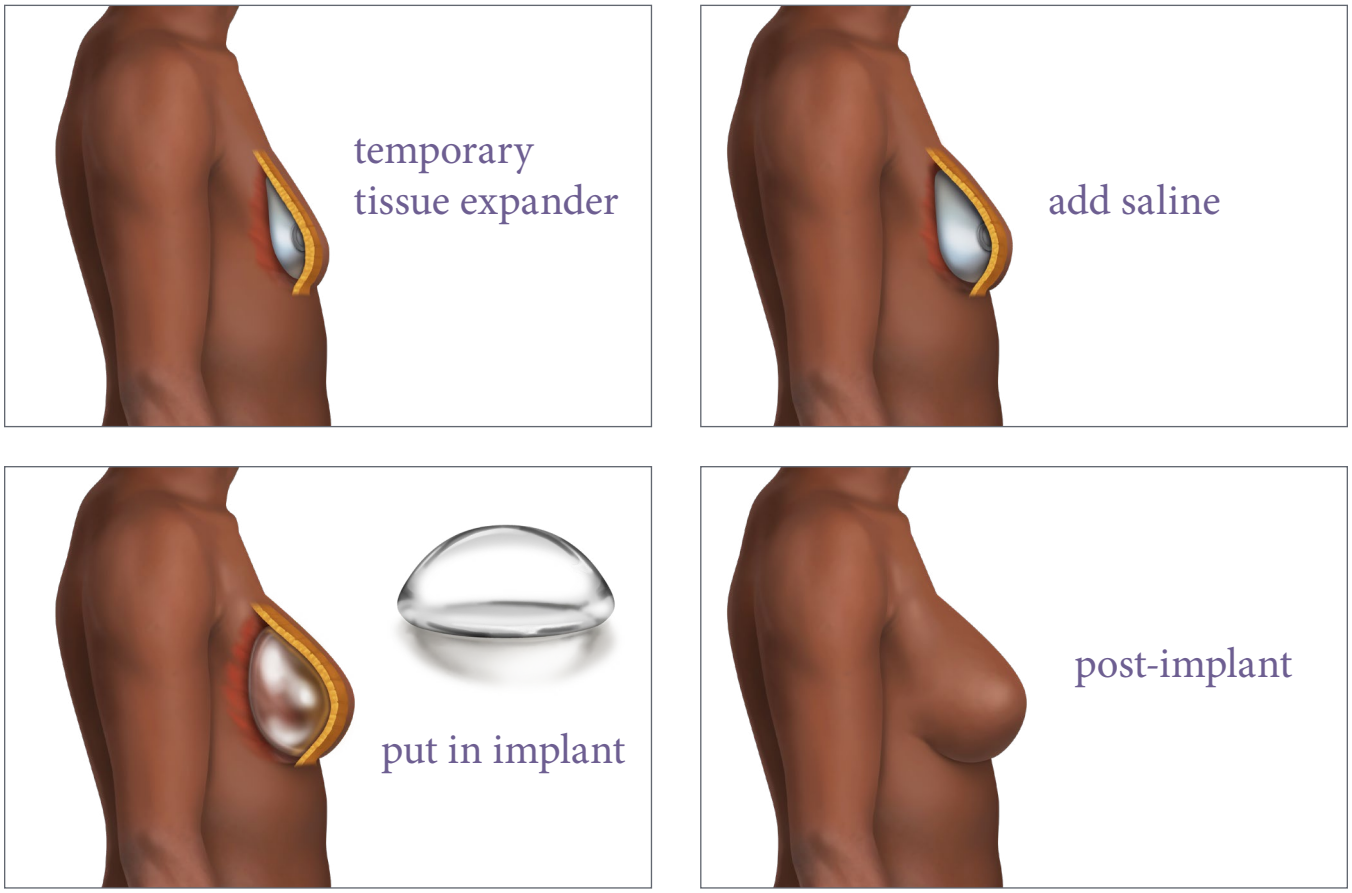
Using a breast implant

A breast implant is a small round or breast-shaped sac filled with silicone gel or sterile salt water…called saline. The implants are placed under or on top of your chest muscle (called pectoralis major), and need healthy skin and the right space to fit well. After mastectomy, some women may have enough skin and space to have the implant put in right away, called direct-to-implant reconstruction.

Some women may need their skin and muscles to stretch to create enough space. If so, the surgeon may put in a temporary saline sac called a **tissue expander**. They may also use a special type of supportive netting called acellular dermal matrix, or ADM, to keep it in place. Over the next 1-3 months, you would come into the clinic, and the surgeon or physician assistant will add a little more saline to the expander to help **slowly stretch the muscles and skin**. Once the expander has reached the right size, the reconstruction team will do a short follow-up surgery to take it out and put in the breast implant.

Breast implants also have a good feel and some women say they appear more "perky." Implants may also offer more freedom to choose what size you want for one or both breasts. With implants, the surgery is only on the mastectomy site, so there is one scar and a shorter hospital stay and recovery times.

However, the implant process may include two surgeries and 1-3 months of weekly clinic visits to add saline to a tissue expander. Revision surgery may be needed if the implant moves out of place or needs to be replaced in the future. An implant may be placed in the other breast to match, if needed.

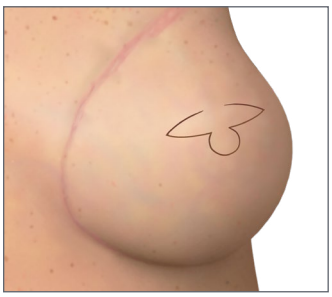


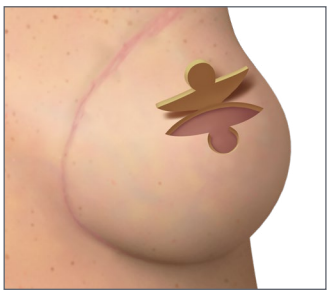
Using a tissue flap vs. a breast implant

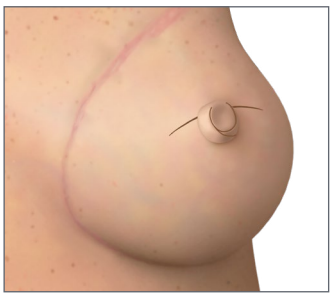
	Tissue flap (using your own tissue)	Breast implant
Best for women who	• Have enough healthy skin & body fat to create the desired size breast(s) • Have addressed any other health concerns (smoking, obesity) • Might need radiation	• Might not have enough healthy tissue and body fat to create the desired size breast(s) • Have other health concerns • Are not likely to have radiation
Surgery	• Usually 1-2 operations, and 2 surgical sites (the donor site where tissue is taken from and the breast) • If having radiation, the surgeon can put in a temporary expander and replace with the tissue flap in a second surgery	• Direct-to-implant: the implant is put in right after the mastectomy • Two-stage: a temporary tissue expander is put in to make enough room for the implant, then replaced with the implant in a second surgery
Recovery	• 3-5 days at the hospital • 3-6 weeks at home • Varies, generally mild to moderate pain for 7-10 days after surgery (chest and donor site)	• 1-2 days at the hospital • 2-3 weeks at home • Varies, generally mild to moderate pain for 7-10 days after surgery
Risks	• Tissue flap shifts or doesn't get enough blood and has to be revised or replaced	• Scar tissue contracts around the implant and changes its shape (called capsular contracture) • Implant infection, shifting, or rupture
Additional treatments	• Revision surgeries, if desired (for example to touch-up the reconstructed breast if you gain/lose weight) • Nipple reconstruction or tattoo	• 1-3 months of coming in to the clinic to have saline added to the tissue expander • Revision surgeries, if desired, or to remove scar tissue or reposition/replace the implant • 3D nipple tattoo may be recommended if the skin is stretched tight
Out-of-pocket costs	• Given the variability in insurance coverage, please call your insurance company to obtain a pre-authorization and estimate of your out-of-pocket costs, if any	• Given the variability in insurance coverage, please call your insurance company to obtain a pre-authorization and estimate of your out-of-pocket costs, if any
Look and feel	• May feel more like the original breast • Scars at the donor site and on the breast	• May feel firmer and look more "perky" • Scars on breast only

How does the surgeon rebuild the nipple?

If your nipple needs to be removed during the mastectomy, the shape of a nipple can be rebuilt using a small flap of skin. This can be done during a revision surgery, or as a procedure in the clinic without having to go to the operating room.

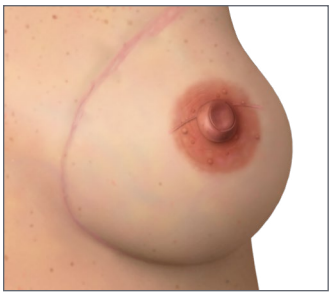






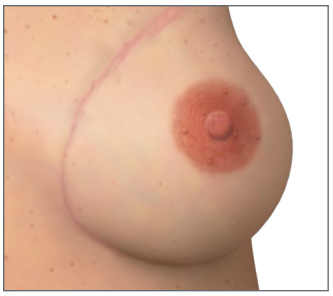
Tattoo the appearance of the areola

Additionally, many tattoo artists can tattoo the skin to create the appearance of the darker circle around the nipple…called the areola.



3D tattoo without surgery

Alternatively, some women choose not to rebuild the shape of the nipple, and instead have a 3D tattoo, which gives an illusion of a nipple without having surgery.



What will the new breast look and feel like?

The look and feel of the new reconstructed breast is different for each woman, depending on your overall health, your breast shape, the stretchiness of your skin, and what types of cancer treatments and reconstruction you do.

There are a lot of examples on the internet, and it is hard to know what to trust. Some websites offer idealized photos and quick reconstructions, but may not be realistic about average results or long-term quality. Hours of searching can take valuable time and energy during your cancer treatment and recovery.

Tips from breast cancer survivors and nurses

- **Recognize that you're coping with this diagnosis, and managing the appointments, and all the new information – you will NOT be able to remember everything perfectly the first time and your thinking will evolve as you learn more.** You may need to revisit the basics and ask questions repeatedly, and that's fine. View the video and workbook a couple times on different days, and you'll be surprised what "new" information sticks out to you.
- **Do not go searching the internet unless you want to scare yourself.** You will find gruesome images and horror stories.
- **Keep in mind that the surgeries, implants, etc. that they use today are very different than they were five years ago.** Ask for up-to-date information and facts. Ignore the stories and rumors and gossip. Make sure you are really well-informed.
- **Understand that there are several decisions to make,** and it's normal to have multiple pros and cons that you're trading off in your head. Aim to make the best decision under the circumstances, so you're not anxious about making the "right" or "perfect" decision.
- **Acknowledge what is not a decision.** This is cancer. You will have months of appointments, treatments, and recovery. Some options won't be possible. Your breasts will look different. The insurance determines the costs.
- **Focus on what you can be thinking about in your decisions.** Among the options that make sense medically, which fits you best? What is most important to you short-term and long-term?
- **Decide who you want involved in your decisions, when and how.** Some people can help you get good information. Some can help you talk through your options (without pressuring you). A few may be able to help you make the actual decisions. And many people can help you go through the process of treatment, recovery, closure and survivorship.
- **Consider what matters to you.** For me, I wanted to feel "normal" again and not have the reminder of being sick staring at me in the mirror. So reconstruction helped me feel "normal" again. But would that feel "normal" to you?
- **Ask about what appointments to expect.** I was surprised there was only the 1 pre-op with the surgeon where we made decisions, and then the surgery was scheduled and I was "all on board."
- **You may want to cling to one thing for the feeling of control (e.g. having surgery immediately, small scar, keeping the nipple, etc.), but if it's unrealistic, it can get in the way of your best outcome long term.** You'll need to strike a balance between what strengthens your hope and endurance, and what is setting you up for disappointment if it doesn't happen "perfectly" like you imagined.
  - *For example, I was emotionally coping by expecting to get 21 year-old breasts again, but the reality with the tissue flaps is your tissue is whatever age you are and isn't magically going to turn back time. I found myself having to reckon with the disappointment that I had set myself up for, which was doable,* ***but decide up front which you prefer – a little less reality so you can cope now or a little more reality so you have less to cope with later. Both are valid approaches.***
- It's not always a prosthesis versus reconstruction decision. If you're having delayed reconstruction, you may want to wear prosthesis for a few months. **Ask yourself which option your want, at which phase in your process over the next year.**
- **If sensation is important to you (e.g. for sex), make sure you ask about what will/will not have sensation** after each type of mastectomy + reconstruction. Looking back, it seems obvious that the skin or nipple won't have sensation if all the nerves were cut, but it surprised me at the time.

- **Ask what to expect post-op when you wake up. This is very very important.**
  - *Drains. Looking back, I wasn't really aware what the drains would be like. Ask the PAs and nurses what it's like so you're not surprised.*
  - *You may wake up with no nipple and an expander with a port, which can be jarring at first, but it's only temporary. Remember that your breast just went through surgery and needs time to heal.*
  - *Would be helpful to have someone say, "Oh yes, honey. It looks awful at first, but it will be better in a few months, and in a year you'll have a much more realistic idea of what your new breast and overall appearance really looks like."*
- **Find out how long your recovery will be with each option,** especially if you're out of town and will need to rent a condo for weeks, etc. This may impact your decision if you work, etc. **The non-treatment real-life costs are relevant.**
- **Side effects sometimes happen. Address them as soon as you can.** I did not understand the full implications of lymphedema on my arms or that there is a surgery can correct some of it.
- **Ask, "Exactly what do you want me to do or not do post-mastectomy, post-reconstruction, post-revision, etc.?"**
  - *Ask up front AND at the post-op visit what the limitations/restrictions are* **AT EACH PHASE** *and for how long.*
  - *Exercise is very important to me, so my default is to get things stretched and moving as soon as possible. That seems healthy. I was sent home with a workbook of exercises from the breast surgery, but when I went to my reconstructive surgeon, he was surprised and concerned that I was exercising my arms.*
  - *When you go in for the mastectomy and later for reconstructive surgery, you are not able to use your arms to help you get out of chairs or into and out of bed. Perhaps preparing for surgery doing some sit and stand exercises without the use of your arms.*
- **Don't be afraid to acknowledge, "treat" and support your emotional and spiritual needs.** You may think you're overthinking or overly emotional about something, but your thoughts, anxieties, and experience reckoning with how cancer fits in the grand scheme of life is a perfectly normal part of the process. Find out if your doctor or hospital has resources for your religion, and ask about whether what you're praying, thinking, and feeling are normal and helpful.
- **Acknowledge that you are confronting an identity crisis with a lot of uncertainty and little control.** Cancer is life-changing and hard, but it can become freeing and surprisingly GOOD in your life. Don't waste this experience. (See the books: "Don't Waste Your Cancer" and "Just Get Me Through This!")

Common misconceptions

Myths	Facts
Breast reconstruction is too expensive.	**Most insurance companies cover breast reconstruction and surgery on the other breast,** if needed. Contact your insurance company to request an estimate of your out-of-pocket costs (See Resources, below).
Breast reconstruction will make my breast(s) look just like it did before.	**The goal of breast reconstruction is to create the appearance of two breasts when you're wearing clothes.** You will have scars and your skin may get darker or tighten up if you have radiation.
Using a tissue flap means I'll also get thin!	No. **Breast reconstruction is not a weight loss procedure.** However, if you have a TRAM or DIEP, it may improve the shape of your tummy area.
Breast implants are dangerous.	**The FDA ensures that breast implants are reasonably safe and effective.** See https://www.fda.gov/medicaldevices/productsandmedicalprocedures/implantsandprosthetics/breastimplants/default.htm It is important to discuss with your surgeon the short- and long-term risks and benefits of both options – using breast implants and using your own tissue.
It's best to start reconstruction immediately.	**Sometimes.** It may be better to delay reconstruction if you are likely to receive radiation (which can damage some types of reconstruction), or if you need to quit smoking, lose weight, or take care of other health conditions after your cancer treatment.
I can have breast reconstruction done in one surgery and be done.	**Each woman's reconstruction timeline is unique,** depending on what type of cancer treatments you have (for example, chemotherapy and radiation), what types of reconstruction you want, and how much you want to revise afterward. Most women have 2-3 surgeries to achieve their best health and appearance goals.
It's cosmetic surgery, so I can just pick what I want.	**It is reconstructive surgery and the best option for you depends on the results of the mastectomy and cancer treatment plan, as well as your overall health, body type, and preferences,** including whether you: • may need chemotherapy and radiation; • want to reduce, enlarge or lift your breast(s); • have enough healthy, stretchy skin after the mastectomy; • can use belly, thigh, or back tissue for a tissue flap; • have enough space for the size implant you want; or • have any other health concerns. You and your surgery team will develop a reconstruction plan, which may change as you go through your cancer treatments. **The goal is to find the best match between what is possible after your mastectomy and your long-term health, activity, and appearance goals.**

Your personal decision worksheet

Please bring this worksheet to your appointment.

The following questions will help you prepare to talk with your surgeon and make a well-informed decision.

What do you need to know? *Please circle*

The goal of breast reconstruction is to recreate the appearance of a breast when you are wearing clothes.	True	False	I don't know
After a mastectomy, your options may include: • No reconstruction or breast reconstruction, • Starting immediately or delaying, and/or • Using your own tissue or a breast implant	True	False	I don't know
Most insurances cover breast prostheses (bra inserts), reconstructive surgery on the breast with cancer, and surgery on the other breast, if needed.	True	False	I don't know
You always start breast reconstruction at the same time as your mastectomy.	True	False	I don't know
Without reconstruction: • Benefits: no additional surgeries or recovery time; can wear an external breast prosthesis; can focus on cancer treatment. • Risks/Side effects: flat or indented chest; rashes/chaffing from wearing a breast prosthesis; and worrying about a prosthesis when exercising or swimming.	True	False	I don't know
With breast reconstruction: • Benefits: always have the appearance of a breast, no worry about wearing a prosthesis, surgery on the other breast if you want it, can focus on life after cancer • Risks/Side Effects: additional surgeries, scars, and recovery time	True	False	I don't know
Having breast reconstruction does not change the risk of cancer coming back (recurrence) or the ability to see if there is cancer coming back (detecting recurrences).	True	False	I don't know
Breast reconstruction is usually finished in one surgery.	True	False	I don't know
Smoking and being overweight may increase the risk of complications.	True	False	I don't know
The best decision for you depends on your breast shape, your overall health, and your activity and appearance goals.	True	False	I don't know

Towards which options are you leaning? *Please circle all options in which you are interested.*

Decision #1	No breast reconstruction	or	Breast reconstruction		
Decision #2	Start now (immediate)	or	Start later (delayed)		
Decision #3	Use a tissue flap	or	Use a breast implant		
Other options	No nipple reconstruction	or	Nipple reconstruction		
	No nipple tattoo	or	Nipple tattoo	or	3D nipple tattoo
	Surgery on the other breast (contralateral surgery)				

Your personal decision worksheet

What matters most to you?

Breast cancer survivors tell us that the following items were very important in helping them make their personal decisions with their reconstruction team. Clarifying how important they are to you will help you and the surgeon consider which options may give you the best chance of achieving your goals.

Please rate each item on a scale of 0 to 10

How important is it to you to? *Not Important*											*Important*
Look like you have two similar breasts in clothes	0	1	2	3	4	5	6	7	8	9	10
Minimize the number of surgeries	0	1	2	3	4	5	6	7	8	9	10
Minimize the number of scars	0	1	2	3	4	5	6	7	8	9	10
Minimize time away from work or family duties	0	1	2	3	4	5	6	7	8	9	10
Avoid worrying about an external prosthesis	0	1	2	3	4	5	6	7	8	9	10
Focus your attention on cancer treatment	0	1	2	3	4	5	6	7	8	9	10
Take care of other health concerns	0	1	2	3	4	5	6	7	8	9	10
Use your own tissue	0	1	2	3	4	5	6	7	8	9	10
Have reconstruction on the other breast	0	1	2	3	4	5	6	7	8	9	10
Have the appearance of a nipple when naked	0	1	2	3	4	5	6	7	8	9	10

How are you feeling about these decisions? *Please circle yes or no*

Do you feel sure about the best choice for you?	Yes	No
Do you know the risks and benefits of each option?	Yes	No
Are you clear about which benefits and risks matter most to you?	Yes	No
Do you have enough support and advice to make a choice?	Yes	No

Questions or notes you would like to share with your reconstructive surgery team:

Glossary

Adjuvant therapy – adjuvant means "adding help", and it means any additional treatments after your mastectomy that may help prevent cancer from coming back later (for example, radiation or chemotherapy)

ADM – Acellular Dermal Matrix, a biological tissue used to support an implant so that it stays in place while still allowing the breast to move in a natural way (made from a piece of skin that has had all the cells removed, leaving the frame or scaffolding)

Areola – the darker circle of skin around the nipple

Autologous – "from the same person," which is another way of saying you are using a piece of tissue from your body (tissue flap) to rebuild the shape of the breast

Balancing or symmetry surgery – surgery on the other breast so that they are a similar shape and size

Breast implant – a round or breast-shaped (contoured) sac filled with silicone gel or salt water (called saline)

Capsular contracture – when the "capsule" of scar tissue that forms around implants and tissue expanders contracts and changes the shape of the new breast mound.

Contralateral – "from the opposite side of the body," that is, the breast without cancer

Immediate reconstruction – starting the reconstruction process during the mastectomy surgery, immediately after the breast with cancer is removed

Delayed reconstruction – waiting until recovery from the mastectomy to start the reconstruction process

DIEP flap – "Deep Inferior Epigastric Perforator" flap, which means a piece of skin and fat tissue taken from the belly (a very common type of reconstruction that does not include any abdominal muscle)

Donor site – the place where the tissue was taken from, for example, the belly, back or thigh

External breast prosthesis – a plastic or foam insert that is shaped like a breast and can be worn in special bras and swimsuits to create the appearance of a breast

Free flap – when the tissue is fully removed from the donor site, moved to the breast, then reattached to the arteries and veins; this happens more often with belly and thigh flaps

LD flap – "Latissimus Dorsi" flap, which means using some muscle, fat, and skin from the back (often with a tissue expander or implant to create enough volume)

Neoadjuvant therapy – chemotherapy or radiation done before mastectomy (Note: adjuvant therapy means treatments done after the mastectomy)

Nipple reconstruction – the process of rebuilding the shape of a nipple

Nipple-sparing surgery – a surgical procedure that removes the breast tissue without removing the breast skin and nipple

Nipple areola tattoo – a tattoo on a reconstructed nipple to add color to the nipple and to create the darker circle of skin (areola). Without nipple reconstruction, a 3D tattoo can use shading on flat skin to create the appearance of a nipple and areola.

Out-of-pocket costs – the money, if any, you would pay "out of your pocket" after your insurance has paid their portion (for example, your co-payment)

PAP flap – "Profunda Artery Perforator" flap, which uses skin and fat from the upper inner thigh but no muscle

Pedicled flap – when the tissue flap is moved to the chest but stays connected to its original artery and vein; this happens more often with the back and some belly flaps (pedicled TRAM flaps)

Revision surgery – a follow-up surgery to revise the shape or size of your breast (or the donor site, if you used a tissue flap)

Saline – sterile salt water, which is often used to fill breast implants and tissue expanders

Tissue expander – a temporary balloon-like sac that can be inflated to create the right amount of space for the desired size of breast implant. It is put in at the first surgery and expanded over the next couple months by adding saline. Once it reaches the right size, it is replaced with the breast implant.

TRAM flap – "Transverse Rectus Abdominis Muscle" flap, which means a piece of skin, fat, and some of the abdominal muscle in the belly ("muscle-sparing TRAM" uses as little muscle as possible for best outcomes)

Important resources

The University of Texas MD Anderson Cancer Center

Center for Reconstructive Surgery
Mays Clinic 5th Floor near Elevator U
713-563-8500
www.mdanderson.org/reconstructivesurgery

International Center and Language Translation Services
001-713-745-0450

MyCancerConnection Community
713-792-2553

Patient Financial Support Services
(long-term legal and financial impacts of cancer)
713-792-2991

Patient Travel and Housing Services
1-855-508-4467

Rotary House International
713-790-1600

Social Work counseling and resources for patients, caregivers, families, and survivors
713-792-6195

American Cancer Society
1-800-227-2345
www.cancer.org

American Society of Plastic Surgeons
1-800-514-5058
www.plasticsurgery.org/reconstructive-procedures/breast-reconstruction

Susan G. Komen Foundation
1-877-GO-KOMEN
www.komen.org

My Breast Reconstruction Decision Workbook

Watch the video here:

www.mdanderson.org/treatment-options/breast-reconstruction

For more information:

Center for Reconstructive Surgery
713-563-8500

https://www.mdanderson.org/patients-family/diagnosis-treatment/care-centers-clinics/center-for-reconstructive-surgery.html

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Making Cancer History®

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