



Breast Prostheses and Reconstruction

A guide for women affected by breast cancer

Practical
and support
information

For information & support, call

13 11 20



Breast Prostheses and Reconstruction

A guide for women affected by breast cancer

First published June 2011. This edition July 2020.

© Cancer Council Australia 2020. ISBN 978 1 925651 93 5

Breast Prostheses and Reconstruction is reviewed approximately every three years. Check the publication date above to ensure this copy is up to date.

Editors: Ruth Sheard and Kate Murchison. Designer: Eleonora Pelosi. Printer: SOS Print + Media Group.

Acknowledgements

This edition has been developed by Cancer Council NSW on behalf of all other state and territory Cancer Councils as part of a National Cancer Information Subcommittee initiative. We thank the reviewers of this booklet: A/Prof Elisabeth Elder, Specialist Oncoplastic Breast Surgeon, Westmead Breast Cancer Institute and Clinical Associate Professor, The University of Sydney, NSW; Dragana Ceprnja, Senior Physiotherapist and Health Professional Educator, Westmead Hospital, NSW; Jan Davies, Consumer; Rosemerry Hodgkin, Consumer; Gillian Horton, Owner and Director, Colleen's Lingerie and Swimwear, ACT; Ashleigh Mondolo, Clinical Nurse Consultant Breast Care Nurse, Mater Private Hospital South Brisbane, QLD; Dr Jane O'Brien, Specialist Oncoplastic Breast Cancer Surgeon, St Vincent's Private Hospital, VIC; Moira Waters, Breast Care Nurse, Breast Cancer Care WA; Sharon Woolridge, Consumer; Rebecca Yeoh, 13 11 20 Consultant, Cancer Council Queensland. We are grateful to Amoena Australia Pty Ltd for supplying the breast form images on pages 14–16. The photographs on pages 35, 47 and 51 have been reproduced with permission from *Breast Cancer: Taking Control*, breastcancertakingcontrol.com.au © Boycare Publishing 2010, and the image on page 46 has been reproduced with permission from Dr Pouria Moradi, NSW.

This booklet is funded through the generosity of the people of Australia.

Note to reader

Always consult your doctor about matters that affect your health. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for medical, legal or financial advice. You should obtain independent advice relevant to your specific situation from appropriate professionals, and you may wish to discuss issues raised in this book with them.

All care is taken to ensure that the information in this booklet is accurate at the time of publication. Please note that information on cancer, including the diagnosis, treatment and prevention of cancer, is constantly being updated and revised by medical professionals and the research community. Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided in this booklet.

Cancer Council

Cancer Council is Australia's peak non-government cancer control organisation. Through the eight state and territory Cancer Councils, we provide a broad range of programs and services to help improve the quality of life of people living with cancer, their families and friends. Cancer Councils also invest heavily in research and prevention. To make a donation and help us beat cancer, visit cancer.org.au or call your local Cancer Council.



Cancer Council Australia

Level 14, 477 Pitt Street, Sydney NSW 2000

Telephone 02 8063 4100 **Facsimile** 02 8063 4101 **Email** info@cancer.org.au **Website** cancer.org.au

ABN 91 130 793 725

About this booklet

This booklet is for women who have had, or are considering having, a partial or complete removal of one or both breasts (mastectomy). The surgery may have been because of cancer or to prevent cancer.

For many women, breasts symbolise femininity, nursing a baby and sexual attractiveness. Losing part or all of a breast may affect your body image or confidence.

Before or after a mastectomy you may think about whether, and how, to restore your breast shape. You may consider a breast prosthesis or a breast reconstruction. A prosthesis is a synthetic breast worn inside a bra. It is also called a breast form. A reconstruction is a surgical procedure used to create a new breast shape using your own tissue and skin or using an implant as well as your own tissue and skin.

We hope this booklet will help you understand both options. It also includes information on the possible benefits and drawbacks, which may be helpful in your decision-making process.

This booklet does not need to be read from cover to cover – just read the parts that are useful to you. Some terms that may be unfamiliar are explained in the glossary (see page 72).

If you or your family have any questions, call Cancer Council **13 11 20**. We can send you more information and connect you with support services in your area. You can also visit your local Cancer Council website (see back cover).



**Cancer
Council**
13 11 20

Contents

Key questions	4
What is a breast prosthesis?	4
What is a breast reconstruction?	4
Do I need to have a prosthesis or a reconstruction?	5

Making decisions	7
-------------------------------	----------

Breast prostheses 10

When can I start wearing a prosthesis?	10
Material used in prostheses	12
Types of prostheses	13
Buying a breast prosthesis	17
Wearing a breast prosthesis	22
Caring for a breast prosthesis	26
Travelling with a prosthesis	27
Costs and financial assistance	28

Breast reconstruction 31

When can I have a reconstruction?	31
Who will do the reconstruction?	32
Types of breast reconstruction	34
Implant reconstruction	35
Flap reconstruction	45
Re-creating the nipple	51
Surgery to the other breast	53
What to expect after surgery	54
Costs and financial assistance	57

Looking after yourself	60
Staying active.....	60
Body image	61
Complementary therapies.....	62
Sexuality and intimacy	63
Seeking support	66
Support from Cancer Council	67
Useful websites	68
Caring for someone with cancer	69
Question checklist	70
Glossary	72
How you can help	76



Key questions

Q: What is a breast prosthesis?

A: A breast prosthesis (plural: prostheses) is a synthetic breast or part of a breast that is worn in a bra or under clothing to replace all or part of your breast. It is also called a breast form.

A prosthesis is worn after you have had surgery to remove the whole breast (mastectomy) or part of the breast (breast-conserving surgery or lumpectomy). Most breast prostheses have the shape and feel of a natural breast, and may weigh the same or be lighter. They are attached directly onto the skin or inserted into specially made pockets in bras, activewear and sleepwear.

Q: What is a breast reconstruction?

A: A breast reconstruction is an operation to make a new breast shape. The reconstructed breast is also called a breast mound. You may have a breast reconstruction when you have a mastectomy or at a later time. If the nipple was removed during the mastectomy, one can be created with surgery or tattooing. Otherwise, stick-on nipples can be used.

The aim of a breast reconstruction is to make a breast that looks as similar to your original breast shape or other breast as possible, but the reconstructed breast will not feel or look exactly the same. There are two main types:

- implant reconstruction, using a sac filled with either silicone gel or saline (see pages 35–44)
- flap reconstruction, using skin, muscle and fat from another part of your body (see pages 45–52).

Breast reconstruction in men and gender diverse people

All people have breast tissue, can develop breast cancer and may have breast reconstruction after a mastectomy.

Some of the information in this booklet may be relevant to men and gender diverse people who are considering having a breast reconstruction. For information specific to your situation, speak to your doctor.

Men with breast cancer can find useful resources on Cancer Australia's website at breastcancerinmen.canceraustralia.gov.au.

Breast Cancer Network Australia (BCNA) also has helpful information and personal stories about men with breast cancer. Visit bcna.org.au and search for "breast cancer in men".

Q: Do I need to have a prosthesis or a reconstruction?

A: It is your choice whether or not you wear a prosthesis or have a reconstruction after surgery. Reactions to the loss of a breast or breasts vary from woman to woman. Only you can choose what feels right. You do not need to make a decision immediately. Unless you are considering having a reconstruction at the same time as the mastectomy, there is no time limit on when you must decide. See your doctor as many times as you want before making a decision. Take the time you need to consider your options.

It is estimated that around one in five women in Australia has a breast reconstruction after a mastectomy, but this number is increasing. If you don't have a reconstruction you can choose to

wear a prosthesis or you may decide to do neither and live with the changes in your body.

Some reasons women who have had a mastectomy choose to use a breast prosthesis or have a reconstruction are outlined below.

Replacing the weight of the lost breast – When a breast is removed, the body is no longer balanced. This can cause a slight curving of the spine and a drop of the shoulder on the affected side. Lower back and neck pain may develop over time. Issues with balance after having a mastectomy can affect women of any breast size. A prosthesis or reconstruction can help with balance.

Creating symmetry when wearing clothing – Most women don't have identical breasts – the muscle and tissue on each side of the body are different. After a mastectomy, these differences are usually more noticeable. A prosthesis or reconstruction may help you feel and look more even on both sides (symmetrical).

Restoring self-esteem – Re-creating a more natural appearance with a prosthesis or reconstruction may help to boost your confidence – including sexual confidence – about the way your body looks after a mastectomy. For more information about body image and sexuality issues, see pages 61–65.

Adjusting to the diagnosis and treatment – Using a prosthesis or having a reconstruction may help you cope better with the experience of cancer. You might feel like you are taking control of your appearance.



Making decisions

After breast surgery, you may choose to live with your new body shape, wear a prosthesis or have a breast reconstruction. It is a good idea to discuss the different options with your breast surgeon when you are considering a mastectomy. Sometimes it is difficult to decide what you want. You may feel that everything is happening too fast, or you might be anxious to get started.

Know your options – Understanding the available options, possible complications and costs can help you weigh up the options and make a well-informed decision. You don't necessarily have to choose between the options – you may start off with a prosthesis, then decide later to have a breast reconstruction.

Keep in mind that not all options are suitable for all women. Many women can have a reconstruction, but there are some situations where your surgeon may advise against it. This might be due to the type of breast cancer or treatment you had, because you need further treatment for the cancer or due to your general health. Talk to your doctor about what is possible for you.

Record the details – When your doctor talks to you about breast surgery and reconstruction options you may not remember everything you are told. Taking notes can help, or you might like to ask if you can record the discussion. It is a good idea to have a family member or friend go with you to appointments to join in the discussion, write notes or simply listen.

Ask questions – If you are confused or want to check anything, it is important to ask your breast surgeon, breast care nurse and prosthesis

fitter questions. To help you understand the different types of surgery and prostheses that are available, see the question checklist on pages 70–71. This will help you think through the information you need to make your decision.

Consider a second opinion – You may want to get a second opinion from another breast surgeon or plastic surgeon to confirm or clarify your specialist’s recommendations or reassure you that you have explored all your options. Specialists are used to people doing this. Your general practitioner (GP) or specialist can refer you to another specialist and send your initial results to that person. If you decide on a breast reconstruction, you can then decide which surgeon you would prefer.

It’s your decision – Choosing to wear a breast prosthesis or have a breast reconstruction is a personal choice. Although it’s useful to talk to other people, try not to feel pressured into a decision based on what they think. You also have the right to accept or refuse any of the reconstruction options offered to you.

BRECONDA is an online breast reconstruction decision aid that has been developed specifically to help guide you through the decision-making process about whether breast reconstruction is the right choice for you. Visit breconda.bcna.org.au.

You can call Cancer Council 13 11 20 and ask to speak with a Cancer Connect volunteer who has had a breast reconstruction or wears a prosthesis. Your breast care nurse or counsellor can also help you think through the issues.



What to consider when deciding on a breast prosthesis or reconstruction

- Take time to understand what a prosthesis or reconstruction involves so your expectations of the end result are realistic.
- Talk with your breast surgeon about the best time to have the procedure. You may choose to have a reconstruction at the time of your mastectomy or some time in the future.
- If you decide to have a delayed reconstruction or not to have a reconstruction at all, you can choose to use a breast prosthesis to create the look of a natural breast.
- If you decide not to have a reconstruction, talk to your surgeon about how your chest will look after the surgery and where the scars will be.
- If you are referred to a reconstructive surgeon, ask to see photos of their work and to talk to some of their previous patients.
- If you are offered more than one type of reconstruction, you will need to weigh up the benefits and drawbacks of each. Consider the impact of the side effects and the length of recovery. If only one type of reconstruction is recommended, ask your doctor to explain why other options have not been offered.
- If you live in a regional or rural area, your breast prosthesis or reconstruction options may be limited. For more options, you may consider travelling to a major city centre.
- If you have a partner, you may want to talk about the options with them and ask them to come to appointments. You can also talk to friends, family or other women who have had a similar experience to you. See pages 66–67 for information on support groups and services offered by Cancer Council.



Breast prostheses

This section provides practical information about breast prostheses for women who have had breast surgery.

When can I start wearing a prosthesis?

After surgery, the breast area will be tender, but you can choose to wear a light temporary breast prosthesis called a soft prosthesis (or soft form) immediately. The soft prosthesis can be worn in a bra that has a pocket (post-surgical bra). If the bra feels too tight or rubs against your scar, you can wear a crop top or camisole with a pocket in it. You can wear a soft prosthesis when you have radiation therapy. This is because it is light and made from a smooth material such as polyester.

When you have recovered from treatment, you can be fitted for a permanent prosthesis. You may need to wait up to two months after surgery and for six weeks after radiation therapy to give the skin and other tissue time to heal. Every woman is different so check with your surgeon or breast care nurse about how long you need to wait.

My Care Kit

Breast Cancer Network Australia (BCNA) provides a free bra and temporary soft form for women who have recently had breast cancer surgery. The bra is designed to be worn immediately after surgery. It has seams that avoid pressure on scars, and extra hooks and eyes to adjust the bra for any swelling. It can also be done up from the front or back, making fastening easier. To order a *My Care Kit*, speak to your breast care nurse.

What to consider – breast prosthesis

Benefits	Drawbacks
<ul style="list-style-type: none"> • Can give you a more natural shape under clothes. • Doesn't require further surgery, which has risks and a longer recovery time. • Can be worn with different clothes, including during sports such as swimming. • Medicare covers part of the cost of new or replacement prostheses (see pages 28–29). • Can be replaced if it wears out or is damaged. • Can be worn while you're waiting for breast reconstruction surgery or during treatment such as radiation therapy or chemotherapy. • Can be matched to your breast size to correct weight imbalance. • Easy to change size (e.g. if the size of your other breast changes). 	<ul style="list-style-type: none"> • You may not like the idea of having an artificial breast. • You may need to wear a special bra to keep the prosthesis in place. • Requires special washing and storage. • You may need to make changes to your clothes or use accessories so the prosthesis stays in place. • May be uncomfortable at times (e.g. heavy, hot or irritating), especially when playing sport. • If you aren't comfortable wearing a prosthesis, you may feel self-conscious or embarrassed, or concerned it will move or fall out. • Needs to be replaced every few years.

Material used in prostheses

Temporary soft prostheses tend to be made with foam, fibre fill or fleece. In the first couple of weeks or months after surgery you will be given a temporary prosthesis to wear. Some women continue wearing a soft prosthesis at night-time. Another option is to use the temporary soft prosthesis with a knitted cotton cover called a knitted knocker, which often includes the shape of a nipple. To request a knitted knocker, visit knittedknockersaustralia.com. You may find some temporary prostheses more comfortable than others. Talk to your breast care nurse or fitter (see *My Care Kit* box on page 10).

Permanent breast prostheses for long-term use are mostly made from medical grade silicone gel. Silicone is a non-toxic manufactured substance that is heat-resistant and rubbery. If a prosthesis tears or punctures, the silicone can't be absorbed by the skin.

The silicone is moulded into the natural shape of a breast or part of a breast. The front surface feels soft and smooth. The back surface that rests against the body varies depending on whether the prosthesis is designed to go into a bra pocket or attach directly to your skin. It can be firm and smooth, flat or hollow; have ridges that are soft and flexible; have a thin film that clings gently to the skin; or be made of fabric. A new type of prosthesis has an inflatable back that you can adjust for comfort (see pages 14–16 for more details).

Most permanent prostheses are weighted to feel similar to your remaining breast (if only one breast has been removed), but lightweight styles are also available. Some prostheses include a nipple outline, or you can buy a nipple that attaches to the prosthesis.

👁️ Breast forms are very well designed these days. Anyone pressing up against you would not know the difference – not like the days when they were filled with bird seed or rice. 🗨️ *Jan*

Types of prostheses



As every woman's body is different, prostheses are available in a variety of shapes (triangles, circles or teardrops), cup sizes (shallow, average or full) and skin colours. There are also partial breast prostheses (triangles, ovals, curves and shells) for women who have had breast-conserving surgery and want to regain breast symmetry. These are also called balance shapers.



Different prostheses have different amounts or layers of silicone. This allows you to match the breast prosthesis to the structure and movement of your remaining breast.

Symmetrical prostheses are even on both sides and can be worn on either the left or right side of the body. Asymmetric prostheses are designed specifically for the right or left side.



The type of prosthesis you can wear will depend on the amount and location of tissue removed during surgery. You should be able to find one that is close to your original breast shape and suits your lifestyle. Some of the different types of breast prostheses that are available are shown on pages 14–16. Others types are available. Your fitter will be able to guide you through the range of prostheses that are suitable for you.

Different breast prostheses and their features

Prosthesis type	Soft breast prosthesis	Three-layer breast prosthesis
what the prosthesis looks like		
when used	Immediately after surgery; leisure time or sleeping	Everyday use
how used	Worn in a pocketed bra	Worn in a pocketed bra
material	Polyester front cover and cotton back cover	Three layers of silicone to help the prosthesis drape and move more realistically for the type of breast it is matching, such as a younger or an older breast
weight	Lightweight	Regular weighted silicone
special features	Breathable cotton back layer with temperature-regulating technology (see page 22)	May include temperature-regulating technology
other considerations	Not a suitable substitute for a weighted silicone form that provides body with balance	Symmetrical shape – can be worn on either the left or right side

Partial breast prosthesis	Lightweight breast prosthesis
	
After breast-conserving surgery or if breast changes shape after radiation therapy	Everyday use
Can be worn in your usual bra cup	Worn in a pocketed bra
Two layers of silicone	Ultra-lightweight silicone; slightly firmer lightweight silicone in the back layer helps keep the prosthesis in place when worn in a bra pocket
Regular weighted silicone	40% less than a standard silicone prosthesis of the same shape and size
Extra soft silicone, covered with a thin film to cling gently to the breast with temperature-regulating technology	Back layer includes temperature-regulating material
Available in a variety of shapes and sizes to replace the missing breast tissue and to achieve symmetry	Designed to drape like a natural breast so that it moves with the body and flattens when a woman lies down

Different breast prostheses and their features

Prosthesis type	Attachable or contact breast prosthesis	Adjustable breast prosthesis
what the prosthesis looks like		
when used	Everyday use	Everyday use
how used	Attachable; adheres to the chest wall	Worn in a pocketed bra
material	Standard silicone layer with super soft film	Lightweight or ultra-lightweight silicone
weight	Lightweight	Up to 40% less than same-sized standard silicone prosthesis
special features	Designed with a lower-cut inside edge for use when surgery has conserved a small area of cleavage	Has a built-in air chamber that you can adjust to ensure a close fit and good skin contact
other considerations	Follows body movements naturally; ideal for wearing with figure-hugging clothes	Comfortable for women with an uneven chest wall

Buying a breast prosthesis

It is recommended that you see a trained fitter who can help you choose the right prosthesis, as well as a pocketed bra if necessary.

For some women, having a fitting for a prosthesis can be an emotional or distressing experience, especially the first time. You may be embarrassed at the thought of having someone else see the site of the surgery or feel upset about needing a breast prosthesis. Professional fitters regularly see women who have had similar surgery and will take a sensitive approach.

You can visit a store to buy your prosthesis, or you may feel more comfortable organising a home fitting. See *Where to buy a breast prosthesis* on the next page. It's advisable to make an appointment with a fitter. This allows you to have uninterrupted time with them. When you go to the fitting, you might like to take a friend with you for support. The other person doesn't have to come into the dressing room with you.

You may also find it helpful to see some breast prostheses before your appointment (or even before your operation), to give you an idea of what to expect. Ask your breast care nurse to show you samples of breast prostheses and bras. You may also find it useful to talk to a woman who is using a breast prosthesis – call Cancer Council 13 11 20 to arrange to speak to a Cancer Connect volunteer.

👤👤 It's like buying anything valuable. You need to take your time and make sure it's right. 👤👤 *Mary-Anne*

Where to buy a breast prosthesis

You can buy a breast prosthesis from a variety of retail outlets, including specialist stores that sell only breast prostheses and related products, the lingerie section of some major department stores and some lingerie boutiques. There may also be a free home service available in your area. Information about costs is on pages 28–29.

If you live in a rural area, you might have fewer options for what you can buy and where you can shop. Making a trip to a shop in a large town or city may be worthwhile. This might also appeal if you don't want to shop where people know you.

You can also browse stores online or ask retailers to send catalogues so you can look at the full range of bras and breast prostheses available. If you see something you like, you may be able to order it, or a fitter can order it in for you. However, it is a good idea to be measured in person by a fitter, particularly if you are buying a breast prosthesis for the first time.

Ask the store about its returns policy. You may be able to exchange the breast prosthesis for a different style or size if the one you buy feels uncomfortable. This is not always possible, particularly for attachable breast prostheses.

You can use Breast Cancer Network Australia's local service directory to find a specialist prosthesis fitter in your area (see bcna.org.au/services-and-support-groups). Cancer Council 13 11 20 may also be able to help you find out more about buying breast prostheses and related products.

At the fitting

A fitting usually takes 40–60 minutes. You will have privacy when being measured and getting changed. For a list of questions you might like to ask your breast care nurse or a breast prosthesis fitter, see pages 70–71. Most fitters carry out the fitting in a similar way:

- The fitter will probably check your bra size with a tape measure.
- The fitter will ask you about what type of bras you like and how active you are.
- Take the bras you wore before surgery to the fitter. The fitter will check whether these bras are suitable to use with a prosthesis.
- If you've had a double mastectomy, the fitter will ask you what breast size you were and what size you would like to be. You might like to keep your original size or go up or down a size.
- The fitter brings you a selection of pocketed bras to choose from.
- When you've chosen your bra, the fitter will help you try on several different types of breast prostheses until you find a good fit.
- The fitter often has a slip-on T-shirt (like a smock) for you to try over the bra and prosthesis to check that the prosthesis is the right size and looks symmetrical under clothing.
- The fitter shows you how to check the breast prosthesis sits properly in the pocketed bra and will discuss how to take care of it.

Choosing a bra

Wearing a well-fitting bra will ensure your breast prosthesis is comfortable and sits well. While you may find that your ordinary bra, sports bra or sports crop top adequately supports your prosthesis, pocketed bras are specially designed for this purpose. Features of a pocketed bra include:

Straps

Elasticised, adjustable, comfortable straps. Wide straps can help distribute the weight of the breasts on the shoulders.

Cups

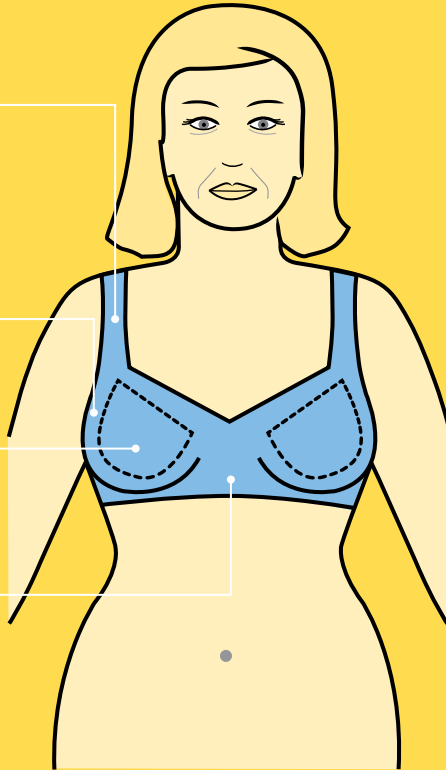
Full cups with firm, elasticised edges.

Pockets

Hold breast prosthesis securely in place and protect it from damage.

Band

Thick sides that don't cut into the skin and help minimise slipping or movement of the prosthesis. Should sit close to your chest wall between the cups and have a high front at the centre.



Getting the right fit

The key to a well-fitting breast prosthesis is getting it to match your natural breast in shape and size as closely as possible. With a correctly fitting bra, it is unlikely that a prosthesis will be noticeable to others or fall out.

You can bring your own bras (the ones you wore before surgery, or your post-surgical or pocketed bras) to the fitting or your fitter can suggest a bra from their stock. Getting the right fit will help give you a natural shape under your clothes. Many women say this makes them feel whole again.

Aim for a fit that looks natural and feels comfortable. The various styles and materials used in making prostheses may feel quite different on your skin or in the bra. The fitter will also check that the breast prosthesis fits correctly. A breast prosthesis that fits well will not block the flow of lymph fluid in your body nor cause swelling in the arm (lymphoedema).

Most women find they get used to wearing the breast prosthesis, although this may take some time. If you find the breast prosthesis continues to feel uncomfortable or looks obvious, the fit is probably not right. Ask the fitter if you can be refitted. The questions on pages 70–71 may help you decide if the fit is right.

“ The external appearance of my breast form is great. People often say that you’d never know I was wearing a breast form. ” Ruth

Wearing a breast prosthesis

It may take time to get used to having a prosthesis. You may feel nervous about wearing it, or it may feel different depending on the weather, your clothes or what you're doing. You may have some concerns, including those outlined below.

Weight

Silicone prostheses are available in different weights to suit a variety of needs. A standard silicone breast prosthesis is designed to be about the same weight as a natural breast. Lightweight and ultra-lightweight breast prostheses are about 20–40% lighter than the standard prosthesis.

A prosthesis that is correctly fitted and properly supported in a bra can make you feel balanced and will usually not feel too heavy, even if it feels heavy in your hands. It may take a bit of time to get used to the weight, particularly if it has been a while since the mastectomy. You may prefer to wear a lightweight prosthesis when playing sport or a soft prosthesis to bed.

Temperature

You may find that wearing the prosthesis feels too hot in warm and humid weather. This is more common if you have larger breasts. New models of breast prostheses are designed with air ventilation and drying methods to help manage temperature and increase comfort.

👤👤 My breast form gets sweaty after I've been playing tennis. I have two, so after a shower I swap. 👤👤 Pam



How to control the temperature

- Wear a correctly fitting bra to hold the prosthesis in the right place and help keep you cool.
- Wear a lightweight prosthesis in warmer weather, which may keep you cooler.
- Wear clothing made with cool, comfortable fabric, such as linen, silk or a synthetic fabric that is breathable.
- Use a bra pocket or a breast prosthesis cover with a regular bra to help absorb sweat (perspiration). Check whether your fitter supplies covers.
- Wear a bra made with fast-drying or sweat-wicking fabric, such as a sports bra, which may be more comfortable if you perspire a lot.
- Wash your prosthesis well at the end of the day to stop any perspiration from damaging the prosthesis.

Clothes and swimwear

It's common to worry about what you can wear with a prosthesis. You may find that you don't need to change your clothes, but you might need to make some adjustments. For example, you may no longer feel comfortable wearing low-cut tops.

Your fitter may also stock a range of products designed specifically to be worn with a breast prosthesis. These include lingerie, sleepwear, swimwear, sports bras, activewear and camisettes (material that attaches to your bra straps to make low necklines more modest).

The range of mastectomy wear is constantly expanding and many attractive options are available. You may prefer to swim without your

breast prosthesis, but if you swim regularly, there are advantages to buying a swim breast prosthesis.

Swim breast prostheses are made of clear, water-resistant silicone. They are lightweight and dry quickly. You should rinse the prosthesis after swimming to avoid chlorine or saltwater damage. You may also want to wear special pocketed swimwear, which includes a bra pocket for a swim breast prosthesis, wide straps, and higher neck and arm lines.

Australian and international brands offer a wide range of styles, patterns and colours of suitable swimwear. These can be bought from your fitter, some department stores, direct from some manufacturers or online.



How to adapt clothing or use accessories

- Use scarves or jewellery for extra coverage.
- Alter your clothing yourself or use a dressmaker.
- Try a strapless pocketed bra or use an attachable prosthesis.
- Wear a camisole or singlet under a V-necked top or buy a pocketed camisole bra.
- Reduce pressure from bra straps by using small shoulder cushions (check that the pressure is not from a poorly fitting bra).
- Add extra hooks on the back of the bra to make it more adjustable.
- Sew a pocket into your bra, sleepwear or swimsuit. You can find various patterns and instructions on how to make pockets online. Some lingerie stores sell ready-made pockets or they can order them for you.



Gillian's story

When I got my prosthesis a number of years ago, I thought it was best to wear it for a while and to consider other options later on.

I wore the prosthesis for about three years before I looked into reconstruction options. I talked to people who'd had a reconstruction and considered the risk of infection, cost, recovery time and how it would look if I lost or gained weight. I decided I was happy to continue wearing a prosthesis.

I remember my first fitting experience like it was yesterday and still get emotional thinking about it now. The fitter's manner really helped to set me at ease. I can remember looking at myself in the mirror and thinking, "I'm back". The prosthesis helped me feel and look like my old self.

I didn't take anyone to the fitting, and I hadn't told my husband I was going. When I got home he said, "What happened to you today?" My whole demeanour had changed.

Over the years I've worn many different types of prostheses. In that time the technology has changed and they are now cooler and lighter and look and feel a lot more natural.

I wear my prosthesis in a pocketed bra and I forget I have it on. Wearing a properly fitting bra really helps.

These days there's a good range of bras available – they've come a very long way. In the past, the bras were mostly nude and white, and now you can buy them in pretty much any colour and style, even halter-neck. I still wear the same style of clothing I previously wore.

Wearing the prosthesis has definitely helped me with my healing and recovery after my breast cancer diagnosis.

Caring for a breast prosthesis

Prostheses usually last around two years, but they may last a shorter or longer time depending on how often they are worn, how well they're looked after and your lifestyle. Check that your bra fits correctly every 12 months. You will probably need a new bra and breast prosthesis if your weight changes. If the prosthesis splits or cracks at the seams, it should be replaced. You can throw away your old or damaged prostheses in your general rubbish collection. Silicone cannot be recycled.



How to care for your breast prosthesis

- Handwash the prosthesis after every wear. Use warm water and a mild unscented soap or a cleanser supplied by the prosthesis manufacturer. Rinse the prosthesis thoroughly and pat it dry with a towel.
- Rinse the prosthesis in clean water soon after swimming to remove chlorine or saltwater.
- Use a soft, fibre-filled prosthesis in a sauna – a silicone prosthesis may heat up against your skin.
- Avoid using body lotions, perfumed deodorant or tanning lotion around your prosthesis as these products can damage it.
- Store your prosthesis in the box it came in to help keep its shape and protect it from sunlight and heat.
- Take care when placing brooches onto your clothing.
- Take care when gardening, especially if you are gardening near shrubs or plants with thorns.
- Take care when handling pets so their claws don't damage the prosthesis.

Travelling with a prosthesis

You may be concerned about travelling with your breast prosthesis. It's safe to wear or carry a prosthesis on an aeroplane – the change in altitude and air pressure doesn't affect the prosthesis.

Most international airports have full-body scanners, which will detect the prosthesis. Airport security staff may organise another imaging scan or a pat down to confirm that the prosthesis isn't a threat. They should not ask you to lift your clothing or remove the prosthesis.



How to travel with a prosthesis

- Let the airport security officer know that you are wearing a prosthesis, if you feel comfortable to do so.
- Ask your doctor or breast surgeon for a letter stating that you have a prosthesis and are wearing or carrying it with you.
- Request to be screened in a private area and by a female security officer.
- The security screening officer should never touch the prosthesis you are wearing.
- If you think you haven't been treated with dignity or respect, let the screening supervisor know. You can also complain in writing to airport management.
- Pack your prosthesis or mastectomy bra in your carry-on bag if you don't want to wear it.
- The rules about liquids, gels and aerosols don't apply to silicone or gel-filled breast prostheses.
- Visit [homeaffairs.gov.au/about-us/what-we-do/travelsecure](https://www.homeaffairs.gov.au/about-us/what-we-do/travelsecure) for more information about travelling with a prosthesis.

Costs and financial assistance

The cost of a breast prosthesis and bra varies depending on the type, which may influence your choice. Some women may choose not to replace the prosthesis regularly because of the cost.

Guide to the average cost of each prosthesis and bra

silicone breast prosthesis	\$300–\$500
partial breast prosthesis	\$150–\$200
silicone swim prosthesis	\$150–\$200
foam prosthesis	about \$70
mastectomy bra	\$40–\$100
bra pocket that you can sew into a regular bra	\$10–\$15

Reimbursement from Medicare

The cost of a new or replacement breast prosthesis can be claimed through Medicare. Women who are permanent residents of Australia, are eligible for Medicare, and have had a full or partial mastectomy as a result of breast cancer can claim for a new prosthesis every two years.

At the time of publication, Medicare’s External Breast Prostheses Reimbursement Program provides up to \$400 for each new or replacement breast prosthesis. If you’ve had a bilateral mastectomy, you are eligible for reimbursement for two breast prostheses of up to \$400 each. As policies change, check what assistance is available before you buy prostheses or bras. Visit servicesaustralia.gov.au and search for “breast prostheses”.

How to make a claim for a replacement prosthesis:

- Allow two years or more between the purchase dates of the prostheses. In some cases, you may be able to make additional claims but you will need to provide a letter from your doctor or surgeon.
- Claim any refund from your private health insurance first (see below) if you're eligible.
- Obtain a claim form from any Medicare office, download it from servicesaustralia.gov.au (search for "breast prostheses form") or call Medicare on 132 011 to request it in the mail.
- Scan the original receipt, attach it to the claim form and return this by email, post or in person at a Medicare Service Centre. You cannot make a claim online. The payment will be made by electronic funds transfer into your bank account.

Private health insurance

Rebates for breast prostheses and related products such as mastectomy bras vary between private health funds. Some rebates only apply to members with extras cover. Most health funds have waiting periods and other terms and conditions. They may also require a letter from your surgeon stating why you need a prosthesis. Ask your health fund what is covered and what information they need from you.

If you have private health insurance, you may also be able to claim a reimbursement from Medicare. If the full price of the prosthesis wasn't covered by your private health insurer, you can claim through Medicare, but this reimbursement will be adjusted according to the \$400 limit. For example, if you buy a prosthesis for \$500, and get a \$200 refund from your private health fund, your Medicare reimbursement would be \$200.



Key points about breast prostheses

What types are there?

- There are many types of breast prostheses to suit your different needs.
- After surgery, you can wear a soft prosthesis made of fibre fill, fleece or foam.
- Once the wound is healed, you can buy a weighted, silicone prosthesis that feels and moves more like a natural breast.
- Partial breast prostheses are available for women who wish to fill out their bra.

Buying a prosthesis

- Breast prostheses are available from specialist lingerie retailers, some major department stores and mobile fitting services.
- It is advisable to make an appointment for a fitting and to take someone for support.
- Most prostheses fit into a pocket in your bra, which needs to fit well and be supportive. You can use your own bras and sew in a pocket or you can buy pocketed bras.
- Medicare can reimburse part of the cost of a prosthesis. Private health insurance funds may also subsidise breast prostheses and pocketed bras.

Living with a prosthesis

- You can buy accessories and clothing such as swimwear and sleepwear to make wearing a breast prosthesis more comfortable.
- Air travel with a prosthesis is safe.
- Security screening will detect the prosthesis, but you can ask to be screened privately by a female security officer. Prostheses are exempt from rules about liquids, gels and aerosols.



Breast reconstruction

This section provides information about breast reconstruction for women who have had breast surgery. For information about breast cancer and what to expect before, during and after surgery, see our *Understanding Breast Cancer* and *Understanding Surgery* booklets.

When can I have a reconstruction?

Breast reconstruction can be done when you have a mastectomy (immediate reconstruction) or months or years later (delayed reconstruction). The timing depends on the type of breast cancer you were diagnosed with, whether you need further treatment (for example, chemotherapy or radiation therapy), your general health and other concerns such as cost.

Some women plan the reconstruction from the time of their mastectomy, others prefer to focus on treatment and think about reconstruction later. Sometimes you won't be able to have an immediate reconstruction because of your own medical and cancer treatment situation or the surgery schedule at the hospital. You may also need to have the surgery in a number of stages to achieve the desired result. Talk to your surgeon about these issues.



If you are considering having a breast reconstruction, call Cancer Council **13 11 20** and ask to speak to trained Cancer Connect volunteers who have had reconstruction surgery and can offer you support. To read personal stories about breast reconstruction, visit Breast Cancer Network Australia at bcna.org.au/personal-stories/breast-reconstruction.

Who will do the reconstruction?

If you choose to have a breast reconstruction, your own breast surgeon may have the expertise to do this if they have training in plastic surgery techniques (known as an oncoplastic surgeon). Another option is that you may be referred to a reconstructive surgeon (also known as a plastic surgeon).

The breast surgeon and the reconstructive surgeon may work together to do the breast cancer surgery and reconstruction during the same operation.

Talk to your surgeon about what to expect, their experience and expertise, and the risks that are associated with the different types of reconstructions. You can also ask to see photographs of their work.

Finding a surgeon

When considering having a reconstruction, ask to be referred to an expert in breast reconstruction. Check that they are a member of Breast Surgeons of Australia & New Zealand (BreastSurgANZ), and, if they are a reconstructive surgeon, a member of the Australian Society of Plastic Surgeons. See page 68 for contact details.

Which health professionals will I see?

In hospital, you will be cared for by a range of health professionals who specialise in different aspects of a reconstruction procedure. Specialists and other health professionals will take a team-based approach to your care as part of a multidisciplinary team (MDT). The health professionals listed in the table on the next page may be in your MDT.

Health professionals you may see

breast surgeon*	performs breast surgery and biopsies; some breast surgeons also perform breast reconstruction and plastic surgery procedures
oncoplastic breast surgeon*	specialises in using plastic surgery techniques to reconstruct breast tissue after surgery
reconstructive (plastic) surgeon*	performs breast reconstruction after a mastectomy
anaesthetist*	administers anaesthetic before surgery and monitors you during the operation
breast care nurse	provides breast cancer care; provides information and referrals during and after treatment
occupational therapist, physiotherapist	assist with physical and practical problems, including restoring movement and mobility after surgery and recommending aids and equipment
social worker	links you to support services and helps you with any emotional, practical and financial problems
counsellor, psychologist, psychiatrist*	help you manage your emotional response to diagnosis and treatment

**Specialist doctor*

Skin- and nipple-sparing mastectomy and breast reconstruction

You may be able to have a mastectomy that preserves the skin, or both the skin and nipple (called skin-sparing mastectomy or nipple-sparing mastectomy).

In these operations the breast tissue is removed, but most or all of the skin (and sometimes the nipple) is preserved. This often makes the reconstruction

look more natural and any scars are usually less visible. Some type of immediate reconstruction is also performed at the same time as the mastectomy to fill out the skin (see below).

These operations are not suitable for all types of breast cancer, so you should discuss this option with your breast cancer surgeon.

Types of breast reconstruction

The main types of breast reconstruction are implant reconstruction or flap reconstruction (or a combination of the two). An immediate reconstruction can be combined with a total mastectomy or a mastectomy that keeps the skin, or both the skin and nipple (see the box above).

Most reconstructions involve two or more operations several weeks or months apart. Your reconstructive surgeon will discuss the different techniques and suggest the most suitable one for you. Your reconstruction options will depend on several factors, including:

- your body shape and build
- your general health
- the surgeon's experience
- the amount of tissue that has already been removed

- any scars from other operations
- the quality of the remaining skin and muscle
- the breast size you would like
- whether one or both breasts are affected
- whether you need radiation therapy or have already had it
- whether you smoke – this affects the type and timing of the reconstruction you can have, as some operations have a higher risk of complications in smokers or women who have recently quit.

Implant reconstruction

An implant is a sac that's filled with either silicone gel or a saltwater solution (saline). It is surgically inserted into the body to replace the removed breast tissue and create a new breast shape.

There are benefits and drawbacks to having an implant – see the table on page 44 for more details. You need to discuss these with your surgeon. You may also find it helpful to talk with someone who has an implant – Cancer Council 13 11 20 or a breast care nurse may be able to put you in touch with someone.

Woman with an implant reconstruction

After the reconstruction you will have a scar on your breast.



Types of implants

Silicone implants – These are used in almost all operations. A softer, honey-like type of gel was previously used, but implants are now made of a soft, semi-solid filling called cohesive gel. This gel is quite firm and holds its shape like jelly.

The surface texture of these implants can be smooth or have a rough (textured) surface. The rougher textured implants are called macro textured; the less textured implants are called micro textured. Textured implants grip to tissue better and are less likely to move position than smooth implants. Some textured implants have been removed from sale because of a rare side effect (see page 43).

Saline implants – These are made of a solid silicone envelope filled with sterile saltwater (saline). They are no longer often used in reconstruction. Saline breast implants don't look and feel as natural as silicone implants. They may gradually lose volume, deflate without warning or wear out. Skin wrinkling and “sloshing” may also occur.

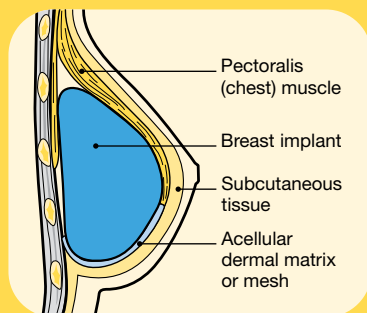
How an implant reconstruction is done

An implant reconstruction can be done in one operation or as a two-stage operation.

One-stage operation – This operation is sometimes called a direct-to-implant reconstruction. It is done when there is enough tissue left on the chest to cover the implant. The surgeon inserts the implant either beneath the chest (pectoralis) muscle or in front of this muscle (see illustration on opposite page). The operation is usually done at the same time as a skin- or nipple-sparing mastectomy.

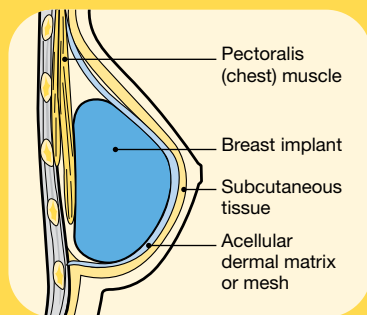
Placement of a breast implant

During a breast implant reconstruction the surgeon can place the implant above or below the chest (pectoralis) muscle.



Subpectoral implant reconstruction

Breast implant placed beneath the chest (pectoralis) muscle. This is called a subpectoral implant reconstruction. The lower and outer part of the implant is often covered by a dermal matrix or mesh to hold the implant in place.



Prepectoral implant reconstruction

Breast implant placed in front of the chest (pectoralis) muscle, directly under the skin and subcutaneous tissue (the layer of tissue just under the skin). This is called a prepectoral implant reconstruction. The whole of the implant is covered by a dermal matrix or mesh to hold the implant in place.

Your surgeon will discuss the most suitable method for you.

An acellular dermal matrix or a synthetic mesh is often used to cover all or part of the implant (see below). This helps keep the implant in place.

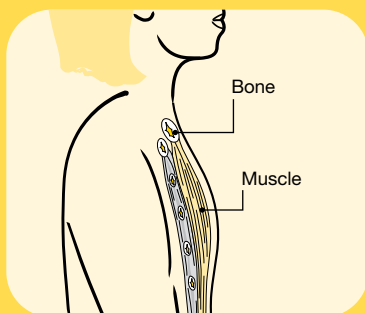
Two-stage operation – In the first operation a balloon-like bag called an inflatable tissue expander is placed under the skin and often beneath the chest muscle. In some cases, it can be placed in front of the chest muscle. Every couple of weeks, the balloon is injected with saline through a port (a thin tube with an opening just under the skin). You may be given 1–6 injections depending on how much the skin and muscle need to stretch. The stretched tissue creates a pocket for the breast implant.

When the expander has stretched the tissue enough, the surgeon removes the temporary expander and replaces it with a permanent silicone or saline implant in a second operation (see illustration on opposite page). You may need to stay in hospital overnight after this second operation.

Acellular dermal matrix and synthetic mesh

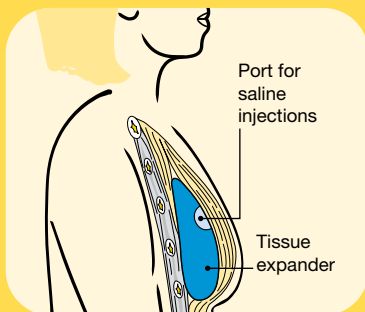
If there is not enough tissue to cover the entire implant other material called acellular dermal matrix (ADM) is used. This may be made from animal (cow or pig) or human tissue. The ADM is processed and sterilised for use in surgery. It is cut to size and modelled to the shape of the breast. Sometimes a synthetic mesh is used instead. When in place, the ADM or mesh works like building scaffolding – it is there to support and contain the breast implant. Your existing skin will grow into the ADM or mesh as the area heals.

Stages of delayed breast reconstruction with a tissue expander



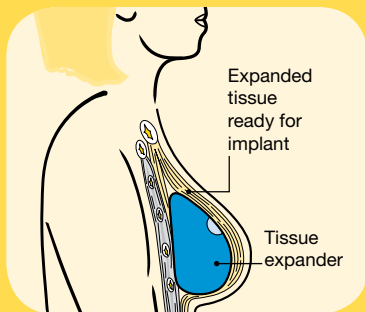
Before the tissue expander process

The chest tissue is mostly flat, because breast tissue and skin was removed during the mastectomy.



Implanting the tissue expander

Inserting the tissue expander creates a pocket for the implant. There is a port through which the saline can be injected. The saline injections usually cause little pain.



Expanding the tissue expander

The tissue stretches and expands each time saline is added. You may feel discomfort for a few days. When the expander has stretched the tissue enough the expander is removed and the implant is inserted in its place.



Maina's story

I had to decide how I wanted to re-create my breasts before my bilateral mastectomy. I knew I didn't want to have further surgery as I felt I had been through enough.

I decided on an implant reconstruction using the expander process. This was done at the time of the mastectomy. Every three weeks I had injections with saline to expand the skin. The injections didn't hurt because there were no nerves anymore.

I had to have chemotherapy after the bilateral mastectomy so I had to wait five months after chemotherapy before finishing the reconstruction. And then I had to have more surgery to put the silicone implant in.

I was very upset after the reconstruction. I had discussed size with the surgeon and asked to see samples, but I wasn't able to see them. Before the mastectomy I was a D cup, but after the reconstruction I was an A cup.

The surgeon redid the reconstruction and I still wasn't happy but that's the way it is now. After the surgery I had a nipple tattoo.

I haven't had any side effects after the reconstruction. At one stage it looked a little flatter in one breast and I was sent to check the implants weren't leaking.

I really don't need to wear a bra anymore, just crop tops sometimes. I also tend to wear scarves around my shoulders. It looks like I have breasts, but I don't. I am very comfortable with the decision. My breasts feel comfortable.

You must tell the surgeon what type of breasts you want. You can write your own story now. You can be in charge because you'll have these breasts forever.

Risks of having an implant reconstruction

Before the operation, the surgeon will discuss the risks of an implant reconstruction with you. Some of these risks are covered below.

Infection – You'll be given antibiotics at the time of the operation to reduce the risk of infection. If this does happen, the implant usually has to be removed until the infection clears. The implant can then be replaced with a new one.

Implant rupture – Implants don't last a lifetime. They can leak or break (rupture) because of gradual weakening of the silicone over time. It is recommended that implants are replaced after 10–15 years, or earlier if there are any problems. Your surgeon or GP should check your implants each year.

If a saline implant ruptures, salty water will leak into your body. The salty water is not harmful, but you will need to have surgery to remove the empty silicone envelope and replace the implant.

Hardening of the implant – A fibrous covering can form around a breast implant. If this hardens over time, it may make the reconstructed breast feel firm. This is called capsular contracture, and it is more common after radiation therapy. Capsular contracture can be uncomfortable or painful and may change the shape of the breast. Additional surgery may be needed to remove or replace the implant.

Movement – The position of the implant in the body may change slightly over time. This is called implant displacement, descent or

rotation. In a small number of cases, the implant shifts a lot and changes the shape of the breast. Further surgery can restore the implant to its original position.

Visible rippling – Sometimes implants adhere to the surface of the skin and this can affect how smooth the breast is. This can often be corrected with minor surgery such as lipofilling (the injection of fat from another part of the body under the skin).

Other health problems – There have been reports of a link between a type of non-Hodgkin lymphoma and textured breast implants. This is known as breast implant associated anaplastic large cell lymphoma (BIA-ALCL) and it is rare. The Therapeutic Goods Administration (TGA) recommends women monitor their breasts for any changes such as sudden fluid collection. Implants should be checked yearly by your surgeon or GP.

You can read more about BIA-ALCL on the TGA's website (visit tga.gov.au and search "BIA-ALCL for consumers"). The TGA also has an online breast implant hub, where information and support related to breast implants and their safety are updated as new information becomes available (visit tga.gov.au/hubs/breast-implants). If you are concerned, talk to your surgeon.

Research has not established that silicone breast implants cause autoimmune disorders such as scleroderma, rheumatoid arthritis or lupus. There is also no evidence that implants cause breast cancer.

For more information on side effects after surgery, see pages 54–55.

Keeping up to date about the safety of your breast implants

While implants are generally considered to be safe, there have been some concerns about risks.

Some silicone implants were voluntarily taken off the market in the 1990s due to safety concerns. Since then, regulatory authorities such as the Therapeutic Goods Administration (TGA) must approve brands that are used in Australia.

In April 2010, the French breast implant brand Poly Implant Prothèse (PIP) was withdrawn due to safety concerns and a possible increased likelihood of ruptures. About 5000 Australians had a PIP implant between 2000 and 2010, but most of these were cosmetic procedures.

In late 2019 the TGA removed from sale some textured breast implants and imposed extra conditions on others because of concerns over BIA-ALCL (see opposite). Women who are worried about the safety of

their implant should discuss any concerns with their surgeon.

The Australian Breast Device Registry (ABDR) is a national clinical quality registry for all people having breast implant surgery. Its aim is to provide a way to track how the products perform and what the patient outcomes are after surgery. This can help identify early signs of problems with a device.

ABDR is supported by the Australian Society of Plastic Surgeons, Breast Surgeons of Australia & New Zealand and the Australasian College of Cosmetic Surgery. Your surgeon will provide you with printed information about the registry and you'll be contacted by ABDR after the surgery with more information.

For more details on ABDR, visit abdr.org.au or ask your surgeon. You can also check tga.gov.au/hubs/breast-implants for updated safety information.

What to consider – implant reconstruction

Benefits	Drawbacks
<ul style="list-style-type: none">• Operation takes only a few hours and you usually only stay in hospital for a few days.• Creates the breast shape without moving tissue (muscle, skin or fat) from elsewhere in the body, so other parts of the body aren't affected.• There is only one scar from the mastectomy.• Recovery time at home is shorter than for a flap reconstruction (see opposite). Although the chest area will be swollen and sensitive, you may be able to return to most activities within about a week.• Implants come in a range of shapes and sizes. You can choose to change your original breast size.• Operation doesn't cause issues, such as muscle weakness, that may occur after a flap reconstruction.	<ul style="list-style-type: none">• May not be suitable if you plan to have radiation therapy.• Two or more operations may be needed. If you have an expander first (see page 38), you are likely to need regular doctor's visits to gradually fill the expander. The whole process may take 3–6 months.• A breast reconstructed with a tissue expander and/or an implant usually feels firmer than a natural breast. It won't move like a natural breast, but it usually looks the same in a bra.• If your other breast changes in shape and size, you may need more surgery to match the two.• Hardened scar tissue (capsule) may form around the implant. This can distort the shape of the breast and may be painful (see page 41).• Risk of infection, which may mean removing the implant.• Implants may need to be replaced after 10–15 years.• There are some rare side effects (see page 42).

Flap reconstruction

The shape of a breast can be built using your own muscle, fat and skin from another area of the body. This is called a flap reconstruction. There are a number of different types of flap reconstructions. These are covered below.

A flap reconstruction may suit women who have large breasts, women who don't have enough skin to cover an implant or women who have had radiation therapy. This type of reconstruction may not be suitable for women with diabetes, connective tissue disease or vascular disease; women who have had previous major abdominal surgery; or women who smoke.

Flap from the lower abdomen

The tissue from the lower abdomen (belly) is moved to the chest area to reconstruct the breast shape. There are two main types of abdominal flaps: a free transverse rectus abdominis myocutaneous (TRAM) flap and a newer type called a free deep inferior epigastric perforator (DIEP) flap. These flaps are called free flaps because the flap is cut completely away from the blood supply in the abdomen. The surgeon then reconnects the flap to the blood vessels in the chest area using microsurgery (surgery using miniature instruments and viewed under a microscope).

DIEP flap reconstructions are now done more often than TRAM flap procedures. In a DIEP flap procedure, the surgeon uses only the skin and fat to reconstruct the breast. The abdominal muscle is left in place. This means the strength of your abdomen is not affected and there is less risk of abdominal problems after surgery (see page 50).

This type of reconstruction is called DIEP because it uses the deep blood vessels called deep inferior epigastric perforators.

In a free TRAM flap procedure, all or some of the muscle in the lower abdomen and a flap of local skin and fat is moved to the chest to form the reconstructed breast. The muscle in the lower abdomen that runs from the breastbone to the pubic bone is the rectus abdominis muscle.

Because the reconstructed breast is formed from tissue from the abdominal area, a DIEP or TRAM flap reconstruction means your abdomen is tighter and flatter (“tummy tuck”). You will have a long scar across the lower abdomen from one hip to the other and a scar on the reconstructed breast. You will have little to no feeling in the skin over the breast.

Another type of TRAM flap reconstruction that is no longer often done is called a pedicle TRAM flap. In this procedure, the flap remains attached to its original blood supply and is tunnelled under the skin of the upper abdomen to the breast.

Woman with a DIEP flap reconstruction

After the reconstruction you will have a scar on your breast and a scar across your abdomen from one hip to the other (seen only faintly here).



Woman with an LD flap reconstruction

After the reconstruction you will have a scar on your breast.



Flap from the back (LD flap reconstruction)

The latissimus dorsi (LD) is a muscle on the back under the shoulder blade. The surgeon moves this muscle and some skin and fat from the back around to the chest to make a reconstructed breast.

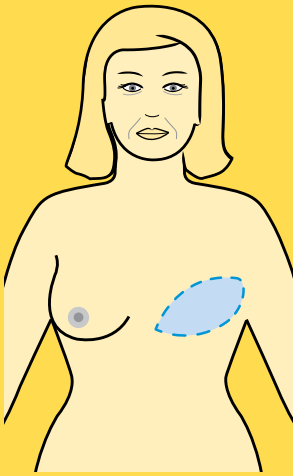
This reconstruction can be completed in one operation, but the surgeon will usually place an implant under the flap to create a breast that is similar in size to your remaining breast. If you have a tissue expander, the surgeon will begin the expansion process after the flap has healed (see pages 38–39). Unless you have a nipple-sparing mastectomy, the areola and nipple are created in a separate operation (see pages 51–52).

The scar on the back is usually straight and can be covered by your bra strap. The scar on the breast will vary depending on the type of mastectomy you had.

Some surgeons use a scarless LD flap reconstruction method that avoids a scar on the back. The mastectomy scar is reopened and special instruments are used to bring the latissimus dorsi muscle forward toward the breast. Ask your surgeon if this is suitable for you.

Location of flap reconstructions

The tissue for reconstructing your breast can come from different places. Your doctor will discuss the best location with you.



DIEP flap

Takes skin and fat, but no muscle, from the lower abdomen.



TRAM flap

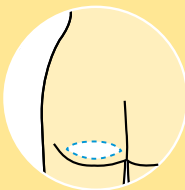
Takes skin, fat and muscle from the lower abdomen.



LD flap

Takes skin, fat and muscle from the back.

Less common flap reconstructions



SGAP or IGAP flap

Takes fat and skin from the upper or lower bottom.



TMG or TUG flap

Takes skin, fat and a small amount of muscle from the upper inner thigh.

“Because I’d had extensive radiation therapy to the chest area, I was only suitable for a flap reconstruction. My reconstructed breast is absolutely amazing. It’s very symmetrical and even.” Lesley

Less common types of flap procedures

If a DIEP, TRAM or LD flap is not suitable, you may be offered reconstruction techniques that use fat and a blood supply from other areas of the body. These include:

- superior gluteal artery perforator (SGAP) flap or inferior gluteal artery perforator (IGAP) flap using tissue from the bottom
- transverse myocutaneous gracilis (TMG) flap or transverse upper gracilis (TUG) flap using tissue from the inner thigh.

To help reconstruct a small breast shape, the surgeon may remove fat from another part of the body (liposuction), then inject it into the breast to create or improve the shape and contour. Sometimes the surgeon may build a whole new small breast. This is called lipofilling.

Risks of having a flap reconstruction

Before the operation, the surgeon will discuss the risks of a flap reconstruction with you. Some of these risks are covered below.

Loss of the flap – Blood vessels supplying the flap may kink or get clots, leading to bleeding and a loss of circulation. This may cause the tissue to die, leading to a partial or complete loss of the flap. This is more common in women who smoke or have recently quit. Quitting smoking before surgery will help you to decrease the risk.

In rare cases, the fat used to make a TRAM or DIEP flap doesn't get enough blood supply and dies. This is known as fat necrosis. The affected areas in the reconstructed breast can feel firm and are easily seen and diagnosed on a mammogram. They can be left in place or surgically removed. Women who smoke or have had radiation therapy are more at risk of fat necrosis.

Problems with the donor site – After having an abdominal flap reconstruction, some women find it takes a while for the wound to heal. After an LD flap reconstruction it's common for fluid to build up (seroma, see page 55).

Hernia (abdominal bulge) – Women who have a TRAM or DIEP flap have a small risk of having a hernia. A hernia occurs when part of the bowel juts out through the abdominal wall. The risk is greater with a TRAM flap than with a DIEP flap reconstruction because the muscle that is removed in a TRAM flap can weaken the abdominal wall and cause a hernia.

For more information about side effects and what to expect after surgery, see pages 54–55.



After a breast reconstruction you will need to do some exercises to get your arm and shoulder moving properly again. For information and online resources on exercises you can do before and after surgery to help with your recovery, see pages 60–61. You can also ask your doctor or breast care nurse about suitable exercises or visit a physiotherapist or an exercise physiologist.

Re-creating the nipple

Some women decide they only want the shape of the breast reconstructed, others choose to have a nipple reconstruction to make their breast look complete. The appearance of the nipple and the areola (the brown or pink rim of tissue around the nipple) can be created in several ways.

Adhesive nipples – These stick to the skin and stay in place for several days. They are available from breast prostheses suppliers (see page 18).

Nipple made from your own body tissue – A small operation can reconstruct a nipple and the areola. This operation is generally done a number of months after a reconstruction to give your body time to heal from the original operation and because the reconstructed breast may sag slightly after surgery. Nipple reconstruction is done using tissue from your remaining nipple, if you have one, or with tissue from the new implant or flap. The new nipple won't have nerves, so it will not feel any sensation or become erect to touch.

Woman with a reconstructed breast and nipple (no tattoo)

After the reconstruction you will have a new nipple.



Nipple tattoo – If you have a natural breast remaining, the new nipple can be tattooed to match the colour of the other nipple. Most reconstructive surgeons can do the tattooing or you can have it done by a trained nurse, a professional medical tattooist or a specially trained cosmetic therapist. Initially, the tattoo will look darker than the remaining nipple, but it will fade with time to match in colour.

What to consider – flap reconstruction

Benefits	Drawbacks
<ul style="list-style-type: none"> • Reconstruction is permanent once the breast has healed, even though additional treatment or follow-up surgeries are sometimes needed. • Most methods only use your own living tissue to create the breast. This often results in a more natural look and feel. • The flap maintains its look and feel over the long term and generally adjusts if your body weight changes. • Using your own tissue means there is no risk of possible rupture. • Less chance of long-term complications needing additional surgeries later in life. 	<ul style="list-style-type: none"> • The operation will take several hours and you may need to stay in hospital for about a week. Recovery takes longer than after an implant reconstruction as there is a wound at the site where the flap was taken and a breast wound to heal. • Risks include infection and the flap not healing properly. • Surgery usually causes more than one scar (but these fade). • Depending on the type of flap you may also need an implant. • DIEP and TRAM procedures can be done only once. • There is a small risk of hernia with abdominal flaps.

Surgery to the other breast

For many women, the small differences between their remaining and reconstructed breasts are not noticeable when they wear a bra. For others, the difference in breast size may be more obvious. Some women decide to have the remaining breast made smaller or larger by surgery to match the reconstructed breast and improve balance and posture.

Bilateral mastectomy

Some women may be advised or choose to have a bilateral mastectomy. This means both breasts are surgically removed. A bilateral mastectomy may be recommended for several reasons:

- the type of breast cancer you have
- your risks and/or anxiety about developing another breast cancer
- family history or a gene fault that increases your breast cancer risk
- the amount of surgery required to achieve a symmetrical result with the breast reconstruction
- choosing an abdominal flap reconstruction; because surgery on the abdomen can only be done once, the flap procedure can't be repeated at a later date if cancer develops in the other breast.

Reconstruction will need to be considered for both breasts. Discuss this issue with your doctor and seek a second opinion if you wish.

Therapeutic mammoplasty

This procedure combines surgery to remove part of the breast (breast-conserving surgery or wide local excision) with a breast reduction. It is often used as an alternative to mastectomy in suitable cases. Sometimes a breast reduction is done on the other breast at the same time, or at a later date.

What to expect after surgery

The type of surgery you've had will affect the side effects you experience. Not all women have side effects, but most experience at least one.

Appearance of the breast – It's natural to feel nervous when the bandages and dressings are first removed. The look of the reconstructed breast will improve as the bruising and swelling lessen. The appearance of a breast reconstruction using a tissue flap may take longer to settle. Your self-esteem is likely to be affected – see pages 61–62 for ways to feel better about your body image.

Pain relief – For any type of operation, you will be given pain relievers to ease your discomfort. You will also probably have small tubes inserted into the operation site so fluid can drain away. If you have had a flap reconstruction, you will be sore in the area where the muscle and other tissue were taken, as well as in the breast area.

Healing problems – Sometimes the area will not heal well within the first week or so after surgery. This can be caused by infection, poor blood supply or problems with an implant. Any infection must be treated to reduce the possibility of further complications. If an implant has been used, it might need to be taken out. It may be possible to have a new implant put in at a later date.

Bleeding – Blood may build up in or under the wound. This is called a haematoma, and it causes swelling and pain. A large haematoma may need to be removed by surgery.

Seroma – In some cases, when drains have been removed, extra fluid collects in or under the wound. This is called a seroma, and it causes swelling and pain. It may need to be drained by a health professional using a needle. You can wear a special bra called a compression bra to help relieve the pain.

Scars – Everyone heals differently, and the final appearance of a scar will vary from woman to woman, even if the surgery is the same. Most scars have a thickened, red appearance at first, but usually fade after about three months.

Sometimes the scar stays thick and becomes itchy and uncomfortable. Let your surgeon know if you have other existing raised, irregular scars (sometimes called keloid scars), as this may show that you are prone to getting these types of scars. Your surgeon or breast care nurse can advise you about treatments to reduce the discomfort. You may be able to have further surgery to improve the scar's appearance.

Pregnancy – Breast reconstruction doesn't affect your ability to become pregnant or carry a baby. There is a small risk of having a hernia during pregnancy if you had an abdominal flap reconstruction. Your doctor will talk to you about any risks you may have.

Breastfeeding – It will not be possible to breastfeed with the reconstructed breast. Most women can breastfeed successfully with their other breast, although this may be difficult if you have had a reduction surgery in this breast. Talk to a breast care nurse or lactation consultant about any concerns you have about breastfeeding after a reconstruction.

Taking care of yourself after a reconstruction

Your recovery time will depend on your age, general health and the type of surgery you had. Most women feel better within 1–2 weeks and can return to their normal activities after 4–8 weeks. See pages 60–65 for ways to look after yourself.

Rest

When you get home from hospital, you will need to take things easy for the first weeks. Ask family and friends to help you with chores so you can rest.



Driving

You will probably need to avoid driving for 2–6 weeks after surgery. Discuss this timing with your breast surgeon.

Lifting

Avoid repetitive arm movements, such as hanging out washing or vacuuming, and heavy lifting (more than 5 kg) for four weeks after surgery. Heavy lifting includes carrying shopping bags. You can gradually return to normal activities, including lifting from 4–8 weeks.



Tummy problems

You may have some weakness in your abdomen after abdominal flap surgery. Take care getting up from a low chair or sitting up in bed. You will be encouraged to wear supportive underwear. If you still have weakness after six weeks, ask your doctor about visiting a physiotherapist or an exercise physiologist for an exercise program.

Follow-up appointments

Your surgeon will continue to care for you until your body has healed. Then you will have regular check-ups with your breast specialist.


Costs and financial assistance

Before you have surgery, find out how much it will cost to have a breast reconstruction. Check with your surgeon, the hospital, Medicare and your private health fund, if you have one, before deciding to go ahead. Find out whether you may need to pay for extras. These may include pain medicines, post-surgical bras and check-ups with your breast surgeon.

There are services available to help with other costs associated with a reconstruction. These can include transport costs to attend medical appointments and the cost of prescription medicines. Ask the hospital social worker which services are available in your local area and if you are eligible to receive them.

If you need legal or financial advice, you should talk to a qualified professional about your situation. Cancer Council offers free legal and financial services in some states and territories for people who can't afford to pay – call 13 11 20 to ask if you are eligible.

If you have your nipple tattooed, there is a Medicare rebate for this if the tattooing is done by a health professional with a Medicare provider number. You can also ask your private health fund, if you have one, if they cover the cost for this.

“With my private insurance, I was significantly out of pocket, due to the anaesthetist charging well above the schedule fee. However, the advantage gained with the reconstruction was well worth the cost.”  *Gwen*

What to consider – reconstruction costs

Public hospital	Private hospital
<ul style="list-style-type: none">• Reconstruction after a mastectomy is a medical procedure, not a cosmetic one, so the costs are covered through Medicare for a public patient in a public hospital.• There may be some extra charges if an implant is used.• There may be some charges for private patients who have a reconstruction in a public hospital.• If you choose to have a delayed reconstruction, you will be put on the hospital's elective surgery waiting list. You may need to wait many months for the operation. Ask your surgeon how long you might have to wait.• You can put your name on a waiting list even if you're not sure that you want a reconstruction.	<ul style="list-style-type: none">• Private patients may be covered by their private health insurance or may have to pay the cost themselves.• In a private hospital, Medicare will cover some of the surgeon's and anaesthetist's fees. Your health fund may cover some or all of the remaining costs, but you may need to pay a gap fee or a hospital admission fee.• Part or the entire cost of an inflatable tissue expander and any permanent implant may also be covered by your insurance provider.• If you decide to join a health fund before your operation, you will have to wait the qualifying period before you can make a claim. This may be up to 12 months. Check with the different health funds.



Key points about breast reconstruction

Types of reconstruction

- The two main types of operations are implant and flap reconstructions; each has different benefits and drawbacks.

Timing of a reconstruction

- Find out how much a reconstruction will cost before agreeing to the procedure.
- A reconstruction can be done as an immediate or delayed procedure.
- A number of factors, such as your overall health, desired breast size and whether you're having additional treatment such as radiation therapy, affect the type and timing of reconstruction.

Recovery after reconstruction

- Recovery after an implant or flap reconstruction can take several weeks. You may need more than one operation.
- To re-create the nipple and areola some women use adhesive nipples, others re-create them surgically or have a tattoo.
- As with all operations, there are risks of side effects or the reconstruction not turning out as you had hoped. It may help to be realistic about the possible results.
- After a breast reconstruction some women say they feel better able to adjust to the changes in their body image.
- You will still need to have ongoing check-ups with your doctors and regular mammograms of your other breast if it was not removed.



Looking after yourself

Treatment for breast cancer can cause physical and emotional strain, so it's important to look after your wellbeing. Many people benefit from adopting a healthier lifestyle. Eating well, being physically active and taking time out may help reduce stress and improve wellbeing.

You may find coping with body image and sexuality issues particularly difficult, and this may affect your emotions and relationships.

Choosing a breast prosthesis or having a breast reconstruction may be an important step in your recovery.

► See our *Living Well After Cancer* booklet.

Staying active

You will probably find it helpful to stay active and to exercise or move about regularly. Light exercise after surgery, such as walking, can help people recover and improve their energy levels. Some women like to join a walking group or walk with friends so that exercise becomes a social event.

The amount and type of exercise you do will depend on what you are used to, how well you feel and your doctor's advice. It is important that you wear a supportive bra to protect your breasts when you exercise.

If you have a breast reconstruction, it will be a while before you can return to vigorous exercise and you may need to modify the exercise that you do. For example, if you have an abdominal flap reconstruction, you will need to be gentle with abdominal-based exercises. You will also be encouraged to wear supportive underwear. Ask your doctor, physiotherapist or exercise physiologist about exercises you can try.

Exercise and breast reconstruction

Exercise is important for you both before and after you have breast reconstruction surgery to help you recover. Exercise before surgery can help you feel better and recover your strength faster.

For a guide to some simple exercises that you can do after breast reconstruction, see Cancer Council's *Arm &*

shoulder exercises after surgery poster, available on your local Cancer Council website.

BCNA has some useful resources, including videos and a podcast, to help you start your recovery before you have surgery, as well as afterwards. Visit bcna.org.au and search for "physical preparation and recovery after breast reconstruction".

Body image

Any change in appearance after breast cancer surgery may affect the way you think and feel about yourself (your confidence and self-esteem). It is normal to experience sadness and grief after breast surgery. You may find that your sense of identity or femininity has been affected.

It may take some time to get used to seeing and feeling the differences in your body. You may find that having a breast reconstruction or wearing a breast prosthesis improves your self-confidence. However, you may prefer to concentrate on accepting the changes in your body without wearing a prosthesis or having breast reconstruction.

Changing your clothing and using accessories might make you feel more confident when wearing a breast prosthesis (see page 24). If you

have a reconstruction, it will take time to adjust to the different way a reconstructed breast looks, feels or moves. The appearance of the breast will improve with time as scars heal and fade. Some women say it takes 3–12 months after reconstruction to feel better about their body image.

Talking to health professionals such as psychologists, counsellors or psychiatrists may be helpful. Don't be embarrassed to ask for a referral. These health professionals may help you find strategies to help with your recovery. It may also help to talk to someone who has had a similar experience. Call Cancer Council 13 11 20 for information on support services.

Complementary therapies

Complementary therapies are designed to be used alongside conventional medical treatments. Therapies such as massage, relaxation and acupuncture can increase your sense of control, decrease stress and anxiety, and improve your mood. Let your doctor know about any therapies you are using or thinking about trying, as some may not be safe or evidence-based.

➤ See our *Understanding Complementary Therapies* booklet.



Alternative therapies are therapies used instead of conventional medical treatments. These are unlikely to be scientifically tested and may prevent successful treatment of the cancer. Cancer Council does not recommend the use of alternative therapies as a cancer treatment.

Sexuality and intimacy

Having breast cancer and treatment, including surgery, may affect your sexuality. Some women find it may be a while before they feel like resuming sexual activity after treatment for cancer – you may need to recover from the operation and get used to wearing a prosthesis or having a reconstructed breast.

Things that lift your overall wellbeing, like eating well, exercising and relaxing, will help to boost your sexual confidence.

If you have a partner, you may be concerned about their reaction to the prosthesis or reconstruction. You may feel nervous or uncomfortable about your partner seeing you naked or you may worry that they'll find you unattractive. You may want to talk to your partner about the changes while you're in the hospital rather than the more intimate environment of your home.

It will take time to get used to how your body has changed. Some women may miss the pleasure they felt from the breast or nipple being stroked or kissed during sex. This may be the case even if you have a reconstruction. If breast stimulation was important to arousal before surgery, you may need to explore other ways of becoming aroused.

Some women try to avoid sexual contact, but this may not be satisfying for you and your partner. Although it may be difficult, discuss your fears and needs together. How you choose to approach intimacy depends on what suits you both. See page 65 for some tips on managing changes to sexuality.

➤ See our *Sexuality, Intimacy and Cancer* booklet.

What if I don't have a partner?

If you don't have a partner, you might be concerned about forming new relationships. If you do meet someone new, you might worry about when and how to tell them that you're wearing a breast prosthesis or have a reconstructed breast.

It isn't easy to decide when to tell a potential sexual partner about any changes to your body. It's natural to be worried about their reaction to seeing you naked for the first time.

Take your time and let a new partner know about the changes to your body when you feel ready. Practising what to say first may help. You might want to show the other person how your body has changed before any sexual activity so that you can both get used to how that makes you feel.

If a new relationship doesn't work out, don't automatically blame the cancer or how your body has changed. Relationships can end for a variety of reasons.

Call Cancer Council 13 11 20 for information on support services. You can also talk to a counsellor or psychologist, your breast care nurse or your general practitioner about your feelings.

“ We've become more intimate on other non-sexual levels. Cancer has opened up a whole lot of things, quite surprisingly. ” Kerry



How to manage changes in body image and sexuality

Body image

- Wear clothes that make you feel good and get your hair or nails done.
- Focus on yourself as a whole person (body, mind and personality) and not just the part of you that has changed.
- Draw attention to other parts of your body by using colours, clothing, make-up or accessories.
- Do activities that you enjoy or things that make you feel good about yourself, such as walking, listening to music, working or studying, having a massage, relaxing outside or volunteering.
- Register for a free Look Good Feel Better workshop, which offers tips and techniques to help restore appearance and self-esteem for people during or after cancer treatment. Call **1800 650 960** or visit **lgfb.org.au**.

Sexuality and intimacy

- If you are using a prosthesis, wear it in an attractive bra or camisole.
- Wear lingerie or a camisole, or drape a scarf or sarong over your scars, if you are self-conscious.
- Touch, hold, hug, massage and caress your partner to reassure each other of your love and attraction.
- Be open about what you are comfortable with. You might not be ready for your breast area to be touched, or you may want your partner to specifically touch this area.
- Dim or turn off the lights.
- Talk to your doctor, your breast care nurse or a counsellor about any ongoing problems.
- See our *Sexuality, Intimacy and Cancer* booklet.



Seeking support

A cancer diagnosis can affect every aspect of your life. You will probably experience a range of emotions – fear, sadness, anxiety, anger and frustration are all common reactions. Cancer also often creates practical and financial issues.

There are many sources of support and information to help you, your family and carers navigate all stages of the cancer experience, including:

- information about cancer and its treatment
- access to benefits and programs to ease the financial impact of cancer treatment
- home care services, such as Meals on Wheels, visiting nurses and home help
- aids and appliances
- support groups and programs
- counselling services.

The availability of services may vary depending on where you live, and some services will be free but others might have a cost.

To find good sources of support and information, you can get in touch with Cancer Council 13 11 20. You can also talk to your general practitioner, oncology doctors, breast care nurses and social workers.

Joining a consumer advocacy group can also be rewarding for women who want to use their experience to make a difference for others. For more details, visit Breast Cancer Network Australia's website at bcna.org.au/about-us/advocacy.

Support from Cancer Council

Cancer Council offers a range of services to support people affected by cancer, their families and friends. Services may vary depending on where you live.

Cancer Council 13 11 20

Trained professionals will answer any questions you have about your situation and link you to services in your area (see inside back cover).



Information resources

Cancer Council produces booklets and fact sheets on over 25 types of cancer, as well as treatments, emotional and practical issues, and recovery. Call **13 11 20** or visit your local Cancer Council website (see back cover).

Practical help

Your local Cancer Council can help you find services or offer guidance to manage the practical impact of a cancer diagnosis. This may include access to transport and accommodation services.



Legal and financial support

If you need advice on legal or financial issues, we can refer you to qualified professionals. These services are free for people who can't afford to pay. Financial assistance may also be available. Call Cancer Council **13 11 20** to ask if you are eligible.

Peer support services

You might find it helpful to share your thoughts and experiences with other people affected by cancer. Cancer Council can link you with individuals or support groups by phone, in person, or online. Call **13 11 20** or visit cancercouncil.com.au/OC.



Useful websites

You can find many useful resources online, but not all websites are reliable. These websites are good sources of support and information.

Australian

Cancer Council Australia	cancer.org.au
Cancer Council Online Community	cancercouncil.com.au/OC
Cancer Council podcasts	cancercouncil.com.au/podcasts
Australian Breast Device Registry	abdr.org.au
Australian Society of Plastic Surgeons	plasticsurgery.org.au
Breast Cancer Network Australia	bcna.org.au
Breast Surgeons of Australia & New Zealand	breastsurganz.org
Breconda Breast Reconstruction Decision Aid	breconda.bcna.org.au
Healthdirect Australia	healthdirect.gov.au
Look Good Feel Better	lgfb.org.au
McGrath Foundation	mcgrathfoundation.com.au
Reclaim Your Curves	reclaimyourcurves.org.au
Services Australia	servicesaustralia.gov.au
Therapeutic Goods Administration Breast implant hub	tga.gov.au/hubs/breast-implants

International

American Cancer Society	cancer.org
Breast Cancer Now (UK)	breastcancernow.org
Cancer Research UK	cancerresearchuk.org
Macmillan Cancer Support (UK)	macmillan.org.uk
National Cancer Institute (US)	cancer.gov



Caring for someone with cancer

You may be reading this booklet because you are caring for someone who has been diagnosed with breast cancer. What this means for you will vary depending on the situation. Being a carer can bring a sense of satisfaction, but it can also be challenging and stressful.

It is important to look after your own physical and emotional wellbeing. Give yourself some time out and share your concerns with somebody neutral such as a counsellor or your doctor, or try calling Cancer Council 13 11 20. There is a wide range of support available to help you with both the practical and emotional aspects of your caring role.

Support services – Support services such as Meals on Wheels, home help or visiting nurses can help you in your caring role. You can find local services, as well as information and resources, through the Carer Gateway. Call 1800 422 737 or visit carergateway.gov.au.

Support groups and programs – Many cancer support groups and cancer education programs are open to carers as well as to people with cancer. Support groups and programs offer the chance to share experiences and ways of coping.

Carers Australia – Carers Australia provides information and advocacy for carers, and is the national peak body representing them to the Australian Government. Visit carersaustralia.com.au.

Cancer Council – You can call Cancer Council 13 11 20 or visit your local Cancer Council website to find out more about carers' services.

➤ See our *Caring for Someone with Cancer* booklet.



Question checklist

Asking your breast care nurse, a breast prosthesis fitter and breast surgeon questions will help you make an informed choice on wearing a prosthesis or having a breast reconstruction. You may want to include some of the questions below in your own list.

Questions on breast prostheses

Questions to ask the breast care nurse or fitter

- Do I need to wear a breast prosthesis?
- What kind of prosthesis would work best for me? Is there something suitable after breast-conserving surgery?
- When can I start wearing a breast prosthesis?
- How will wearing a prosthesis affect me if I have lymphoedema?
- What can I do if I find the breast prosthesis too heavy?
- How long might it take to get used to the prosthesis?
- Do I need to buy pocketed bras or can I wear regular ones?

Questions to ask the fitter about the fitting

- How long will the fitting take?
- Can I bring a support person to the fitting?
- If I don't want to remove my bra, is it possible to be measured for a prosthesis and/or pocketed bra without doing so?
- Do you have a wide range of styles and colours?
- Can you order other styles if the ones in stock aren't suitable?
- Is there a prosthesis that keeps me cool?
- If the prosthesis feels heavy, can I get a lighter breast prosthesis?
- What is the price range of the prostheses and bras you sell?
- Can I wear a prosthesis without wearing a pocketed bra?
- How do I care for the prosthesis?
- What can I do if the prosthesis I bought is not suitable?
- What happens if I puncture my prosthesis?
- What is the warranty period for the prosthesis?

- How long will my prosthesis last?
- What should I do if my breast size changes before I'm due for a replacement?
- Can I have a copy of the receipt for my records?

Questions to ask yourself about the fit

- Is the bra comfortable when I take a deep breath?
- When I lean forward, is the bra sitting flat against my chest?
- Does the prosthesis feel secure in the bra?
- Does the prosthesis match my skin tone?
- Do I feel balanced? Does the surface of the bra look smooth?
- Can I see edges of the prosthesis sticking out of the bra?
- Do I like how I look with the prosthesis in place?

Questions on breast reconstruction

Questions to ask your breast surgeon

- Do you think I can have a reconstruction?
- When would you advise me to have the reconstruction?
- Which type of reconstruction do you recommend for me, and why?
- What are the risks and possible side effects of this type of reconstruction?
- Do you specialise in this type of surgery?
- How long will I have to wait to have the reconstruction?
- How long will I be in hospital and how long will my recovery be?
- How much will it cost? Are there any out-of-pocket expenses not covered by Medicare or my private health cover?
- How will the reconstructed breast look and feel?
- Do you have any photos of other women who have had this type of reconstruction?
- Can I talk to other women who have had a similar operation?
- Will the reconstruction hide any new problems? Do I still need regular mammograms?
- How can I get a second opinion?



Glossary

abdomen

The part of the body between the chest and hips, which contains the stomach, liver, bowel and kidneys. Also known as the belly or tummy.

acellular dermal matrix (ADM)

A type of material that is made from donated animal or human tissue. It is used as a soft tissue substitute.

adhesive nipple

Silicone stick-on nipple.

anaesthetic

A drug that stops a person feeling pain during a medical procedure. Local and regional anaesthetics numb part of the body; a general anaesthetic causes a temporary loss of consciousness.

areola

The brown or pink rim of tissue around the nipple.

bilateral mastectomy

Surgery that removes both breasts.

breast care nurse

A registered nurse specially trained to provide information and support to people diagnosed with breast cancer.

breast-conserving surgery

Surgery that removes a breast lump without removing the whole breast. Also called a lumpectomy or wide local excision.

breast form

The term used by manufacturers for a breast prosthesis.

breast implant associated anaplastic large cell lymphoma (BIA-ALCL)

A rare type of non-Hodgkin lymphoma, a cancer of the lymphatic system that

is associated with some types of breast implants.

breast mound

The shape of a reconstructed breast.

breast prosthesis (plural: prostheses)

An artificial breast worn inside a bra or attached to the body to re-create the shape of a natural breast. Also called a breast form.

breast reconstruction

Surgery that rebuilds the shape of the breast after all or part of the breast has been removed.

breast reduction

Reducing the size of the breast using surgery.

breast surgeon

A surgeon who performs breast surgery and biopsies; some breast surgeons also perform breast reconstruction and plastic surgery.

cancer

Uncontrolled growth of cells that may result in abnormal blood cells or grow into a lump called a tumour. These cells may spread throughout the lymphatic system or bloodstream to form secondary or metastatic tumours.

capsular contracture

A build-up of fibrous or scar tissue around a breast implant, which makes the breast feel firm. It can cause discomfort and pain, and may change the shape of the breast.

capsule

A protective layer of scar tissue that may naturally form around a breast implant,

which can become thick and tight.
This may lead to capsular contracture.
chemotherapy

A cancer treatment that uses drugs to kill cancer cells or slow their growth. May be given alone or in combination with other treatments.

deep inferior epigastric perforator (DIEP)

A deep blood vessel that passes through the abdominal wall to supply blood to the skin and fat of the lower abdomen.

deep inferior epigastric perforator (DIEP) flap

A type of flap reconstruction that uses blood vessels called deep inferior epigastric perforators along with fat and skin but no muscle.

delayed reconstruction

Reconstructing the breast shape at some time after the initial breast cancer surgery.

external prosthesis

An artificial body part that is worn on the outside of the body, such as a breast form.

fat necrosis

Damaged or dead tissue.

fibrous tissue

Tissue developed at a wound site that forms a scar.

flap reconstruction

A type of breast reconstruction that uses muscle, fat and skin from other parts of the body, such as the abdomen or back, to build a breast shape.

free flap

Tissue transplanted from one site of the body to another.

haematoma

A collection of blood that clots to form a solid swelling.

hernia

When an organ or tissue sticks out (protrudes) from its usual location due to a weakness of the muscle surrounding it.

immediate reconstruction

Reconstructing the breast shape at the same time as the initial breast cancer surgery.

implant

An artificial device that is surgically inserted into the body to replace tissue or an organ that has been damaged or removed, such as a breast.

implant reconstruction

A type of breast reconstruction that reconstructs the breast by inserting an implant under or above the chest muscle.

inflatable tissue expander

A balloon-like bag designed to expand the skin. It is placed under the skin during an operation and filled gradually by injecting saline into it over a number of weeks.

latissimus dorsi (LD) flap

A type of flap reconstruction that reconstructs the breast shape using the latissimus dorsi muscle.

latissimus dorsi muscle

A broad, flat muscle in the back.

lipofilling

The surgical transfer of fat from one part of the body to another using liposuction. The fat is injected under the skin to improve shape and contour.

lymphoedema

Swelling caused by a build-up of lymph fluid. This happens when lymph vessels or nodes can't drain properly because they have been removed or damaged.

mammogram

A low-dose x-ray of the breast.

mastectomy

Surgery to remove the whole breast. In some cases the skin and/or nipple is left behind. See nipple-sparing mastectomy and skin-sparing mastectomy.

mastectomy bra

See pocketed bra.

microsurgery

Surgery on very small structures of the body using miniature instruments under a microscope.

nipple reconstruction

Constructing the nipple and areola.

nipple-sparing mastectomy

A type of mastectomy where the breast skin, nipple and areola are not removed.

oncoplastic breast surgeon

A surgeon who specialises in using plastic surgery techniques to reconstruct breast tissue after surgery.

one-stage reconstruction

A type of implant reconstruction completed in one operation; also called direct-to-implant reconstruction.

pectoralis muscle

The muscle at the front of the chest.

pedicle flap

A narrow strip of tissue including blood vessels to maintain blood supply to transplanted tissue.

pocketed bra

A bra designed for women who have had a breast removed. Each cup has a pocket to hold a breast prosthesis. Also called mastectomy bra.

port-a-cath (port)

A small medical appliance installed beneath the skin. A tube called a catheter connects the port to a vein so that fluids can be passed into the body.

preventive mastectomy

Surgery to remove breast tissue in a woman with a high risk of developing breast cancer.

radiation therapy

The use of targeted radiation to kill or damage cancer cells so they cannot grow, multiply or spread. The radiation is usually in the form of x-ray beams. Also called radiotherapy.

reconstruction

See breast reconstruction.

reconstructive (plastic) surgeon

A surgeon who performs breast reconstruction after mastectomy.

rectus abdominis muscle

One of the two large, flat stomach muscles, also called the abs or six-pack. Can be used to reconstruct a breast.

rupture

When an implant breaks. This causes the contents of the implant to leak out.

saline

A water and salt solution, which equals the body's own fluids.

seroma

A collection of fluid under a wound that may develop after surgery.

silicone gel

A substance used to make implants and medical devices. It can be soft and durable to create a breast prosthesis, semi-solid to fill an implant, or tough to form the outer shell of an implant.

silicone implant

A type of breast implant filled with silicone gel.

skin-sparing mastectomy

A type of mastectomy in which the whole skin of the breast, except the nipple and the areola, is kept.

synthetic

A substance made by chemical process to imitate a natural product.

therapeutic mammoplasty

A breast reduction done at the same time as breast-conserving surgery.

tissue

A collection of cells of similar type that make up an organ or structure in the body.

tissue expander

An inflatable implant inserted under the skin where the breast was. It is slowly stretched with regular injections of saline until it is the same size as the natural breast. The expander is later removed and replaced with a permanent implant.

transverse rectus abdominis myocutaneous (TRAM) flap

A type of breast reconstruction that uses the transverse rectus abdominis muscle together with skin and fat to create a new breast shape.

two-stage reconstruction

A type of implant reconstruction completed over two separate operations.

Can't find a word here?

For more cancer-related words, visit:

- cancercouncil.com.au/words
- cancervic.org.au/glossary



How you can help

At Cancer Council, we're dedicated to improving cancer control. As well as funding millions of dollars in cancer research every year, we advocate for the highest quality care for cancer patients and their families. We create cancer-smart communities by educating people about cancer, its prevention and early detection. We offer a range of practical and support services for people and families affected by cancer. All these programs would not be possible without community support, great and small.

Join a Cancer Council event: Join one of our community fundraising events such as Daffodil Day, Australia's Biggest Morning Tea, Relay For Life, Girls' Night In and other Pink events, or hold your own fundraiser or become a volunteer.

Make a donation: Any gift, large or small, makes a meaningful contribution to our work in supporting people with cancer and their families now and in the future.

Buy Cancer Council sun protection products: Every purchase helps you prevent cancer and contribute financially to our goals.

Help us speak out for a cancer-smart community: We are a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us improve cancer awareness by living and promoting a cancer-smart lifestyle.

Join a research study: Cancer Council funds and carries out research investigating the causes, management, outcomes and impacts of different cancers. You may be able to join a study.

To find out more about how you, your family and friends can help, please call your local Cancer Council.



Cancer Council 13 11 20

Being diagnosed with cancer can be overwhelming. At Cancer Council, we understand it isn't just about the treatment or prognosis. Having cancer affects the way you live, work and think. It can also affect our most important relationships.

When disruption and change happen in our lives, talking to someone who understands can make a big difference. Cancer Council has been providing information and support to people affected by cancer for over 50 years.

Calling 13 11 20 gives you access to trustworthy information that is relevant to you. Our cancer nurses are available to answer your questions and link you to services in your area, such as transport, accommodation and home help. We can also help with other matters, such as legal and financial advice.

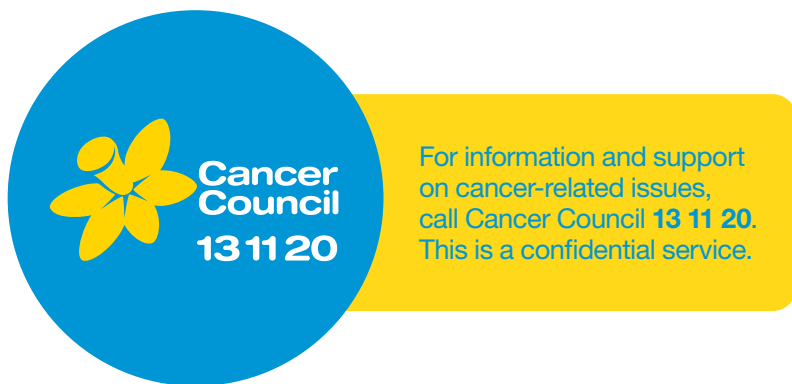
If you are finding it hard to navigate through the health care system, or just need someone to listen to your immediate concerns, call 13 11 20 and find out how we can support you, your family and friends.

Cancer Council services and programs vary in each area.
13 11 20 is charged at a local call rate throughout Australia (except from mobiles).



If you need information in a language other than English, an interpreting service is available. Call 13 14 50.

If you are deaf, or have a hearing or speech impairment, you can contact us through the National Relay Service. www.relayservice.gov.au



Visit your local Cancer Council website

Cancer Council ACT
actcancer.org

Cancer Council NSW
cancercouncil.com.au

Cancer Council NT
nt.cancer.org.au

Cancer Council Queensland
cancerqld.org.au

Cancer Council SA
cancersa.org.au

Cancer Council Tasmania
cancertas.org.au

Cancer Council Victoria
cancervic.org.au

Cancer Council WA
cancerwa.asn.au

Cancer Council Australia
cancer.org.au

*This booklet is funded through the generosity of the people of Australia.
To support Cancer Council, call your local Cancer Council or visit your local website.*