Cancer Council

PRACTICAL SUPPORT

Breast Prostheses and Reconstruction

A guide to options after breast surgery

For information & support, call **13 11 20**

Breast Prostheses and Reconstruction
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Editor: Jenny Mothoneos. Designer: Eleonora Pelosi. Printer: IVE Group.

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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 acknowledges Traditional Custodians of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past, present and emerging.

Cancer Council Australia Level 2, 320 Pitt Street, Sydney NSW 2000 ABN 91 130 793 725
Telephone 02 8256 4100 **Email** info@cancer.org.au **Website** cancer.org.au

About this booklet

This booklet has been prepared to help you understand your options before or after surgery for breast cancer.

Your breasts may symbolise femininity, nursing a baby and sexual attractiveness. Having part of or the whole breast removed may affect how you feel about yourself, or your confidence.

Before or after surgery you may think about whether, and how, to restore your breast shape. You may consider an external breast prosthesis, a breast reconstruction or staying flat. A breast prosthesis is a synthetic breast worn inside a bra. It is also called a breast form. Breast reconstruction surgery creates a new breast shape using your own tissue and skin, an implant or a combination of both.

We hope this booklet will help you weigh up the benefits and drawbacks before making a decision. It 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).

How this booklet was developed – This information was developed with help from a range of health professionals and people affected by breast cancer.

If you or your family have any questions or concerns, 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).

Contents

Key to icons

Icons are used throughout this booklet to indicate:


More information


Personal story


Tips

Key questions

Q: What is a breast prosthesis?

A: An external breast prosthesis (plural: prostheses) is a synthetic breast or part breast that replaces the shape of all or part of your breast. It is also called a breast form.

You may choose to wear a prosthesis after you have had surgery to remove the whole breast (mastectomy) or part of the breast (breast-conserving surgery, lumpectomy or wide local excision). Most breast prostheses have the shape and feel of a breast, and may weigh the same or be lighter. You can put these prostheses into specially made pockets in bras, activewear, swimwear and sleepwear or attach them directly to the skin.

Q: What is a breast reconstruction?

A: A breast reconstruction is an operation to make a new breast shape. You may have a breast reconstruction at the same time as the mastectomy (immediate reconstruction) or at a later time (delayed reconstruction).

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 2 main types:

- implant reconstruction, using a sac filled with either silicone gel or saline (see pages 35–43)
- flap or autologous reconstruction, using skin, muscle and fat from another part of your body (see pages 44–51).

Breast reconstruction in men, trans people and gender-diverse people

Anyone with 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, trans people 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 information 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".

▸ See our *LGBTQI+ People and Cancer* booklet.

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

A: It is your decision whether you choose to stay flat, wear a prosthesis or have a reconstruction after surgery. Only you can choose what feels right. You do not need to decide immediately.

Unless you want to have 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 (see pages 8–10) and ask questions about what to expect. You may be able to have a temporary tissue expander to give you time to decide.

Some reasons for using a breast prosthesis or having a breast reconstruction after a mastectomy include:

Replacing the weight of the removed 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. Regardless of your breast size, you can have issues with balance after having a mastectomy. A prosthesis or reconstruction can help with balance.

Creating symmetry when wearing clothing – Breasts are not often identical in size – the muscle and tissue on each side of the body are different. After a mastectomy on only one side, these differences are usually more noticeable. A prosthesis or breast reconstruction may help you feel and look more even on both sides (symmetrical).

Restoring self-esteem – Re-creating the shape of your breasts 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 62–65.

Adjusting to the diagnosis and treatment – Wearing a prosthesis or having a breast reconstruction may help you cope better with the cancer diagnosis. You might feel like you are taking control of the way you look.

Q: Can I go flat?

A: If you decide not to have a reconstruction or wear a prosthesis, you may consider going flat – also called staying flat or living flat. This may be because you are comfortable with how your body looks after surgery for breast cancer.

Your reasons for going flat may include:

- to avoid having more surgery and any potential complications
- for an easier, faster and less complicated physical recovery
- to return to your usual activities as soon as possible
- to avoid the possible side effects of breast reconstruction
- not liking the feeling of a reconstructed breast
- not wanting to wear a prosthesis
- to avoid the costs of surgery, new mastectomy bras or prostheses
- to avoid possible weakness in the shoulder that may make some activities, such as tennis and golf, more difficult
- not being suitable for a reconstruction.

If you decide to go flat, talk to your breast surgeon about what the finished result will look like. Ideally, the surgeon would remove extra skin, excess tissue and pockets of fat, and then smooth out the remaining tissue and skin to create an even chest wall. Your breast surgeon may work with a reconstructive (plastic) surgeon to achieve a good result.

"I chose to go flat after my double mastectomy and 2 years later, I'm happy with that decision. I felt that my breasts couldn't be replaced, so I needed to learn to live with my new shape. It was helpful to talk to my surgeon and see photos of other people who had gone flat." BETH

Making decisions

If you need breast cancer surgery, you may choose to remain flat, wear a breast prosthesis or have a breast reconstruction. It is a good idea to discuss the different options with your breast surgeon, a reconstructive (plastic) surgeon and/or a breast care nurse. Sometimes it is difficult to decide what you want. Take what time you can before making a decision.

Know your options – Understanding the available options, possible complications and costs can help you weigh up the options and make a well-informed decision. Seeing photos of a flat chest, reconstructed breasts and prostheses will help you understand what to expect. You don't necessarily have to choose between the options – you may start with a prosthesis, then decide later to have a breast reconstruction or go flat.

Keep in mind that not all options may be suitable for you. There may be some situations where your surgeon advises against having a reconstruction. 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 first talks to you before and after breast cancer surgery, you may not remember everything you are told. Taking notes can help. If you would like to record the discussion, ask your doctor first. 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 questions of your breast surgeon, breast care nurse and prosthesis fitter. Try to prepare a list of questions before appointments (see pages 70–71 for suggestions). This will help you think through the information you need to make your decision.

Consider a second opinion – You may want to ask for a second opinion from another breast surgeon or reconstructive (plastic) surgeon to confirm or clarify your specialist's recommendations, or to reassure you that you have explored all of your options. Specialists are used to people doing this. Your general practitioner (GP) or surgeon can refer you to another surgeon and send your initial results to that person. Ask how much the second opinion may cost, as some doctors charge more for this. 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, have a breast reconstruction or go flat 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 decline any of the reconstruction options offered to you.

BRECONDA is an online breast reconstruction decision aid. It 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 arrange to speak with a Cancer Connect volunteer who has had a breast reconstruction, gone flat or wears a prosthesis. Your breast care nurse or counsellor can also help you think through the pros and cons of each option.

What to consider about breast prostheses, breast reconstruction and going flat

- Find out what wearing a prosthesis, having a reconstruction or going flat involves so your expectations of the result are realistic.
- Talk with your treatment team about when to have the reconstruction. It may be possible to start the procedure when you have the mastectomy or later on.
- If you decide to delay the reconstruction or not have a reconstruction at all, you can choose to use a breast prosthesis or go flat.
- If you decide not to have a reconstruction, talk to your treatment team about how your chest will look after the surgery, where the scars will be and how to look after them.
- If you are referred to a reconstructive (plastic) surgeon, be clear about how you want to look after the reconstruction. Ask to see photos of their work and to talk to some of their previous patients.
- If you're offered more than one type of reconstruction, compare the cost, the side effects and the length of recovery. If only one type of reconstruction is recommended, ask your doctor 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, talk about the options with them and ask them to come to appointments. You can also talk to friends, family or others who have had a similar experience. For information on support services, see pages 66–68.
- Ask how long you may have to wait for breast reconstruction surgery. This may vary depending on whether you have surgery in a public or private hospital.

Breast prostheses

This section provides practical information about wearing a breast prosthesis after breast surgery.

When can I start wearing a prosthesis?

In the first weeks after surgery, you may want to wear a temporary breast prosthesis called a soft prosthesis (or soft form). The soft prosthesis is light and made from a smooth material such as polyester. It can be worn in a bra that has a pocket (post-surgical bra). Choose a bra with a front opening to avoid stretching your arms behind your back, as this can be uncomfortable. 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 also wear a soft prosthesis while your skin is tender from radiation therapy.

You can be fitted for a permanent prosthesis when the skin and other tissue has healed. This may be up to 2 months after surgery and 6 weeks after radiation therapy. 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 use after 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

- Can give you the look of 2 breasts under clothes.
- Avoids the risks of surgery and extending the recovery time, which makes it possible to return to daily activities faster.
- 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 a reconstruction 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).

Drawbacks

- 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 or on hot days.
- You may be concerned the prosthesis will move or fall out.
- You may feel self-conscious when naked and not wearing the prosthesis.
- Needs to be replaced every few years.

Material used in prostheses

Temporary soft prostheses – These 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 while you heal. 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 order a knitted knocker, visit knittedknockersaustralia.com. You may find some temporary prostheses are more comfortable than others. Your breast care nurse can organise a temporary soft prosthesis for you (see *My Care Kit* on page 11). Once the area has healed, you can continue to wear the soft prosthesis at night-time.

Permanent breast prostheses – These are usually used long term and 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 shape of a breast or part of a breast. The front surface feels soft and smooth. The back surface, which 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 15–17 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 everyone is different, prostheses are available in a variety of:

- shapes (triangles, circles or teardrops)
- cup sizes (shallow, average or full)
- skin tones.

If you have breast-conserving surgery, you can wear a partial breast prosthesis (triangle, oval, curve or shell) 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. Asymmetrical prostheses are designed specifically for the left or right side.

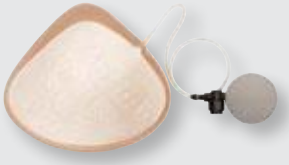
The type of prosthesis you can wear will depend on the amount and location of tissue removed during surgery. You should be able to find one that is close to your original breast shape and suits your lifestyle. For information on the different types of breast prostheses available, see pages 15–17. Your 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	Three-layer
what the prosthesis looks like		
when used	immediately after surgery; during 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	3 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 to maintain ideal body temperature	may include technology to maintain ideal body temperature
other considerations	not a suitable substitute for a weighted silicone form that provides the body with balance	symmetrical shape – can be worn on either the left or right side

Different breast prostheses and their features – continued

Prosthesis type	Partial	Lightweight
what the prosthesis looks like		
when used	after breast-conserving surgery or if breast changes shape after radiation therapy	everyday use
how used	can be worn in your usual bra cup	worn in a pocketed bra
material	2 layers of silicone	slightly firmer lightweight silicone in the back layer helps keep the prosthesis in place when worn in a bra pocket
weight	regular weighted silicone	weighs 40% less than a standard silicone prosthesis
special features	extra soft silicone, covered with a thin film to cling gently to the breast; includes temperature-regulating technology	back layer includes temperature-regulating material; available in different colours
other considerations	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; moves with the body and flattens when you lie down

Attachable or contact	Adjustable	Swim form
		
everyday use	everyday use	when swimming
attachable; adheres to the chest wall	worn in a pocketed bra	worn inside the pocket of a swimsuit
standard silicone layer with super soft film	lightweight or ultra-lightweight silicone	lightweight pale blue silicone
lightweight	weighs up to 40% less than a standard silicone prosthesis	30% lighter than a standard prosthesis
designed with a low-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	resistant to salt water and chlorine; quick drying
follows body movements naturally; suits figure-hugging clothes	provides comfort if your chest wall is uneven	water moves behind the prosthesis to make it more comfortable

"It's like buying anything valuable. You need to take your time and make sure it's right." MARY-ANNE

Buying a breast prosthesis

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 opposite page.

To find a prosthesis that suits your body shape and frame, 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. It is best to make an appointment with a fitter so you have uninterrupted time with them. When you go to the fitting, you might like to bring along someone for support – the other person doesn't have to come into the dressing room with you.

Before your appointment (or even before your operation), you may find it helpful to see samples of breast prostheses to give you an idea of what to expect. Your breast care nurse can show you various types of breast prostheses and bras.

You may also find it useful to talk to someone who is using a breast prosthesis – call Cancer Council 13 11 20 to arrange to speak to a Cancer Connect volunteer.

You might find getting fitted for a prosthesis to be an emotional experience, especially the first time. You may feel embarrassed at the thought of having someone else see the site of the surgery. Professional fitters regularly see women who have had similar surgery and will take a sensitive approach.

How to find a specialist fitter

Ask your breast care nurse to recommend fitters in your local area. You can also use Breast Cancer Network Australia's local service directory at bcna.org.au/services-and-support-groups.

Where to buy a breast prosthesis

You can buy a breast prosthesis from 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.

Visit multiple stores – If you live in a rural area, you might have fewer options for where you can shop and what you can buy. 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.

Browse before you buy – You can browse what's available in 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 the prosthesis, or a fitter can order it in for you. However, it is a good idea to be measured in person by an experienced fitter, especially if you are buying a breast prosthesis for the first time.

Ask about a store's 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.

Call Cancer Council 13 11 20 – They may be able to help you find out more about buying breast prostheses and related products.

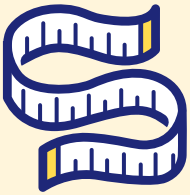
What to expect at the fitting

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

What to bring to the fitting

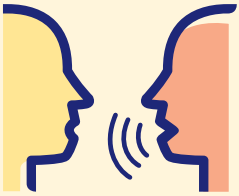
Take the bras you wore before surgery to the fitting. The fitter will check whether these bras are suitable to use with a prosthesis.

Check bra size



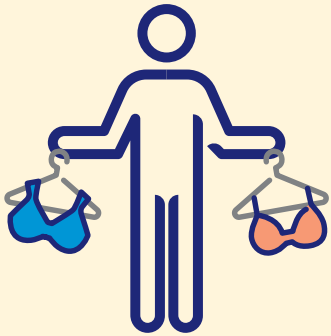
The fitter will probably check your existing bra size with a tape measure.

Discuss what you want



If you've had a double (bilateral) 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 will ask you about what type of bras you like and how active you are.

Select from a variety of sizes and styles



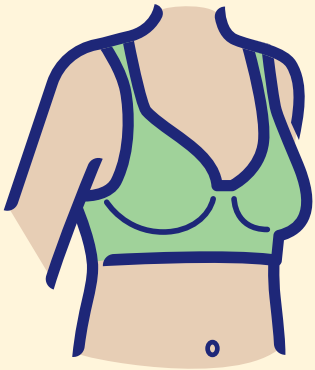
The fitter will bring you a selection of pocketed bras to choose from. When you've chosen your bra, the fitter will help you try on several different types of breast prostheses until you find a good fit.

nurse or a breast prosthesis fitter, see pages 70–71. Most fitters carry out the fitting in a similar way.

Choose a bra

Wearing a well-fitting bra will ensure your breast prosthesis is comfortable and sits well.

While you may find that your regular bra, sports bra or sports crop top adequately supports your permanent prosthesis, pocketed bras are specially designed for this purpose.



Features of a pocketed bra include:

- soft seams
- wide underband that sits flat on your chest between the cups
- deep front and side panels
- full cups
- wide, elasticised, adjustable straps
- no underwire.

Check fit

The fitter will often have 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 gives you a good shape. The fitter will show you how to check that the breast prosthesis is sitting properly in the pocketed bra and will discuss how to take care of it.

"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.

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.

How to control the temperature

- Wear a correctly fitting bra to hold the prosthesis in the right place and help keep you cool.
- Buy a breast prosthesis that uses temperature-regulating technology. This helps absorb body heat and helps maintain your body temperature.
- Wear a lightweight prosthesis in warmer weather, which may keep you cooler.
- Use a bra pocket or a breast prosthesis cover with a regular bra to help absorb sweat (perspiration) and keep you cool on hot days. Check whether your fitter sells 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.
- Choose clothing made with cool, comfortable fabric, such as linen, silk or a synthetic fabric that is breathable.

"My breast form gets sweaty after I've been playing tennis. I have 2 forms, so after a shower I swap." PAM

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 the other breast. Lightweight and ultra-lightweight breast prostheses are about 20–40% lighter than a standard prosthesis. You may prefer to wear a lightweight prosthesis when playing sport, or a soft prosthesis to bed.

If you've had a single mastectomy, 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. If you've had a double mastectomy, you can choose the weight you feel most comfortable with. A fitter can help you pick a prosthesis with a weight that feels right.

Swimwear

While you can swim with your prosthesis occasionally, if you swim regularly, it's better to buy a swim breast prosthesis. Swim breast prostheses are made of clear, water-resistant silicone. They are lightweight and dry quickly. 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.

Mastectomy swimwear comes in a wide range of styles, patterns and colours. These can be bought from your fitter, some department stores, direct from some manufacturers or online.

Clothes

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 stock a range of products designed specifically to be worn with a breast prosthesis. The range of mastectomy wear is constantly expanding and includes lingerie, sleepwear, swimwear, sports bras, activewear and camisettes (material that attaches to your bra straps to make low necklines more modest).

How to adapt clothing or use accessories

- Use scarves or jewellery for extra coverage or to draw the emphasis away from your chest area.
- Alter your clothing yourself or use a dressmaker.
- Try a strapless pocketed bra or use a prosthesis you can attach to your skin.
- Wear a camisole or singlet under a V-neck 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, activewear 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.

Caring for a breast prosthesis

Your fitter will tell you how to care for your prosthesis. Prostheses usually need to be replaced every 2 years, but this will depend 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. You can donate old ill-fitting prostheses to local op shops or to your breast care nurse.

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.
- 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 or badges onto your clothing.
- Take care when handling pets so their claws don't damage the prosthesis.
- If you use a regular prosthesis when swimming, rinse it in clean water soon after swimming to remove chlorine or salt water.
- Use a soft, fibre-filled prosthesis in a sauna – a silicone prosthesis may heat up against your skin.
- Avoid using body lotions, perfumed deodorant, sunscreen or tanning lotion near your prosthesis. These products can damage it.
- Be careful when gardening, especially if you are gardening near shrubs or plants with thorns.

Air travel with a prosthesis

It's safe to wear a prosthesis on an aeroplane or pack it as carry-on luggage – the change in altitude and air pressure won't affect the prosthesis. The rules about liquids, gels and aerosols don't apply to silicone gel breast prostheses because they are considered to be a medical device.

Most international airports use security systems and full-body scanners that pick up items worn under clothing such as a prosthesis. To confirm that the prosthesis isn't a threat, airport security staff may organise another imaging scan or a pat down, which will happen in a private area by a staff member of the same gender. They should not ask you to lift your clothing or remove the prosthesis, or touch the prosthesis.

How to fly with a prosthesis

- Let the airport security officer know that you are wearing a prosthesis, if you feel comfortable to do so.
- Ask your treatment team for a letter stating that you wear a prosthesis and have it with you.
- Request to be screened in a private area and by a security officer of the same gender.
- 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.
- Visit homeaffairs.gov.au/about-us/what-we-do/travelsecure/travellers-with-specific-needs for more information about flying with a prosthesis.

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 3 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."*

Paying for a breast prosthesis

The cost of a breast prosthesis and bra varies depending on the type. If the cost of the prosthesis is an issue, you 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. You can claim for a new prosthesis every 2 years if you're a permanent resident of Australia, are eligible for Medicare, and have had a full or partial mastectomy as a result of breast cancer.

At the time of publication (2023), Medicare's External Breast Prostheses Reimbursement Program provides up to $400 for each new or replacement breast prosthesis. If you've had a double (bilateral) mastectomy, you are eligible for reimbursement for 2 breast prostheses of up to $400 each. Visit servicesaustralia.gov.au and search for "breast prostheses" to check the latest information.

Steps for making a claim for a replacement prosthesis

- Allow 2 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 a copy 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 (as at 2023). The payment will be made by electronic funds transfer into your bank account.

Private health insurance

If you have private health insurance, check with your fund about what they cover. 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 or breast care nurse explaining why you need a prosthesis. Before buying a prosthesis, check with your health fund about what is covered and what information they need from you.

Even if you have made a claim through private health insurance, you may 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 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 your original breast.
- Partial breast prostheses are available if you wish to fill out your 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 at domestic and international airports will pick up the prosthesis, but you can ask to be screened privately by a security officer of the same gender. Prostheses are exempt from rules about liquids, gels and aerosols.

Breast reconstruction

This section provides information about having a breast reconstruction after breast cancer surgery. For information about breast cancer and what to expect before, during and after surgery, see our *Understanding Breast Cancer* and *Understanding Surgery* booklets.

It is estimated that almost 1 in 3 women in Australia has a breast reconstruction after a mastectomy.[1]

When can I have a reconstruction?

Breast reconstruction can be done at the same time as 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 after surgery (for example, radiation therapy or chemotherapy), the type of reconstruction, your general health, and other concerns such as cost.

Immediate reconstruction – If you have a breast reconstruction during the mastectomy, it may be possible to save most of the skin but not the nipple (skin-sparing mastectomy). Sometimes it may be possible to leave the nipple in place (nipple-sparing mastectomy). Having a skin- or nipple-sparing mastectomy often means a more natural look and fewer scars.

Delayed reconstruction – Sometimes you won't be able to have an immediate reconstruction because of medical and cancer treatment or the surgery schedule at the hospital. You may also need to have the reconstruction in a number of stages to achieve the desired result. Talk to your surgeon about these issues.

Who will do the reconstruction?

Breast reconstruction is done by a breast surgeon or a reconstructive (plastic) surgeon. If a breast surgeon is trained in plastic surgery, they are known as an oncoplastic breast surgeon.

The breast surgeon and the reconstructive (plastic) surgeon may do the breast cancer surgery and reconstruction during the same operation. A breast surgeon can do implant reconstructions and a reconstructive (plastic) surgeon can do both implant and flap reconstructions.

You can ask your surgeon:

- what the surgery will involve and the length of the recovery
- about their experience and expertise
- what risks are associated with the different types of reconstructions
- to show you photographs of their work, including how the reconstruction looks straight after surgery and several months later.

Finding a surgeon

When considering having a reconstruction, ask to be referred to an expert in breast reconstruction. Check that the breast surgeon is a member of Breast Surgeons of Australia and New Zealand (BreastSurgANZ) at breastsurganz.org and that the reconstructive (plastic) surgeon is a member of the Australian Society of Plastic Surgeons at plasticsurgery.org.au.

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 the 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
oncoplastic breast surgeon	performs breast surgery and biopsies; performs some types of breast reconstruction
reconstructive (plastic) surgeon	uses a variety of plastic surgery techniques to reconstruct the breast's appearance after surgery
anaesthetist	assesses your health before surgery; administers anaesthesia and looks after you during the surgery; commonly plans your pain relief after surgery
breast care nurse	provides breast cancer care; provides information, support and referrals during and after treatment
radiation oncologist	treats cancer by prescribing and overseeing a course of radiation therapy
medical oncologist	treats cancer with drug therapies such as chemotherapy, targeted therapy and immunotherapy
occupational therapist, physiotherapist	assist with physical and practical problems, including restoring movement and mobility after surgery and recommending aids and equipment; provide treatment if lymphoedema occurs
social worker	links you to support services and helps you with any emotional, practical and financial issues
counsellor, psychologist, psychiatrist	help you manage your emotional response to diagnosis and treatment

What to do before surgery

Stop smoking or vaping – If you smoke tobacco or vape, aim to quit as soon as possible. Continuing to smoke or vape can damage the blood vessels and increase the risk of complications after surgery. This can delay skin healing and recovery time. For support, talk to your doctor or call the Quitline on 13 7848.

Exercise regularly – This will help you build up your strength to cope with recovery and reduce the risk of complications after surgery. Talk to your doctor, physiotherapist or exercise physiologist about the amount and type of exercise that is right for you.

Talk to someone – It's natural to feel anxious before surgery. Talk to your treatment team, or call Cancer Council 13 11 20 to arrange to speak to a trained Cancer Connect volunteer who has had reconstruction surgery and can offer you support.

Types of breast reconstruction

There are different ways to reconstruct a breast shape:

- using implants – see pages 35–43
- using a flap of your own skin, fat or muscle (also called autologous) – see pages 44–51
- using a breast implant and your own tissue.

Most breast reconstructions involve 2 or more operations. Talk to your surgeon about how long you may have to wait between operations. For other questions to ask, see page 71. Your surgeon will discuss the different techniques and suggest the most suitable type of reconstruction for you. They can also tell you what to expect after surgery – see pages 54–55 for more details.

Your reconstruction options will depend on several factors, including:

- your preference
- your body shape and build, and whether you have a body mass index (BMI) over 30
- your general health
- the surgeon's experience
- how much breast tissue has already been removed
- any scars or previous operations to the area of your body where tissue will be taken
- 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 or vape or have recently quit – smoking and vaping affect the type and timing of the reconstruction you can have.

Implant reconstruction

An implant reconstruction uses a sac filled with silicone gel or saline to create a breast shape (see next page). You may have an implant reconstruction as a one-stage or two-stage operation (see pages 38–39).

In the one-stage operation, the surgeon puts in a permanent implant during the mastectomy. In the two-stage operation a tissue expander is used to inflate and stretch the skin so there is room for the implant. A tissue expander is used for some people whose skin may need this expansion step in the process, or if you want to significantly increase the size of the reconstructed breast compared to the breast size before.

There are benefits and drawbacks to having an implant – see the table on page 37 for more details.

Types of implants

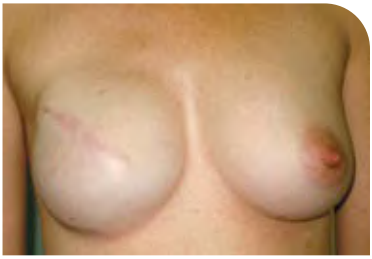
All implants are made with an outer layer (shell) of silicone. They can be filled with silicone gel or saline (salt water).

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

The surface of these implants can feel 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 called BIA–ALCL (see page 42).

Saline implants – These are no longer commonly used in breast reconstruction. Saline breast implants don't look and feel as natural as silicone implants. They may wrinkle under the skin and may leak. If the saline leaks, the implant deflates and needs to be replaced.

Reconstruction with an implant



After the reconstruction you will have a scar on your breast. The type of scar will depend on the type of cut (incision) that your breast and reconstructive (plastic) surgeons choose.

What to consider – implant reconstruction

Benefits

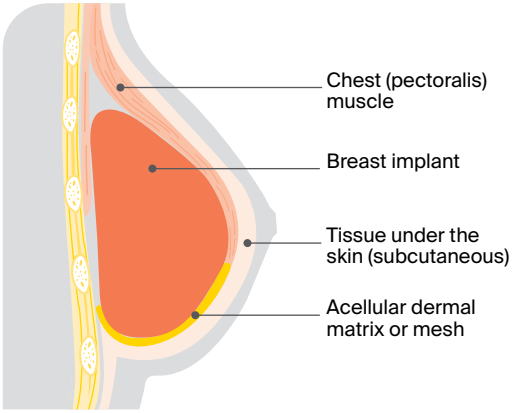
- The operation takes only a few hours and you usually stay in hospital for only a few days.
- Creates the breast shape without moving tissue (muscle, skin or fat) from another place in the body, so these parts aren't affected.
- There is only a scar in the breast area from the mastectomy and no scar elsewhere on the body.
- Recovery time at home is shorter than for a flap reconstruction. Although the chest area will be swollen and sensitive, you may be able to return to most activities after 4 weeks. Heavy lifting should be avoided for 6–8 weeks.
- Implants come in a range of shapes and sizes. You can choose to change your original breast size.
- The operation doesn't usually cause muscle weakness, only temporary discomfort and pressure.
- Having a reconstruction may make you more confident when naked.

Drawbacks

- 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 39), the expander is gradually filled every couple of weeks. The whole process may take 3–6 months.
- A breast reconstructed with a tissue expander usually feels firm and doesn't move like the original 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 2 breasts.
- Hardened scar tissue (capsule) may form around the implant. This can change the shape of the breast and may be painful (see page 41).
- There is a risk of infection, which may mean removing the implant.
- Implants may eventually need to be replaced.
- There are some rare side effects (see page 42).
- There may be an increased risk of lymphoedema (swelling in the soft tissue under the skin).

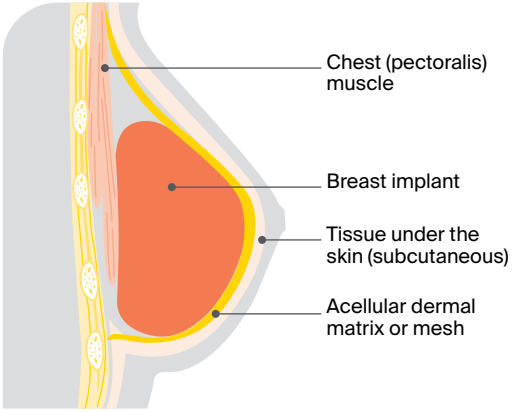
One-stage operation

This operation is sometimes called a direct-to-implant reconstruction. It is usually done at the same time as a skin- or nipple-sparing mastectomy, when there is enough tissue left on the chest to cover the implant. The surgeon can place the implant above or under the chest (pectoralis) muscle.



Subpectoral implant reconstruction

The breast implant is placed under the chest muscle. This is called a subpectoral implant reconstruction. The lower and outer part of the implant is often covered by a material called dermal matrix or mesh to hold the implant in place.



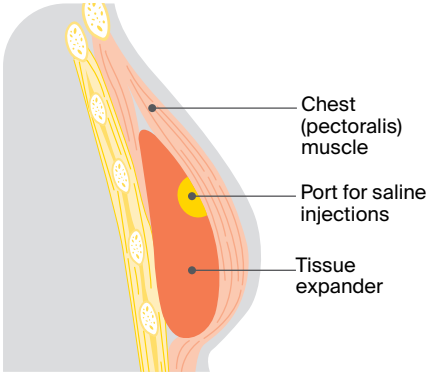
Prepectoral implant reconstruction

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

Two-stage operation with a tissue expander

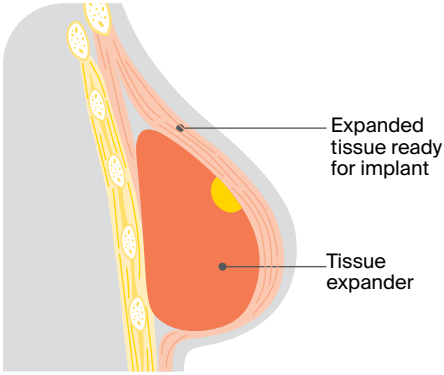
Tissue expansion is a process that stretches the remaining chest skin and soft tissue to fit the breast implant. This is done in two stages. The two-stage approach is often used when radiation therapy is given after a mastectomy and before the implant is put in.

First stage



Implanting the tissue expander
In the first operation, a balloon-like bag called a tissue expander is placed under the chest muscle. In some cases, it is placed in front of the chest muscle. Every couple of weeks, the balloon is injected with saline through a port (a thin tube). 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. The saline injections are usually not painful.

Second stage



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, you have a second operation to remove the temporary expander and insert the implant in its place. You may need to stay in hospital overnight after this second operation.

Maina's story

I had to decide how I wanted to re-create my breasts before my 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 3 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 mastectomy, so I had to wait 5 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 you do get an infection, the implant may have to be removed until the infection clears. The implant can then be replaced with a new one.

Implant rupture – Implants can leak or break (rupture) because the silicone gradually weakens over time. 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.

Implants may need to be changed every 10–15 years, or earlier if there are any problems. Regularly examine your breasts, armpit and implant for any changes. See your surgeon or GP every year for check-ups, which will include scans.

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. You may need to have additional surgery to remove or replace the implant. A new surgical procedure called capsulotomy can be done to loosen the scar tissue surrounding the implant.

Movement – The position of the implant in the body may change slightly over time. This is called implant malposition, 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, which injects fat from another part of the body under the skin. This is called lipomodelling.

Lymphoma – 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, or BIA–ALCL, and it is rare. BIA–ALCL is a cancer that grows in the fluid and scar tissue that forms around a breast implant. Implants that have a smooth surface have not been linked to BIA–ALCL. The Therapeutic Goods Administration (TGA) recommends monitoring your breasts for any changes such as swelling, a lump or pain.

For more information about BIA–ALCL, visit the TGA's website at 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 evidence becomes available (visit tga.gov.au/hubs/breast-implants). If you are concerned, talk to your surgeon.

Other health problems – 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 information on side effects after a reconstruction, see pages 54–55.

How to keep 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, most of which were cosmetic procedures.

In late 2019, the TGA removed from sale some textured breast implants. The TGA also imposed extra conditions on other implants due to concerns over BIA–ALCL.

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 the long-term safety and performance of breast implants. 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 and New Zealand, and the Australasian College of Cosmetic Surgery and Medicine. 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. For updated safety information, visit tga.gov.au/hubs/breast-implants.

Discuss any concerns you have about the safety of your implant with your surgeon.

Flap reconstruction

The shape of a breast can be built using your own muscle, fat and skin, which is taken from another area of the body. This is called a flap or autologous reconstruction.

There are different types of flap reconstructions. Most use a flap of tissue from the tummy (abdomen). But tissue can also be taken from the back, bottom and thighs. See the opposite page for more details.

Your surgeon will discuss the type of flap reconstruction that is most suitable for you. This may depend on if you:

- have large breasts
- don't have enough skin to cover an implant
- have had radiation therapy.

A flap reconstruction may not be suitable for you if you smoke; have diabetes, connective tissue disease or vascular disease; have had previous major abdominal surgery; or have a higher BMI.

There are benefits and drawbacks to having a flap reconstruction – see the table on page 46 for more details. You need to discuss these with your surgeon. They can also tell you how long the operation will take and the expected length of your recovery.

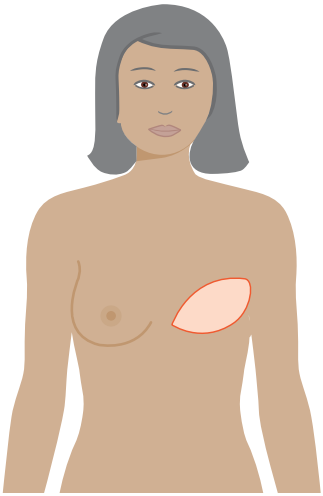
"Because I'd had extensive radiation therapy to the chest area, I was only suitable for a flap reconstruction. My reconstructed breast is absolutely amazing. It's very symmetrical and even." LESLEY

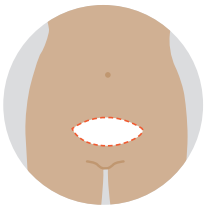
Location of flap reconstructions

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

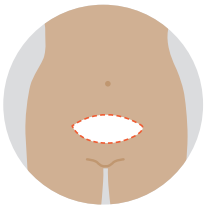
Area removed

Area replaced





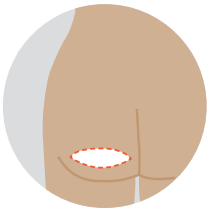
DIEP flap
(see page 47)
Takes skin and fat, but no muscle, from the lower abdomen.



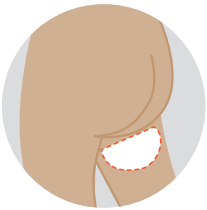
TRAM flap
(see page 48)
Takes skin, fat and muscle from the lower abdomen.

LD flap
(see page 49)
Takes skin, fat and muscle from the back.

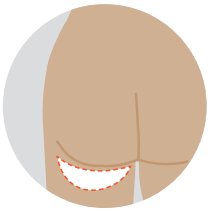
Less common flap reconstructions (see page 50)



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.



PAP flap
Takes fat, skin and muscle from the back of the upper thigh.

What to consider – flap reconstruction

Benefits

- Flap reconstruction is permanent once the breast has healed.
- Most methods use only your own living tissue to create the breast. This often gives a better match to the other breast. This may be important to you, especially when you are naked.
- The flap maintains its look and feel over the long term and generally adjusts if your body's weight changes.
- Using your own tissue means there is no risk of possible rupture.
- There is less chance of long-term complications.
- If you have a flap reconstruction, you are less likely to need further surgery in the future than you would if you have an implant reconstruction.
- Having a reconstruction may make you more confident when naked.

Drawbacks

- Flap reconstruction is more extensive than implant reconstruction. Additional treatment or follow-up surgeries are sometimes needed. 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 are 2 wounds that have to heal – a wound at the site where the flap was taken and a wound on the breast that was reconstructed.
- 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.

Flap from the lower abdomen (DIEP or TRAM flap reconstruction)

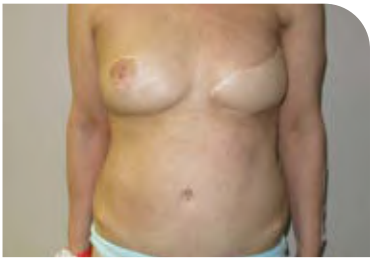
Tissue from the lower abdomen (tummy) is used to reconstruct the breast shape. There are 2 main types of abdominal flaps: free deep inferior epigastric perforator (DIEP) flap, and free transverse rectus abdominis myocutaneous (TRAM) flap.

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 through a microscope).

DIEP flap reconstruction – This is called DIEP because it uses deep blood vessels called deep inferior epigastric perforators (DIEP). It is 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 muscle is less affected and the risk of abdominal problems after surgery is reduced (see page 51).

Reconstruction with a DIEP flap



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).

Try to look at your new breast shape as soon as possible. Breast care nurses often advise looking down at your breast first and then looking in the mirror. This may help you prepare for the change. A breast care nurse can do this with you.

TRAM flap reconstruction – In this procedure, all or some of the muscle in the lower abdomen and a flap of skin and fat are used to reconstruct the breast shape. The muscle in the lower abdomen that runs from the breastbone to the pubic bone is the rectus abdominis muscle, or "six pack" muscle.

A type of TRAM flap reconstruction that is not often done anymore 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. A pedicle TRAM flap has a high risk of hernia.

How the abdomen will look after reconstruction

After a DIEP or TRAM flap reconstruction, your abdomen is tighter and flatter. This is because the reconstructed breast is formed from tissue taken from the abdominal area.

You will have a long scar across the lower abdomen from one hip to the other, a scar around your bellybutton and a scar on the reconstructed breast. While everyone heals differently, the appearance of the scars will improve with time.

Both types of flap reconstructions can make the abdominal area weaker, and you will have little to no feeling in the skin over the breast and the scar over the abdomen. You may be advised to wear a garment called an abdominal binder to protect and support the wound. Ask your surgeon how long you will have to wear the binder.

Flap from the back (LD flap reconstruction)

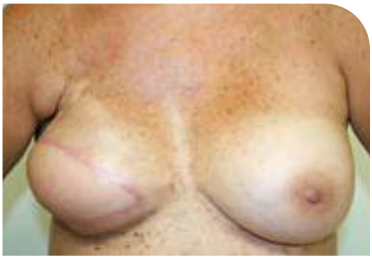
The latissimus dorsi (LD) is a muscle on the upper back that controls shoulder movement. This muscle and some skin and fat can be moved from the back around to the chest to reconstruct the breast shape.

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 page 39). Unless you have a nipple-sparing mastectomy, the areola and nipple are created in a separate operation (see pages 51–52).

The size of the scar on the back will depend on the surgeon – most times it can be hidden by a bra strap. The scar on the breast will vary depending on the type of mastectomy you had.

A new technique avoids a scar on the back by reopening the mastectomy scar and then special instruments are inserted to bring the latissimus dorsi muscle forward towards the breast. This surgery is now widely available. Ask your surgeon if this is suitable for you.

Reconstruction with an LD flap



After the reconstruction you will have a scar on your breast. You may also have a scar on your back, depending on the technique used.

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 another area 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, transverse upper gracilis (TUG) flap or profunda artery perforator (PAP) 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.

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 include:

Loss of the flap – Blood vessels supplying the flap may kink or get clots, leading to bleeding and a loss of circulation. If there are signs of problems with the blood supply, you might need another operation. If the blood supply is not good enough, this may cause the tissue to die, leading to a partial or complete loss of the flap. Problems with blood supply are more likely to happen if you smoke or have recently quit or are carrying extra weight. If the flap dies, you usually have to wait 6–12 months before having a reconstruction again.

Hardening of the flap – 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. Because it causes the affected area in the reconstructed breast to feel hard, fat necrosis can easily be seen and diagnosed on a

mammogram. It can be left in place or surgically removed. Fat necrosis is more likely to happen if you smoke or have had radiation therapy.

Problems with the donor site – After an abdominal flap reconstruction, it may take time for the wound to heal, and fluid can collect (seroma, see page 55) in the abdominal region. After an LD flap reconstruction, it's common for fluid to build up (seroma) in the back where the muscle was taken from.

Hernia (abdominal bulge) – If you have had a DIEP or TRAM flap, you have a small risk of developing a hernia. A hernia occurs when part of the bowel sticks through a weak point in the abdominal wall. The risk of an abdominal hernia is greater with a TRAM flap than with a DIEP flap reconstruction because removing the TRAM flap can weaken the abdominal wall and cause a hernia. If you have any signs of a hernia, see your doctor.

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

Re-creating the nipple

You may want only the shape of the breast reconstructed without a nipple, or you may choose to have the look of a nipple. The appearance of a nipple and areola (the brown or pink rim of tissue around the nipple) can be created in several ways.

Adhesive nipples – These stick to the skin or breast prosthesis and stay in place for several days. They are made from soft silicone and are available in a variety of colours. You can buy them from breast prostheses suppliers (see page 19).

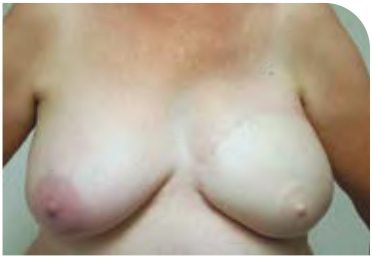
Nipple made from your own body tissue – A small operation can reconstruct a nipple and the areola. This operation is generally done a number of months after a reconstruction to give your body time to heal from the original operation and because the reconstructed breast may drop slightly after surgery.

The nipple is made from tissue on your reconstructed breast. It is folded to create a nipple shape. The new nipple won't have nerves, so it will not feel any sensation or become erect to touch. Sometimes the nipple can flatten out and sometimes it can be permanently erect.

Nipple tattoo – The new nipple can be tattooed to match the colour of the other nipple. The tattoo can be done by a reconstructive (plastic) surgeon, trained nurse, professional medical tattooist or specially trained cosmetic therapist. Initially, the tattoo will look darker than the remaining nipple, but it will fade with time to match in colour.

A new technique called 3D nipple tattoos uses different shading to create the appearance of a nipple. Your breast care nurse can give you more information about this new procedure.

Reconstructed breast and nipple (no tattoo)



After the reconstruction you will have a new nipple.

Surgery to the other breast

Often the difference between the remaining breast and the reconstructed breast is small and not noticeable when wearing a bra. But if the difference in breast size is more obvious, you may decide to have the remaining breast made smaller or larger by surgery to match the reconstructed breast and improve balance and posture.

Bilateral mastectomy

You may be advised or choose to have a bilateral mastectomy – also called a double mastectomy. This means both breasts are removed at the same time. You may have a bilateral mastectomy 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.

You can consider reconstructing both breasts or going flat. Discuss your options with your doctor and get a second opinion if you wish.

Therapeutic mammaplasty

This procedure combines surgery to treat breast cancer (breast-conserving surgery or wide local excision) with surgery to reduce the size of the breast (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 a reconstruction

Everyone reacts to surgery differently. The type of side effects you have will be influenced by the type of surgery you've had.

Short-term side effects

Appearance of the breast – It's common to feel nervous when the bandages and dressings are first removed. It will take time for the bruising and swelling to fade, and the appearance of a breast reconstruction using a tissue flap may take longer to settle. If you're disappointed with the appearance of the breast, you may have other operations or procedures to improve the look and shape of the breast. See page 62 for ways to feel better about how your body looks.

Pain relief – After any type of operation, you will be given pain medicines to ease your discomfort. You will also probably have small tubes (drains) inserted into the operation site to remove excess fluid, and may go home with them. If you have had a flap reconstruction, you will be sore in the area where the other tissue and/or muscle 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 or flap.

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 removed by a health professional using a needle. You can wear a special bra called a compression bra to help relieve the pain.

Scars – All types of breast reconstruction will leave a scar. Everyone heals differently, and the final appearance of a scar will vary, even if the surgery is the same. Most scars have a thickened, red appearance at first, but they will usually fade after about 3 months.

Sometimes the scar stays thick and becomes itchy and uncomfortable. Before the surgery, let your surgeon know if you have other 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.

Long-term considerations

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 and how to manage them.

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

Taking care of yourself after a reconstruction

How long your recovery takes will depend on your age, general health and the type of surgery you had. See pages 60–65 for ways to look after yourself, including arm exercises.

Rest

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

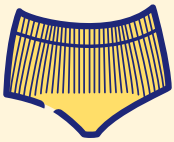
Driving

You will probably need to avoid driving for 4–6 weeks after surgery. Discuss this timing with your breast surgeon.

Lifting

Avoid repetitive arm movements (e.g. hanging out washing, vacuuming), heavy lifting (more than 5 kg, so this may include shopping bags) and activities that strain your arm. You can gradually return to your usual activities after 4–8 weeks.

Tummy problems



After abdominal flap surgery, you may have weaker abdominal muscles. Get up from a low chair or sit up in bed carefully. Wearing supportive underwear will help. If the weakness continues after 6 weeks, ask your doctor for a referral to a physiotherapist or an exercise physiologist for an exercise program.

Loose clothing

Until the area is healed, wear loose-fitting comfortable clothing.

Follow-up appointments

Continue to see the specialist who performed the reconstruction until your body has healed.

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. Ask about likely out-of-pocket costs. These may include pain medicines, post-surgical bras and check-ups with your breast surgeon.

Services to help with the costs of a reconstruction include:

If you live in a regional or rural area – Every state and territory has a government scheme that provides financial help to people who need to travel long distances for specialist medical treatment that is not available in their local area. Many schemes also assist with the cost of accommodation. Ask the hospital social worker about services you are eligible to receive.

If you need legal or financial advice – 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 if the tattooing is done by a health professional with a Medicare provider number. If you have private health insurance, it may cover the cost of the tattooing.

"With my private insurance, I was significantly out of pocket. However, the advantage gained with the reconstruction was well worth the cost." GWEN

What to consider – reconstruction costs

Public hospital

- 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 extra 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. Ask your surgeon how long you might have to wait.
- You can change your mind and decide not to proceed with the reconstruction even if you are on a waiting list.

Private hospital

- 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 of or the entire cost of an inflatable tissue expander and any permanent implant may also be covered by your health 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.

► See our *Cancer and Your Finances* booklet.

Key points about breast reconstruction

Types of reconstruction	The 2 main types of operations are implant and flap reconstructions; each has different benefits and drawbacks.
When to have a reconstruction	• 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.
Cost	Ask how much a reconstruction will cost before agreeing to the procedure.
Recovery after reconstruction	• Recovery after an implant or flap reconstruction can take several months. You may need more than one operation. • Options for re-creating the nipple and areola include using adhesive nipples, re-creating them surgically or having 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. • You may find that a breast reconstruction helps you adjust better to the changes in your 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. Light exercise after surgery, such as walking, can help people recover and improve their energy levels.

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 exercises. You will also be encouraged to wear supportive underwear. Ask your doctor, breast care nurse, physiotherapist or exercise physiologist about exercises you can try.

Exercise and breast reconstruction

Exercise is important before and after breast reconstruction surgery to help get your arm and shoulder moving again. 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 a breast reconstruction, see Cancer Council's *Arm & shoulder exercises after surgery* poster. You can find this on your local Cancer Council website.

Breast Cancer Network Australia has 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".

▸ See our *Exercise for People Living with Cancer* booklet.

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.

Alternative therapies are therapies used instead of conventional medical treatments. Many alternative therapies have not been scientifically tested, so there is no proof they stop cancer growing or spreading. Others have been tested and shown to be harmful to people with cancer or not to work. Cancer Council does not recommend the use of alternative therapies as a cancer treatment.

▸ See our *Understanding Complementary Therapies* booklet and listen to our *Finding Calm During Cancer* podcast.

Body image

Any change to your appearance after breast cancer surgery may affect the way you think and feel about yourself, including 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 pages 11–30). If you have a reconstruction, it will take time to adjust to the different way a reconstructed breast looks, feels and moves. The appearance of the breast will improve with time as scars heal and fade. It may take some time for you to adjust to the changes to your body image after reconstruction.

You may also be concerned about how others perceive the changes to your body, and this may affect your relationships and interest in sex – see opposite page.

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.

Sexuality and intimacy

Having treatment for breast cancer may affect your sexuality. It may take time for you to feel like resuming sexual activity after treatment for cancer – you may need to recover from the operation and get used to wearing a prosthesis, going flat or having a reconstructed breast.

Things that improve your overall wellbeing, such as eating well, exercising and relaxing, may help to boost your sexual confidence.

If you have a partner, you may be concerned about how they will react to your new body shape. You may feel nervous about a partner seeing you naked or 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. You may miss the pleasure you 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.

While you're recovering, try to touch and stroke your mastectomy scar or your reconstructed breast regularly to help you become familiar with the new sensation, so that when you are touched by your partner, your brain has adjusted to the "new normal".

Changes to your body may mean you avoid sexual contact. This may not be satisfying for you and your partner. Although it may be difficult, share your fears and needs with them. 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 anxious or uncertain about forming new relationships. If you meet someone new, you might worry about when and how to tell them that you're wearing a breast prosthesis, have scars or have a reconstructed breast – and you may worry about how they may react.

It isn't easy to decide when to tell a potential 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, before you talk to them, 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. Do what feels right for you.

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.

You might find it helpful to talk through any concerns you have about meeting someone new. 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 GP 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.
- 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.
- Consider having a decorative tattoo. This may make you feel more confident by acknowledging what you've been through or disguising a scar.
- Take part in a photo shoot.
- 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 if you prefer.
- Talk to your doctor, your breast care nurse or a counsellor about any ongoing problems.
- See our *Sexuality, Intimacy and Cancer* and *LGBTQI+ People and Cancer* booklets.

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 you may have to pay for some services. 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 GP, oncology doctors, breast care nurses and social workers. Visit reclaimyourcurves.org.au for advice and information on having a reconstruction.

If you want to use your experience to make a difference for others, consider joining a consumer advocacy group. For more details, visit Breast Cancer Network Australia's website at bcna.org.au/our-impact.

Support from Cancer Council

Cancer Council offers a range of services to support people affected by cancer, their families and friends. Services may vary by location.

Cancer Council 13 11 20

Our experienced health professionals will answer any questions you have about your situation and link you to local services (see inside back cover).

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.

Information resources

Cancer Council produces booklets and fact sheets on more than 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.

Practical help

Cancer Council can help you find services or offer guidance to manage the practical impacts of cancer. This may include helping you access accommodation and transport services.

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 and 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 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 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. 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 doctor questions will help you make an informed choice. You may want to include some of the questions below in your own list.

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 or oedema?
- What can I do if I find the breast prosthesis uncomfortable?
- 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 or colours if the ones in stock aren't suitable?
- What if I find the prosthesis too heavy or too hot?
- Can I also get a swim breast prosthesis? Will I need a special swimming costume?
- What is the price range of the prostheses and bras you sell?
- Do I need to buy a pocketed bra or can I use a regular one?
- How do I care for the prosthesis?
- Can I return the prosthesis if it's 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?

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?

Breast reconstruction

Questions to ask your breast or reconstructive (plastic) surgeon

- Do you think I can have a reconstruction?
- When would you advise me to have the reconstruction?
- What types of reconstructions are suitable for me?
- If I need radiation therapy, will this affect the reconstruction or the type of reconstruction I can have?
- Will you do my reconstruction?
- 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?
- Where can I have this surgery?
- How long will I need to stay in hospital? How long will my recovery take?
- 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?
- Can you show me photos of previous reconstructions you've done?
- Can I talk to others 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?
- Who should I contact if I have questions or a problem after surgery?
- If there are complications, is it likely I'll need more surgery?

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 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 the removed 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 cancer surgery and biopsies; some breast surgeons also perform breast reconstruction.

cancer
Uncontrolled growth of cells that may result in abnormal blood cells or grow into a lump called a tumour.

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 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.

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.

direct to implant reconstruction
Having a breast reconstruction without the need for tissue expanders or other 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 fat tissue.

fibrous tissue
Tissue developed at a wound site that forms a scar.

flap reconstruction
A type of breast reconstruction that uses muscle and/or 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 malposition
When the implant moves. A complication of implant reconstruction.

implant reconstruction
A type of breast reconstruction that rebuilds 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
Surgery that rebuilds the shape of the nipple.
nipple-sparing mastectomy
A type of mastectomy where the breast skin, nipple and areola are not removed.

oncoplastic breast surgeon
A breast surgeon who performs breast cancer surgery and also is trained in several techniques in breast reconstruction.
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.
plastic surgeon
A surgeon who specialises in using varied plastic surgery techniques to reconstruct breast tissue after surgery.
pocketed bra
A bra designed to be worn if a breast or breasts are removed. Each cup has a pocket to hold a breast prosthesis. Also called mastectomy bra.
port-a-cath (port)
A small medical appliance installed under 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 the breasts of someone with a high risk of developing breast cancer. Also called prophylactic mastectomy.

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.
rectus abdominis muscle
One of the 2 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 processes to imitate a natural product.

therapeutic mammaplasty
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 other 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.

transverse rectus abdominis muscle
Muscle found at the front and side of the abdominal wall. Can be used to reconstruct a breast.

two-stage reconstruction
A type of implant reconstruction completed over 2 separate operations.

Can't find a word here?

For more cancer-related words, visit:

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

References

1. N Dayaratna et al., "Trends and variations in post-mastectomy breast reconstruction rates in Australia over 10 years", *ANZ Journal of Surgery*, 2023.

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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 experienced health professionals 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.

TIS TRANSLATING AND INTERPRETING SERVICE

If you need information in a language other than English, an interpreting service is available. Call 131 450.

National Relay Service

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

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

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For information & support
on cancer-related issues,
call Cancer Council 13 11 20

Visit your local Cancer Council website

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actcancer.org

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cancercouncil.com.au

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cancer.org.au/nt

Cancer Council Queensland
cancerqld.org.au

Cancer Council SA
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