



Understanding Breast Prostheses and Reconstruction

Practical
and support
information

Cancer Council Helpline

13 11 20

www.cancervic.org.au

Understanding Breast Prostheses and Reconstruction

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Note to reader

Always consult your doctor before beginning any health treatment. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for your doctor's or other health professional's advice. However, you may wish to discuss issues raised in this booklet with them. All care is taken to ensure that the information in this booklet is accurate at the time of publication.

Interpreting service: Deaf or hearing or speech impaired

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Introduction

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

For many women, breasts symbolise things like femininity, sexual attractiveness and motherhood. They may influence a woman's body image and confidence. Losing all or part of a breast may be devastating; it can change the way a woman feels about herself.

Some time before or after a mastectomy, you may think about getting a breast prosthesis or a breast reconstruction. Many women find this an important step in their recovery. A prosthesis is an artificial breast worn inside a bra. It is also called a breast form. A reconstruction is a surgical procedure to create a permanent breast using your own tissue and skin, and/or an implant.

This booklet aims to help you understand both options. It covers the types of breast prostheses and reconstructions that are available, the process for getting them, costs, decision-making and follow-up care.

Every woman's needs are different. Only you, with help from your health care team, family and accurate information, can make the decision that is right for you. Read the parts of this booklet that are useful to you and check the glossary for explanations of unfamiliar medical words.

Note that for simplicity we mainly refer to 'breast prosthesis', 'breast form' and 'breast reconstruction' in the singular, but we acknowledge that some women have both their breasts removed and therefore need to consider getting two prostheses or a double-sided reconstruction.



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Key questions

Q: What is a breast prosthesis?

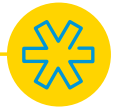
A: A breast prosthesis (plural: prostheses) is a synthetic breast or part of a breast that appears real when worn in a bra or under clothing. The manufacturers usually call them breast forms. Prostheses can be used after the full removal of a breast (mastectomy) or after partial removal (lumpectomy or breast-conserving surgery).

Most breast prostheses have the weight, shape and feel of a natural breast, and they can be attached directly onto the skin or inserted into specially made pockets in bras, swimwear and nightdresses.

Q: What is a breast reconstruction?

A: Many women have a breast reconstruction after they've had a mastectomy. A breast reconstruction is a type of surgery in which a breast shape is created using either a silicone or saline implant, or your own skin, muscle and fat from another part of your body such as your back or tummy (abdomen). Sometimes the reconstructed breast is called a mound or a breast mound.

Although the aim of surgery is to make a breast that looks as natural as possible, the reconstructed breast (and nipple, if created) will not look exactly the same as a natural breast. However, most women who have a breast reconstruction are pleased with the result.



Some facts about reconstructed breasts

- The breast won't have much or any feeling, as the nerves will be damaged during the mastectomy.
- A breast reconstructed using an implant won't change in size (for example, due to hormones or weight changes), but a breast made with your own tissue can.
- A reconstructed breast won't produce milk if you have a baby.

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

A: Deciding to wear a prosthesis or to get a reconstruction is a personal decision. Reactions to the loss of a breast or breasts vary from woman to woman. Only you can choose what feels right for you.

Most women who have had a mastectomy choose to have a prosthesis or a reconstruction. Many women who have had breast-conserving surgery don't need either because their breast shape has not changed a lot. However, some women feel more comfortable using a partial breast prosthesis to fill out their bra.

There are a number of reasons why women who have had a mastectomy use a full or partial breast prosthesis, or have a reconstruction. These are listed on the next page.

- **To replace the weight of the lost breast –**
When a natural 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. These changes may lead to lower back and neck pain over time, unless you get a prosthesis or reconstruction. Even women with small breasts can develop these problems.
- **To have symmetry when wearing clothing –**
Most women don't have identical breasts – the muscle and tissue on each side of the body is different. After a mastectomy, these differences will probably be more noticeable. A prosthesis or reconstruction can help you feel and look balanced.
- **To help restore self-esteem –** Many women find it valuable to recreate a natural appearance with a prosthesis or reconstruction. This can help boost their confidence – including sexual confidence – after a mastectomy. For more information about body image and sexuality issues, see pages 61–64.
- **To put the cancer behind them –** Many women don't wish to be reminded of having cancer, but getting a reconstruction, in particular, can help them move on from their experience of cancer. Other women find that using a prosthesis is enough. Talk to your surgeon and breast care nurse about your options, both before and after your mastectomy.

Q: Which is better?

A: When choosing between a prosthesis and a reconstruction, it is helpful to weigh up the advantages and disadvantages of both. Many women prefer only to use a prosthesis. Others start off with a prosthesis, then later decide to have a reconstruction. There is no time limit on when you must decide to have a reconstruction unless you are considering having one at the same time as the mastectomy.

Prosthesis

Advantages

- You don't need further surgery, which has risks and sometimes a long recovery time.
- Medicare subsidises the cost of prostheses.
- You can change the size of your prosthesis if your other breast size changes.
- You can wear the prosthesis with different clothes and when you're exercising.
- A breast prosthesis is easily replaced if it wears out or is damaged.
- You can wear a prosthesis while you're waiting for reconstructive surgery.

Disadvantages

- Some women don't like the idea of having an artificial breast.
- The prosthesis has special washing and storage instructions.
- It needs to be replaced every few years.
- The cost of mastectomy bras can add up.
- You may need to wear different clothes or accessories.
- You may be reminded of having cancer when you undress.
- Some women find a prosthesis uncomfortable (e.g. heavy or hot).
- Some women feel self-conscious with their partner or embarrassed in public.

Reconstruction

Advantages

- A breast made with your own tissue is permanent and usually won't require any further care after you have healed from surgery.
- Implant reconstructions last 10–15 years or longer.
- You may feel reassured to have a new breast that is a part of you.
- Often after the surgical scars have faded the breast looks very natural.
- Women having a TRAM flap procedure (see page 43) benefit from having a 'tummy tuck' at the same time.
- Many women find a reconstruction easier than a breast prosthesis to manage in the long term.

Disadvantages

- A reconstruction will require more surgery and extra time in hospital and for recovery at home.
- As with all operations, problems may occur and there is no guarantee of your desired result.
- Private patients, in particular, may have to pay a lot of extra costs.
- The waiting period for an operation may be more than 12 months if you are treated in a public hospital. Even private patients may not be able to have surgery immediately.
- You may feel self-conscious due to the result or the scarring.
- A reconstructed breast may not change in shape, size or perkiness over time, unlike your other breast.
- An implant reconstruction may need to be redone in the future.

“ Even with Medicare and health insurance, I was significantly out of pocket for a bilateral reconstruction. Worth it? Without hesitation. ” Sharon Tregoning, author of *'Accepting with Grace: Mastectomy & Reconstruction'*

Q: When can I wear a prosthesis?

A: Although the breast area will be tender after surgery, a soft, light, temporary breast prosthesis called a soft form can be worn right away, usually for up to two months. The soft form can be worn in a post-surgical bra that has a pocket. If the bra is too constricting or rubs against your scar, you can purchase a pocketed crop top or camisole. Because it is light and made from a gentle material, the soft form can be worn during radiotherapy.

When you have recovered from treatment, you can be fitted for a permanent prosthesis. You may need to wait up to two months after surgery and for six weeks after radiotherapy to give the skin and other tissue time to heal. If you have chemotherapy between surgery and radiotherapy, it may be some time before you can get your permanent form.

For more information about prostheses, see pages 11–31.



My Care Kit

Breast Cancer Network Australia provides a free post-surgical bra and temporary soft form for women who have recently had breast surgery. Order a kit through your breast care nurse or from Cancer Council Connect on **13 11 20**.

You can also purchase more durable soft forms and post-surgical bras from retail outlets specialising in breast prostheses. Call Cancer Council Connect for information on where you can buy these.

Q: When can I have a reconstruction?

A: There are different opinions about the best time for a breast reconstruction. It can be done or started at the time of the mastectomy (immediate reconstruction) or at a later stage (delayed reconstruction). This can be months or years later.

The timing depends on the type of breast cancer you were diagnosed with, whether you need further treatment (for example, chemotherapy or radiotherapy), how you feel about the loss of your breast or breasts, your general health, and other concerns, such as the cost. For some women, it is important to plan reconstruction from the time of their mastectomy, but other women prefer to focus on the cancer treatment and think about reconstruction later. Sometimes you won't be able to have an immediate reconstruction due to the surgery schedule at the hospital.

You need to talk over these issues with your breast cancer surgeon and reconstructive (plastic) surgeon. It is okay to ask for a second opinion if you would like one.

For more information about breast reconstruction, see pages 32–57.

“ I wore a breast form for six years and then decided to have a reconstruction. After the diagnosis, all I wanted was to have the tumour removed and save my life. Now I'm tired of wearing and maintaining the form. ” Sandra



Breast prostheses

Material used in prostheses

Most breast prostheses for long-term use are now made from a solid type of silicone gel. They are moulded into the natural shape of a woman's breast or part of a breast. Temporary forms tend to be made with foam, fibrefill or fleece; these are usually worn in the first couple of months after surgery. Some women prefer to wear a soft form in bed.

The top and front surface of a breast prosthesis feels soft and smooth. The back surface that rests against your body varies and depends on whether the prosthesis is designed to go into a bra pocket or stick directly to your skin. It can be firm and smooth, flat or hollow, have ridges that are soft and flexible, have sticky (adhesive) spots, or be made of fabric.

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 sticks to the form.



What is silicone?

Silicone is a non-toxic, synthetically-made substance that is heat resistant and rubbery. This makes it useful for moulding to the shape of a natural breast and placing next to the skin. If a prosthesis

tears or punctures, the silicone can't be absorbed by the skin. Silicone also feels like a natural breast through clothing, and some types of prostheses move in the same way as natural breast tissue.

“ 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

Every woman's body is different so there is a large range of prostheses available in various shapes (triangles, circles or teardrops), cup sizes (shallow, average, full) and skin colours. There are also partial breast forms (triangles, ovals, curves and shells) for women who have had breast-conserving surgery or a reconstruction and want to fill out their breast shape.

Different prostheses have different amounts or layers of silicone. This allows women to match the breast form to the structure and movement of their remaining breast.

Some prostheses are even on both sides (symmetric) or uneven (asymmetric). Symmetric forms can be worn on either side of the body; asymmetric forms are either worn on the right side or the left side.

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

Soft breast form



This light breast form usually has a polyester front cover and a cotton back cover. It is mainly used in the weeks immediately after surgery and is good if you have sensitive scar tissue or if you like to have a light breast shape while sleeping. It can also be used for swimming, although there are other special forms for this purpose. Due to their light weight, soft forms are not suitable if you need a prosthesis for balance.

Basic breast form



This is a full breast form with a natural curve and weight that helps fill the bra cup completely. The form is made as a single mould using one layer of silicone only. It tends to be heavier than other types of forms. There are different sizes and shapes for you to get the best fit and comfort. Many have a nipple shape styled into the silicone.

Two-layer breast form



Two-layer breast forms are made with two different layers of silicone. This gives the form a more natural drape depending on the type of breast it is matching, for example, a younger breast, an older breast or a smaller breast. The layering also helps the breast form have a more realistic movement. They are lighter than basic forms but heavier than lightweight forms. Some two-layer forms include temperature-control technology.

Partial breast form or shaper



Many women have part of their breast removed. If surgery or radiotherapy has changed your breast shape significantly, you can use a small, specially shaped breast form. This will help fill the space in your bra and achieve symmetry. Some breast prostheses can be filled with machine-washable fleece to obtain the desired size. Some brands of partial breast forms stick directly to the skin, so they can be worn with a regular, non-pocketed bra. You can also place the form in a pocketed (mastectomy) bra.

Shell breast form



A shell breast form is a type of partial breast form. It is hollow (concave) and fits over any remaining breast tissue to restore your breast to its original shape and size. Sometimes women who have had a breast reconstruction find that the size of their remaining breast changes if they gain or lose weight. They can use a shell breast form to make their reconstructed breast match the size of their natural breast.

Lightweight breast form



Lightweight breast forms are made with a lightweight silicone and are about a third lighter than a basic breast form. Lightweight breast forms are useful for women with lymphoedema, osteoporosis or arthritis, or for women with larger breasts. Some lightweight forms have temperature-control technology.

Attachable or contact breast form



While many breast forms are designed to be worn in a bra pocket, others are designed to stick directly to your skin. Many women think a form that attaches to their skin looks and feels more natural. You will still need to wear a well-fitting bra.

“Because the attachable form sticks to the skin it feels normal and natural, just like my lost breast.” *Peggy*

Swim breast form



Some women prefer to swim without their breast form or to use a soft form, but if you swim often, there are advantages of buying a swim form. They are made with a type of silicone that retains its shape in and out of the water. Swim forms are much lighter than a regular prosthesis and are resistant to chlorine and saltwater. They dry quickly and can be worn in a pocketed swimsuit.

Some manufacturers don't recommend wearing a silicone form in a sauna or spa as it may heat up against your skin. Try a foam or fibrefill one instead.

Buying a breast prosthesis

It is best for you to see a trained fitter who can help you choose the right prosthesis, as well as a mastectomy bra, if necessary. You will need to make an appointment – this means you will have uninterrupted time with the fitter and you can ask any questions on the phone beforehand. Allow about an hour.

For some women, having a fitting can be an emotional or distressing experience, especially the first time. They may be embarrassed at the thought of having another woman see the site of their surgery, or they may feel upset about needing a breast prosthesis. Remember that your fitter regularly sees women who have been in a similar situation to you, so they will be sensitive to your feelings.

You might also like to take a friend with you to the fitting for support. The other person doesn't have to come into the dressing room with you.

Talking to someone who has needed a breast prosthesis may help ease your concerns. See pages 64–65 for information about peer support. For a list of questions you might like to ask your breast care nurse or a breast prosthesis fitter, see page 30.

tip

You might find it helpful to see some breast forms before your appointment, or even before your operation, to give you an idea of what to expect. Your breast care nurse may have samples of breast forms and bras you can look at.

Where to buy a breast prosthesis

Call the Cancer Council Helpline on 13 11 20 for a list of stores where you can purchase breast prostheses, mastectomy lingerie and accessories. There are some specialist stores that only sell breast forms and associated products, but the lingerie section of some major department stores and lingerie boutiques also have trained fitters. There may also be a free home service available in your area.

If you live in a rural area, you might have fewer options for what you can buy and where you can shop. It is important for your health and comfort for the prosthesis and bra to fit correctly, so it will benefit you if you are able to make a trip to a large town or city to shop. This may also appeal if you don't want to shop where people know you.

Some women ask retailers to send them catalogues so they can look at the full range of bras and breast prostheses available. While fitters can order in bras and prostheses for you, they prefer to see and measure you in person, particularly if you are buying your first one.

Choosing a bra

To make sure your breast prosthesis is comfortable and fits well, it is important that you also wear a bra that fits correctly.

You can bring your own bras (regular, post-surgical or mastectomy) to your prosthesis fitting or your fitter can suggest a mastectomy bra from their range of stock.

The bra supports the prosthesis and protects it from damage. It also supports and shapes the remaining breast, which is used to determine the size of the breast form.

A bra that is supportive and fits well:

- may have underwire, if this is comfortable for you
- needs full cups with firm, elasticised edges
- should fit close to your chest wall between the cups and have a high front at the centre
- should have elasticised, adjustable, comfortable straps
- should have reasonably thick sides that don't cut into the skin
- minimises slipping or movement of the prosthesis.

A tight bra or one that has narrow shoulder straps may obstruct the flow of lymph fluid in your body and cause swelling in the arm (lymphoedema). A good fit will reduce the chance of this.

If you choose to use a regular bra, you can buy or make a pocket to sew into the bra to hold in the prosthesis. A bra pocket pattern can be downloaded from www.cancercouncil.com.au.

While some women find that their ordinary bra, a sports bra or a sports crop top adequately supports their prosthesis, mastectomy bras are specially designed for this purpose. As well as being cut wider under the arm, across the chest and in the straps, mastectomy bras have a pocket in the cup to hold the breast prosthesis in place. The material in a mastectomy bra is also wide enough to cover an attachable or contact form. There are many attractive designs available.

At the fitting

You may be embarrassed about being fitted for a bra and/or prosthesis, but most fitters have been professionally trained and are understanding about women's needs after a mastectomy. It normally takes 40–60 minutes and you will have privacy when being measured and getting changed. Most fitters carry out the fitting in a similar way:

- The female fitter checks your bra size with a tape measure.
- The fitter will ask you about what type of bras you like and how active you are, or will check that your own bras are suitable.
- If you've had a double mastectomy, the fitter will ask you what breast size you were and what size you would like to be. You might like to keep your original size or go up or down a size.
- The fitter brings you a selection of bras to choose from.
- When you've chosen your bra, the fitter will help you try on different prostheses until you find a good fit.
- The fitter often has a slip-on T-shirt (like a smock) for you to try over the bra and prosthesis to check that the form is the right size and looks symmetrical under clothing. You can put your own clothes on but many women find the T-shirt easier.
- The fitter then shows you how to make sure the prosthesis sits properly in the bra and how to take care of it.

Getting the right fit

The key to a well-fitting breast form is getting it to match your natural breast as closely as possible. Breast form design has improved over the years so that they appear realistic. With a correctly fitting prosthesis and bra, it is very unlikely that a form will fall out or be noticeable to others.

Aim for a fit that looks natural and feels comfortable. The various styles and materials used in making the forms may feel quite different on your skin or in the bra. This will help you decide which prosthesis is best for you.

Ideally, you will get used to wearing the prosthesis, whether it sticks to your skin or is in a bra pocket, although this may take some time. If the breast form feels uncomfortable or looks obvious, it is probably not the right fit.

Ask yourself the following questions to help decide if the breast prosthesis and bra fit correctly:

- Does the bra feel comfortable when I take a deep breath?
- Does the surface of the bra look smooth?
- Does the bra sit flat against my chest when I lean forward?
- Do I like how I look with the prosthesis in place?
- Do I feel balanced?
- Does the prosthesis feel secure in the bra?
- Can I see any edges of the prosthesis sticking out of the top or sides of the bra? (If you do, the bra or the form is not the right fit.)
- Does the colour of the prosthesis blend in with my skin tone?

If you are unsure about which breast form or bra to buy, you don't have to decide right away. If nothing in the shop is suitable, the fitter may be able to order in other styles for you. You could also try another retailer who may carry different products. Don't be pressured into settling for a prosthesis you're not entirely happy with.

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

tips

- If you have radiation treatment, wait 6–8 weeks after it is completed before making an appointment to buy a prosthesis.
- Ask other women about their experiences, but remember that what suited them might not suit you.
- Try different types of prostheses to get the best fit and comfort for your body.
- Check with the store about its return policy. You may be able to return the prosthesis if the one you buy feels uncomfortable, but this is not possible with all stores.
- If you have private health insurance, check whether it covers prostheses and mastectomy bras.
- Don't buy too many new bras if you are getting a reconstruction later on as you may need to get different bras to suit the reconstructed breast.

Costs and financial assistance

Money may influence the type of breast prosthesis and bras you buy. The cost of a silicone breast form ranges from about \$250–\$450. A silicone swim form is about \$130. A foam form is about \$70. Mastectomy bras cost about \$60–\$100 each. Bra pockets that you can sew into a regular bra cost \$10–\$15.

Financial assistance towards the cost of breast prostheses is available from Medicare Australia. The Department of Veterans' Affairs also provides free prostheses and bras to eligible women. Women with health insurance may be able to get rebates for bras and prostheses depending on their cover. As rules change, check what assistance is available whenever you buy prostheses or bras.

Medicare's External Breast Prostheses Reimbursement Program

Women who are permanent residents of Australia, have a current Medicare entitlement and have had a full or partial mastectomy as a result of breast cancer or as a preventative measure against breast cancer can receive a reimbursement of up to \$400 for each new or replacement breast prosthesis from Medicare. If you have had a bilateral mastectomy, you are eligible for a reimbursement for two breast prostheses of up to \$400 each.

To make a claim for a replacement prosthesis, there must be a period of two years or more between the purchase dates of the prostheses, but you may find that your breast prosthesis lasts longer than that. Only external breast forms can be claimed. Bras and surgically implanted (internal) prostheses aren't covered.

Claim forms are available from any Medicare office or can be downloaded from their website. Attach the original receipt to the claim form and hand it in at any Medicare office or post it to the address listed on the form. The payment will be made by electronic funds transfer into your bank account.

For more information visit www.medicareaustralia.gov.au, call 13 20 11 or visit any Medicare office.



The Department of Veterans' Affairs provides free breast forms and mastectomy bras to eligible war widows and veterans. You need a referral from your GP or surgeon. For more information, call **13 32 54** (Sydney) or **1800 555 254** (other areas).

Private health insurance

Private health funds vary in their rebates for breast prostheses and related products such as mastectomy bras. Some rebates only apply to members with extras cover.

Most health funds have waiting periods and other terms and conditions. They may also require a letter from your surgeon stating why you need a prosthesis. Ask your health fund what is covered and what information is needed.

You can claim a reimbursement for a prosthesis from Medicare even if you have received a refund from your health fund,

as long as the amount you received is less than both the full purchase cost and the External Breast Prostheses Reimbursement Program reimbursement limit (\$400).

Examples of costs

- If your prosthesis cost \$420 and your health fund refunds you \$100, you will receive \$300 from the External Breast Prostheses Reimbursement Program. You will be out of pocket by \$20.
- If your prosthesis cost \$380 and your health fund refunds you \$100, you will receive \$280 from the External Breast Prostheses Reimbursement Program. You will not be out of pocket.

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 or your clothes. It is natural to have some concerns.

Weight

Full silicone breast forms are designed to have about the same weight as a natural breast. A prosthesis that is correctly fitted and properly supported in a bra will usually not feel too heavy, even if it feels heavy in your hands. It may take a bit of time to get used to, particularly if it has been a while since your mastectomy.

For women who continually find the regular form too heavy, the lightweight forms are available. Some women prefer to wear this kind of prosthesis when playing sport.

Temperature

Some women find that the prosthesis feels too hot in warm and humid weather. This is more common for women with larger breasts that rest on the abdomen. There are a number of options to help you reduce discomfort.

tips

- A bra that fits correctly and holds the prosthesis in the right place will help keep you cool.
- There are new models of breast forms designed with air ventilation and evaporation technology to improve temperature regulation, increase comfort, and ease symptoms like hot flashes.
- Some women find wearing a lightweight form in warmer weather keeps them cooler.
- If you wear a regular bra, using a bra pocket or a breast form cover can help absorb perspiration. Check if your fitter supplies covers.
- Bras made with fast-drying or sweat-wicking fabrics, such as sports bras, may be more comfortable if you perspire a lot.
- Wear shirts made with cool, comfortable material, such as linen, silk or synthetic breathable fabrics.
- If your prosthesis gets sweaty, make sure you wash it well at the end of the day to stop the perspiration from degrading the form.

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

Clothing

You probably don't want to change your whole wardrobe when you start wearing a prosthesis but you may find you need to make some adjustments. For example, many women say they don't feel comfortable wearing low-cut tops.

If you have some favourite dresses or tops, bring them with you to your fitting to check how they look over different prostheses.

To adapt your clothes, you could:

- use scarves or jewellery for extra coverage
- wear a camisole or singlet under your top, or buy a mastectomy camisole bra
- use an attachable prosthesis with a strapless dress or try a strapless mastectomy bra
- ask a tailor to alter some of your clothes.

Your fitter may also carry a range of extras designed specifically to be worn with a breast prosthesis. These include lingerie, nightwear, swimwear, sports bras and camisettes (material that attaches to your bra strap to make low necklines more modest). The range of mastectomy wear is constantly expanding and there are many attractive options available.

“ After my double mastectomy, I wore two prostheses. I had to change a lot of my clothes as I needed to wear the wide-cut mastectomy bras, which were visible with V-necks, evening wear and singlet tops. ” Viviane

Swimwear

Mastectomy swimwear can be bought from your fitter, some department stores, direct from some manufacturers, or online. Features include a bra pocket, wide straps and higher necklines.

Australian and international brands offer a wide range of styles, patterns and colours. Popular brands include Ada, Amoena, Anita, Genevieve, Jantzen, Jets, Kay Attali, Palazzi, Sue Rice (individualised fitting), Watersun, Seabird Swimwear, and Seafolly.

New season swimwear is usually available in stores at the beginning of September and November.



Accessories

Different products are available to make the fit and appearance of your breast prosthesis more comfortable:

Bra pockets – easily sewn into your choice of bra, nightdress or swimsuit. If you would like to make your own pockets, a pattern is available online at www.cancercouncil.com.au or by calling **13 11 20**.

Bra extenders – extra hooks to attach to the back of any

bra and provide adjustability. These can be used temporarily; otherwise check whether your bra size needs adjusting.

Shoulder cushions – reduce pressure from bra straps (but check that this is not caused by a poorly fitting bra).

Nipples – self-adhesive nipples in different sizes and colours can help you achieve a more natural look. These can also be used on a reconstructed breast.

Caring for a breast prosthesis

Prostheses are usually guaranteed for two years for general wear and tear, but they may last longer depending on how often they are worn, how well they're looked after and your lifestyle. If the form splits or is cracked at the seams, it should be replaced.

tips

- Hand wash the prosthesis every day you wear it to remove perspiration and grime. Use warm water and a mild unscented soap or a cleanser supplied by the breast form manufacturer. Rinse thoroughly and pat dry with a towel.
- If you swim, rinse your form in clean water afterwards to remove any chlorine or salt.
- Don't wear a silicone prosthesis in a sauna or spa. Use a soft form instead.
- Store your prosthesis in the box it came in, which will protect it from sunlight and heat and help keep its shape.
- Be careful when placing brooches or pins onto your clothing.
- Take care when handling pets so that their claws don't damage the prosthesis.
- Avoid using perfumed deodorant as this can damage the breast form. Natural crystal deodorant is a better alternative.
- If your prosthesis is damaged or old, it can be thrown away in your normal garbage collection. The material cannot be recycled.
- Check that your bras are the right fit every 12 months. You will probably need a new bra and breast prosthesis if your weight changes. Otherwise your prosthesis should last for 2–3 years.

Question checklist

You may find the following questions useful if you want to get more information about buying a breast prosthesis. You can talk to your breast care nurse, a breast prosthesis fitter, the Cancer Council Helpline, a volunteer from Cancer Council Connect or members of a breast cancer support group.

- Do I need to wear a breast prosthesis?
- What kind of prosthesis would suit me best?
- When can I start wearing a breast form?
- How will wearing or not wearing a prosthesis affect my lymphoedema?
- What if I find the breast form too heavy or I have other problems?
- How long might it take to get used to the prosthesis?
- Do I need to buy mastectomy bras or can I use regular ones?

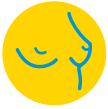
Questions for the fitter

- How long will the fitting take?
- Can I bring a support person to the fitting?
- Is it possible to be measured for a prosthesis and/or mastectomy bra without removing my own bra?
- Do you have a wide range of styles and colours?
- Can you order other styles if the ones in stock aren't suitable?
- How do I care for the prosthesis?
- What can I do if the prosthesis I bought is not suitable?
- What is the warranty period for the prosthesis?
- Can I have a second copy of the receipt for my records?
- What is the price range of the prostheses you sell?



Key points

- There are many types of breast prostheses to suit women's different needs.
- Wearing a prosthesis may help you remain balanced and may reduce back, neck or shoulder pain. It can help to boost self-esteem after a mastectomy.
- After surgery, you can wear a soft form made of fabric or foam. When treatment is finished, you can buy a weighted, silicone form that is more like a real breast.
- Partial breast forms are also available for women who need to fill out their bra.
- Breast forms are available from specialist and lingerie retailers, major department stores and mobile fitting services. It is best if you make an appointment for your fitting.
- The type of bra you wear is also important. It needs to fit well and be supportive. You can use your own bras and sew in a pocket, or you can buy mastectomy bras.
- Accessories and clothing such as swimwear and nightwear are also available to make wearing a breast prosthesis more comfortable and to give you more confidence.
- Medicare reimburses up to \$400 for the cost of a prosthesis. Private health funds may also subsidise breast forms and mastectomy bras.



Breast reconstruction

Who will do the reconstruction?

If you wish to have a breast reconstruction, your own breast cancer surgeon may have the expertise to do this or you may be referred to a reconstructive surgeon (also known as a plastic surgeon). Often a breast cancer surgeon and a reconstructive surgeon work together to do the breast cancer surgery and reconstruction during the same operation.

Ask to be referred to a surgeon who is an expert in breast reconstruction. Make sure that they are a Fellow of the Royal Australasian College of Surgeons and, if a reconstructive surgeon, a member of the Australian Society of Plastic Surgeons.

For information about other health professionals who will care for you when you have a reconstruction, see page 55.

Types of reconstruction

There are two major types of breast reconstruction: implant and flap reconstruction. Both techniques can be done as immediate reconstruction or delayed reconstruction. They can be combined with total, skin-sparing or nipple-sparing mastectomy (see page 34).

In an implant reconstruction, an implant is placed under the skin and muscle to recreate the shape of the breast. In a flap reconstruction, skin, fat and muscle are taken from elsewhere in the body to make the breast mound. These operations can be done in different ways. Some are more difficult than others – both surgically and for the woman's recovery.

Most reconstructions involve two or more operations several weeks or months apart. Your reconstructive surgeon will discuss the different methods and suggest the best one for you. Make sure you understand why your surgeon recommends a particular method. The recommendation will depend on:

- your preference
- your body shape and build
- your general health
- the experience of the surgeon
- the amount of tissue that has already been removed
- scars from other operations
- the quality of the remaining skin
- the breast size you would like
- whether you need radiotherapy or have already had it
- whether you smoke – this affects the type of flap you can have.

Your surgeon should show you photos of different types of reconstructions, including the type recommended to you. Make sure you see a range of photos of your surgeon's work before deciding. Remember that there are variations in results, so your reconstruction may turn out better or worse than others.

For information on making treatment decisions, see page 58.

The breast implants used for women having reconstructive surgery are also used for cosmetic breast enlargement.



Skin-sparing mastectomy and breast reconstruction

If you are medically suitable and wish to have an immediate breast reconstruction, you may have the option of a skin-sparing mastectomy or a nipple-sparing mastectomy.

In these operations, the breast tissue is removed, as it is in a total mastectomy, but most of the skin (and sometimes

the nipple) is preserved. This can make the reconstruction appear more natural.

Skin-sparing or nipple-sparing mastectomy may not be appropriate for all types of breast cancer so you should discuss this with your breast cancer surgeon.

Implant reconstruction

Implants are more common for women who are not going to have radiotherapy. They are made from a silicone envelope and filled with either silicone gel or a saltwater solution (saline). Saline implants used to be common but are rarely used now.

There are advantages and disadvantages in using implants in breast reconstruction. There are also some specific problems related to each type of implant. You need to discuss the use of an implant and possible problems with your doctors. You may also find it helpful to talk with someone who has an implant.

Your decision to have an implant may also depend on how you feel about having something artificial in your body. Some women are comfortable with this idea; others prefer a flap reconstruction because usually only their own tissue is used.

Implant reconstruction

Advantages

- The operation is faster and usually your hospital stay is shorter than for a flap reconstruction.
- The implant creates the breast mound without moving tissue (muscle, skin or fat) from elsewhere in the body.
- Your recovery time at home is shorter than for a flap reconstruction.
- You are only left with the scar from the mastectomy.
- Implants come in a range of sizes and shapes.

Disadvantages

- As ‘foreign’ material is placed in the body, the body responds by creating a capsule of scar tissue around the implant. This can cause distortion and pain in some circumstances – see page 39.
- Two operations are usually required, as well as many weekly visits between operations to expand the skin over the breast.
- The process may take 6–9 months.
- As the implant is artificial, it doesn’t change shape or size; this means that if your other breast changes, you may need another operation to match the two.
- There is a small risk of infection, which can lead to removal of the implant.
- There is a small risk of serious bleeding.
- The implant may rupture and need replacing – see page 40.
- Implants aren’t designed to last forever. They may need replacing after 10-15 years, but they can last for much longer.

Silicone implants

Silicone implants are made of a solid silicone envelope or shell that has soft silicone within it. They have a more natural feel than saline implants. Two types of silicone implants are available:

- **Silicone gel** – the original type of implant, which is made from a soft, jelly-like substance.
- **Cohesive gel** – a newer type of implant with a semi-solid filling that is not as soft as the original silicone gel implant but holds its shape longer. If the implant ruptures, cohesive gel is designed to minimise silicone leaking into the tissues.

There has been controversy around the use of silicone implants. They were withdrawn from the market in the 1990s due to concerns about the effects of the silicone gel if the implant ruptured and leaked into the body. Research now suggests that silicone implants are safe even if they do break (see page 40).

Silicone implants may need to be replaced after 10–15 years. Discuss any concerns you have about silicone implants with your reconstructive surgeon.



Recently there have been reports of a type of lymphoma occurring in the capsule of breast implants. There are only about 35 cases to date out of the millions of implants used, but medical authorities are monitoring this issue. Talk to your surgeon about the risks.

Saline implants

Saline implants are no longer commonly used in reconstructions. They are made of a solid silicone envelope containing saltwater. They give a reasonable shape and feel but are not as naturally shaped as silicone implants. They may look rounder than a real breast, and problems such as the skin wrinkling and ‘sloshing’ may occur. A saline implant may gradually lose volume, deflate without warning or wear out. It then needs to be replaced. If the implant breaks, the saline released into the body is not harmful.

How is an implant reconstruction done?

If you have healthy chest muscle and enough skin, an implant can be inserted under the chest muscle. Implants come in many shapes and sizes. Your surgeon will choose one matching your own breast.

With this method of reconstruction, the mastectomy scar is usually re-opened for the implant to be put in. This is why there is no further scarring. The operation takes about an hour and you will probably be in hospital for one or two nights. You may feel some pain afterwards but you will be given medication for this.

**Woman with
an implant
reconstruction**



Inflatable tissue expanders

After a mastectomy there is often not enough skin to cover an implant of the desired size. In this case an inflatable tissue expander can be used to stretch the skin.

The expander, a balloon-like bag, is placed under the skin and muscle, either at the time of the mastectomy or some time later. Once the skin has healed, the balloon is gradually filled by injecting it with saline through a port at the front, via the chest. These injections are given every couple of weeks until the tissue is about the same size as the other breast. This may take a few months.



Many women find that the saline injections don't hurt much because the chest is often numb after a mastectomy. However, you may feel discomfort for a few days due to the tissue stretching. Check with your doctor about suitable pain relievers.

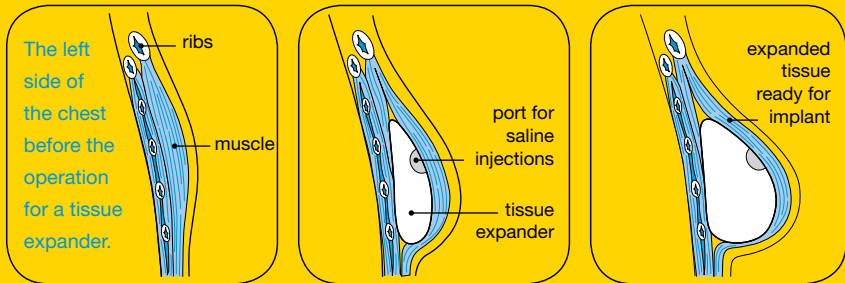
Expanders are generally designed to be temporary, but there are also permanent ones. If a temporary expander is used, the surgeon will replace it with a permanent silicone implant in another operation.

A permanent tissue expander is also called a saline-gel implant. It has two layers – an inner layer that is filled with saline to expand the skin, and an outer layer that is already filled with silicone gel. If a permanent expander is used, the implant remains in place after the tissue has stretched to the desired size. The filling tube and injection point may be removed in another small operation.

You won't need to stay in hospital when the expander is being filled, but if the expander is replaced with a permanent implant, the operation will take about an hour and requires a couple of days in hospital. Many women do not feel much pain afterwards.

A breast reconstructed with a tissue expander and/or an implant usually feels firmer than a natural breast. While it won't move and behave like a natural breast, it usually looks symmetrical in a bra.

Temporary inflatable tissue expander



Possible problems with an implant

Excess fibrous tissue – A capsule of scar tissue (fibrous tissue) tends to form around a breast implant. If this thickens over time, it may make the reconstructed breast feel firm. This condition is called a capsular contracture and is more likely if you have had radiotherapy. It can be uncomfortable and may change the shape of the implant. Some women find this painful. Further surgery may be needed and sometimes the implant has to be removed.

Implant rupturing – As implants are made of a type of plastic they will not last forever. At some stage they may leak or break (rupture) because of gradual weakening of the silicone envelope.

A saline implant will immediately collapse after a rupture. It is possible to get a replacement, usually as day surgery.

With silicone gel implants, because the gel is often contained within the body's capsule of scar tissue, it may not be possible to tell whether the implant has ruptured. If the silicone leaks outside the capsule it tends to cause a lump, which may be painful. Usually, if the implant is known to have ruptured, it is replaced. The average implant lasts about 15 years.

Breast Implant Registry

The Breast Implant Registry is a government-endorsed public health initiative aimed at increasing patient safety. It is available online for patients to voluntarily register their implants for a small cost. The Australian Society of Plastic Surgeons manages the registry.

It has been created to provide patients with a secure environment to record their data following a breast implant procedure in case they ever

need to get information about their surgery and implants.

If you register, you can be contacted if there are any concerns about the style of breast implants you have.

All data remains confidential. However, with your consent, you can also allow information about your procedure to be used for medical research.

For more information, talk to your plastic surgeon.

Flap reconstruction

Flap reconstruction is the use of muscle and skin from other parts of the body to build the shape of a breast. One of several flap methods may be used. The different types are named after the type of muscle used in the reconstruction.

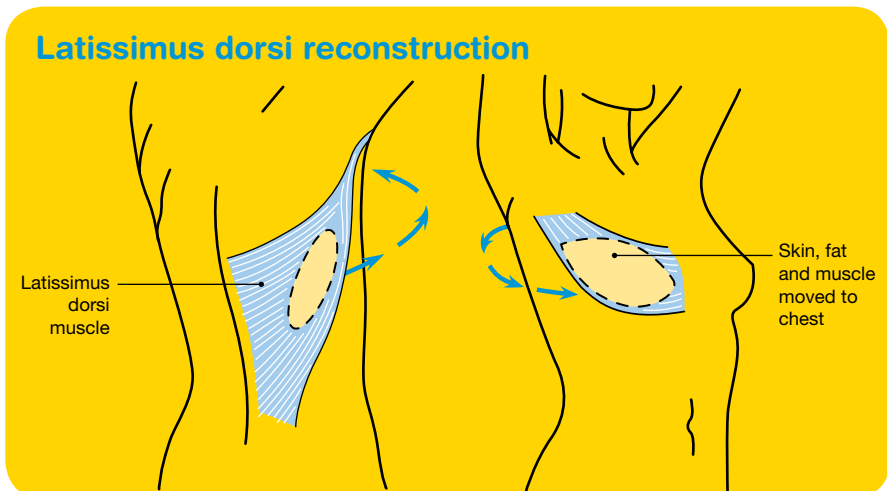
Flap reconstruction is an option for most women. It is particularly suited to women with large breasts, women who don't have enough skin to cover an implant, and women who have had radiotherapy.

| Flap reconstruction | |
|--|--|
| Advantages | Disadvantages |
| <ul style="list-style-type: none"> You don't have the problems that may occur with implants. The reconstruction is permanent once it has healed, even though minor adjustments are sometimes needed. The reconstruction maintains its look and feel over the long term and generally changes with your body weight. Most methods only use your own living tissue to create the breast. | <ul style="list-style-type: none"> Both surgery and recovery take a longer amount of time than for an implant reconstruction. There is a risk of infection and the flap not healing properly. You will be left with more than one scar (but these fade over time). Depending on the type you have, you may need an implant as well. With TRAM reconstruction (see page 43) mesh is put in the abdomen to prevent a hernia. TRAM and DIEP procedures (see pages 43 and 46) can only be done once. |

Latissimus dorsi reconstruction

The latissimus dorsi is a broad, flat muscle on the back below the shoulder blade. In this method, the latissimus dorsi muscle and some skin are rotated around to the chest. An implant is usually required under the flap to make your breast large enough to match the remaining breast. There is often a need for a tissue expander, depending on the final size desired. If an expander is used, a second operation will be needed to remove it. Otherwise, this reconstruction can be completed in one operation, apart from the nipple, which is done in a separate operation (see page 46).

Depending on the prior mastectomy technique used, after reconstructive surgery, you may have an oval-shaped scar on your reconstructed breast and a straight scar on your back. The scar on your back may be covered by your bra strap.



**Woman with
a latissimus
dorsi
reconstruction**



TRAM flap reconstruction

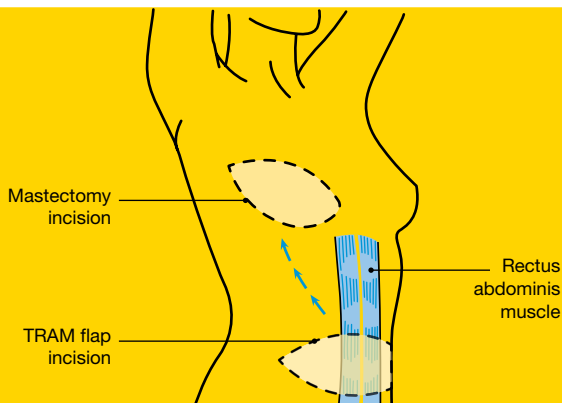
TRAM flap reconstruction refers to a flap made out of tissue and muscle from the tummy (abdomen). It is short for a transverse rectus abdominis myocutaneous flap reconstruction. One of the pair of long, flat stomach muscles called the rectus abdominis is used to create the reconstructed breast.

The reconstructive surgeon moves the muscle, along with local skin and fat, to the chest where it is shaped into the form of a breast. There are two ways a TRAM flap reconstruction can be done: pedicle TRAM flap method and free TRAM flap method.

TRAM flap reconstructions leave a long scar across the lower abdomen from one hip to the other. There will also be a scar on the reconstructed breast, and no feeling will remain in the skin over the breast.

About two weeks before the main operation, a smaller operation may be needed to improve the blood supply to the tissue that will be used in the breast reconstruction. This is more common for women with larger breasts. The surgeon may also arrange to bank your blood in case you need a transfusion during surgery.

TRAM flap reconstruction



Pedicle TRAM flap

In this method, the muscle is left attached to its original blood supply and tunnelled under the skin of your upper abdomen to the breast. A reconstruction done in this way usually takes about three or four hours. It will require 4–7 days in hospital.

Free TRAM flap

With a free TRAM flap, the reconstructive surgeon uses microsurgery to completely divide (detach) the muscle from its blood vessels, and then re-attach them to new vessels in the chest or under the arm. This method is better for creating a larger breast. It is also easier for the surgeon to shape the breast for a more accurate final result, but it is a more complicated and longer operation requiring special facilities and expertise.

A free TRAM flap operation usually takes 5–7 hours and requires at least one week in hospital. Full recovery from the surgery takes at least six weeks.

Woman with a TRAM flap reconstruction



Possible problems with a TRAM flap

Hernia – Removing the abdominal muscle in both TRAM flap methods can weaken the abdominal wall. This can result in a hernia, which is when part of the bowel juts out through the abdominal wall. To reduce the risk of this occurring, the surgeon may insert mesh into the abdomen to replace the muscle.

Loss of the flap – Sometimes blood vessels supplying the flap can kink or get clots, causing bleeding and a loss of circulation. This may cause a partial or complete loss of the flap due to the tissue dying (necrosis). Quitting smoking decreases this risk.

Fat necrosis – An uncommon side effect is when fat used to make the reconstructed breast doesn't get a blood supply, which causes it to die (fat necrosis). These areas in the reconstructed breast can feel firm. They are easily seen and diagnosed on a mammogram. They can be left in place or surgically removed. The risk of fat necrosis is significantly increased in smokers.

DIEP flap reconstruction

Some surgeons now perform what is known as a DIEP flap method. DIEP is short for deep inferior epigastric artery perforator flap. It is a complicated operation, and uses only skin and fat to reconstruct the breast. As the rectus abdominis muscle is not used, supporting mesh is not required. Advantages of this method are a quicker return to normal activities and a smaller risk of hernia.

Possible problems with a DIEP flap

Loss of the flap – Occasionally the reconstructed tissue can die due to poor circulation and bleeding.

Fat necrosis – The problem of fat tissue dying can occur after a DIEP flap operation. It happens more commonly than in a TRAM flap operation but is not typical.

Other flap methods

If a TRAM flap or DIEP flap are not options for you, there are some less common procedures available. These use fat and a blood supply from other areas of the body, such as the buttock or inner thigh. Discuss these options with your surgeon.

Volume replacement of miniflap

Another kind of flap procedure is the volume replacement of miniflap. This may be an option for women with smaller breasts who have not had a full mastectomy so that the healthy part of their breast can be preserved. The surgeon takes a small flap of muscle and fat from the woman's back and puts it in the breast to fill the area where the breast cancer has been removed.

Nipple reconstruction

After a breast reconstruction, some women choose to get a nipple reconstruction too. This includes rebuilding the nipple and the area around it, which is called the areola. A new nipple will not have the same sensations in it as your other nipple because it will not have nerves.

A nipple reconstruction is a small operation that can be done in different ways. Tissue can be taken from your remaining nipple or created with skin from the new implant or flap. The new nipple can be tattooed to match the colour of the opposite one. Some reconstructive surgeons can do the tattooing, or you may prefer to have the nipples tattooed by a professional tattooist.

Because the reconstructed breast may sag slightly in the weeks after surgery, nipple reconstructions are generally not done until at least three months after a reconstruction.

Some women prefer to use stick-on (adhesive) nipples. These stick to the skin and will stay in place for several days. Stick-on nipples are available from breast prostheses suppliers.

Woman with a reconstructed breast and nipple



The remaining breast

For many women, the small differences between their remaining and reconstructed breast are not noticeable when they wear a bra. For others, the difference in breast size may be quite noticeable. Some women decide to have the remaining breast made smaller through surgical breast reduction, or lifted in a mastopexy (lift) procedure. This can improve balance and posture. Others choose to enlarge and lift the remaining breast to match the other side.

Bilateral mastectomy

Some women may be advised or choose to have bilateral mastectomy. This means both breasts are surgically removed. Reasons for women having this procedure include:

- the type of breast cancer they have
- the risks and anxiety of developing another breast cancer
- family history or carrying a gene for breast cancer
- the amount of surgery required to achieve a symmetrical result with the breast reconstruction
- choosing a TRAM flap reconstruction but not being able to repeat the procedure if cancer develops in the other breast.

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

Therapeutic mammoplasty

This procedure combines a lumpectomy (lump removal) with a breast reduction. It is often able to be used as an alternative to mastectomy in suitable cases. Usually a reduction mammoplasty is done on the other breast at the same time.

Recovery after the operation

How quickly you recover from a breast reconstruction depends on the type you've chosen, how many operations you need, and your body's ability to cope with the surgery. Some women find that they get back to normal quite quickly while others find that they need several weeks to recover at home.

The main operation for a breast reconstruction usually requires you to spend 2–10 days in hospital. A general anaesthetic will be used and you will probably feel some pain or discomfort afterwards. If you have had a flap reconstruction, you will be sore in the area where the muscle and other tissue were taken, as well as in the breast area. You will be given pain relievers to control your discomfort. You will probably have small tubes inserted into the operation site so fluid can drain away.

You may need to be careful when moving around immediately after the operation, to help the healing process and because of any pain. It's usually advisable not to do housework for 4–6 weeks. This is because you need to avoid repetitive arm movements such as hanging out washing or vacuum cleaning.

After a TRAM flap reconstruction, you should also avoid heavy lifting – including lifting small children – for about six weeks. The surgery will also cause a tightening of the abdomen similar to a 'tummy tuck' operation. You may have some weakness in your abdomen, which you may notice when getting up from a low chair or sitting up in bed. Ask your surgeon for advice about getting back to your regular activities.

Your surgeon will continue to care for you until your body has healed properly. Then your usual checkups with your breast specialist will continue – see the next page for more information. Once healed, your reconstructed breast will not need any special care. For more information on looking after yourself, see page 60.

Concerns after surgery

As with all operations, recovery will take longer if problems occur. These might be related to the anaesthetic, to infection or to healing. You should discuss possible problems with your surgeon or breast care nurse before the operation so that you understand the risks of the procedure and you can make the necessary arrangements for your work, home help or childcare.

Differences between your breasts

Most women are happy with the results of their reconstruction. Remember, however, that it is not possible to make an exact copy of your remaining breast. Sometimes there will be differences in the size, shape or position of the two breasts.

If your weight changes, you may find that one of your breasts changes in size while the other one stays the same. This is more common with an implant.

You may also find differences in the feeling of your breasts. Your reconstructed breast may feel either numb or extremely sensitive. You may also suffer some loss of feeling if you have had surgery to your remaining breast (for example, a breast reduction). If you have a nipple reconstruction, the nipple won't have any feeling.

Healing problems

Sometimes there may be healing problems within the first week or so after surgery. This can be caused by infection, poor blood supply or problems with an implant. Any infection must be treated to reduce the possibility of further complications. If an implant has been used, it might need to be taken out. However, it may be possible to have a new implant put in later on.

Bleeding

Sometimes, shortly after the operation, extra blood collects in or under the wound. This is called a haematoma. It causes swelling and pain and may need to be surgically removed.

Scars

All people heal differently and the final appearance of a scar will vary from person to person, even if the surgery is the same. Most scars have a thickened, red appearance early on. This peaks about three months later, then settles down over time.

Sometimes the scar stays thick for a long time and can become itchy and uncomfortable. Your surgeon or breast care nurse can advise you about treatments to reduce the discomfort. You may be able to have surgery later on to improve the scar's appearance.

Cancer checkups

Many women are concerned that their breast reconstruction will hide cancer that has returned (a recurrence). This is not likely to happen because most recurrences of breast cancer occur in the skin or in the tissue just under the skin.

If a flap reconstruction is done, any recurrence would usually only occur in the skin that belonged to the original breast. The flap used to make the reconstructed breast would not hide this. If a breast implant is used, it is placed underneath the chest muscle. Again it should not be difficult to detect a recurrence.

Having a reconstruction does not affect your chances of long-term survival. After reconstruction, it is a good idea to examine both your breasts every month. Your surgeon will arrange to see you regularly to examine the reconstructed breast and will advise you on how often you need to have a mammogram. You will have the mammogram at a hospital breast clinic or radiological practice. Mammography is sometimes done on the reconstructed breast.

Discuss any concerns with your general practitioner or surgeon.

Pregnancy

Whether or not to become pregnant after breast cancer and if so, when, is an issue for many women. You should discuss this with your oncologist and breast surgeon.

Pregnancy after a breast reconstruction is possible, regardless of the type of reconstruction. Mesh put into the abdominal wall during a TRAM flap operation supports the abdominal muscles and will help decrease the risk of a hernia during pregnancy.

Breastfeeding is not possible with the reconstructed breast. Most women can successfully breastfeed with their other breast,

“ When I had a baby after breast cancer and a breast reconstruction it didn't matter that I had only one working breast. I had enough milk and we found breastfeeding worked well for us. ” *Serena*

although this may be difficult if you have had a reduction. A breast care nurse or lactation consultant can advise you on any concerns you have about breastfeeding after a reconstruction

Costs

Make sure you know how much it will cost to have a breast reconstruction. Check with your surgeon, the hospital, Medicare and your private health fund before deciding to go ahead.

Financial assistance may be available for transport costs to medical appointments and prescription medicines. Ask the social worker at your hospital if you are eligible for assistance.

Public hospital

Reconstruction after a mastectomy is a medical procedure, not a cosmetic one. This means that the cost is covered through Medicare for a public patient in a public hospital. However there may be some extra charges if an implant is used. There may also be some charges for private patients in a public hospital. Because of the demand for public hospital beds, public patients may need to wait many months for their operation. Check the likely waiting period with your surgeon.

Private hospital

If you don't want to wait so long or you want to choose your own plastic surgeon, you can have the procedure privately if you have private health cover or are prepared to pay the extra costs. If you have insurance, check what your policy covers before agreeing to surgery. Your insurance may not cover the total cost.

In a private hospital, Medicare will cover some of the surgeon's and anaesthetist's fees. Your health fund will cover some or all of the remaining costs, but sometimes you will need to pay your specialists a gap fee or a hospital admission fee. Part or the entire cost of an inflatable tissue expander and any permanent implant may also be covered by your insurance.

If you don't belong to a health fund but decide to join one before your operation, remember that you are having a breast reconstruction as a result of a 'pre-existing illness'. You will therefore need to wait the qualifying period before you can make a claim. This may be up to 12 months. Check with different health funds before deciding which one to join.

Other costs

Check what costs you can expect before agreeing to surgery. You may need to pay for extras such as pain medication, post-surgical bras and checkups with your surgeon.

Some women have their nipples tattooed. If a doctor does the tattooing, it is covered by Medicare. If a professional tattooist does the work, it is not covered and you will have to pay yourself.

Which health professionals will I see?

In hospital, you will be cared for by a range of health professionals who specialise in different aspects of a reconstruction procedure.

This multidisciplinary team will probably include:

| Health professional | Job description |
|--|---|
| breast surgeon | specialises in the surgical treatment of breast cancer, including mastectomy, breast-conserving surgery and lymph node surgery |
| oncoplastic breast surgeon | a breast cancer surgeon who has extra skills and expertise in breast-preserving techniques and some forms of breast reconstruction |
| reconstructive or plastic surgeon | trained in aesthetic (appearance) and reconstructive techniques and may specialise in the full range of breast reconstruction options |
| anaesthetist | administers a general anaesthetic before an operation so you lose consciousness and don't feel any pain |
| breast care nurses | advise women about all aspects of caring for their breasts, including pre- and post-reconstruction counselling |
| occupational therapist, physiotherapist and social worker | link you to support services and help you with any emotional, physical or practical problems |
| psychologist | offers counselling so you can talk through difficulties and make decisions |

Question checklist

You may find this checklist helpful when thinking about the questions you want to ask your health care team about getting a breast reconstruction. If you don't understand the answers, it is okay to ask for clarification.

- Do you think I can have a reconstruction?
- When would you advise me to have the reconstruction?
- Which type of reconstruction do you recommend for me and why?
- What are the possible problems with this type of reconstruction?
- How long will I have to wait to have the procedure?
- How long will I be in hospital and how long will my recovery be?
- How much will it cost? Am I covered by Medicare or my private health fund?
- What will the reconstructed breast look and feel like?
- Can I see photos of other women who have had this type of reconstruction?
- Can I talk to other women who have had a similar operation?
- Will the operation hide any new problems? Do I still need regular mammograms?
- How can I get a second opinion?



Breast Cancer Network Australia has a number of personal stories about breast reconstruction. Read them at www.bcna.org.au.



Key points

- Implant and flap reconstructions are the two main types of breast reconstruction operations available.
- Both types of reconstruction have advantages and disadvantages that you need to weigh up.
- A number of factors, such as your body type, health and desired breast size, influence the type of reconstruction your surgeon recommends.
- Implant and flap reconstructions are both major operations that require several weeks for you to recover. You may also need more than one operation.
- As with all operations, there are risks of side effects or the reconstruction not turning out as you had hoped. Most women, however, are pleased with their reconstructions.
- Many women feel more whole with a reconstruction and are able to put having breast cancer behind them.
- A reconstruction is not likely to hide a cancer recurrence. You will still need to have breast checkups and mammograms.
- Make sure you find out how much a reconstruction will cost before agreeing to the procedure. You may have out-of-pocket expenses.



Making treatment decisions

Having a breast reconstruction is a personal choice. It can involve a great deal of thought and discussion. Take time to get a good understanding of what a reconstruction involves and make sure that you have realistic expectations of the end result.

Breast reconstruction is a specialised form of surgery. You should talk about your options, including the best time to have the procedure, with your breast surgeon first. Most women can have a reconstruction, but there are some situations where your surgeon may advise against it. This might be due to the type of breast cancer or treatment you had, because you need further treatment for the cancer, or due to your general health.

If you are referred to a reconstructive surgeon, ask to see photographs of their work. You may also be able to talk to some of their previous patients. A breast care nurse or counsellor can also help you think through the issues.

- If you are offered a choice of surgery, you will need to weigh up their advantages and disadvantages. Consider how important any side effects are to you and how long your recovery will be.
- If only one type of treatment is recommended, ask your doctor to explain why other treatment choices have not been offered.
- If you have a partner, you may want to talk about the options with them. You can also talk to friends and family, or other women who have had a similar experience to you. See page 65 for information on support groups and Cancer Council Connect.

It's important for you to make your decision in your own time. Although it's useful to talk to other people, try not to feel pressured into a decision based on what they think. You also have the right to accept or refuse any treatment.

There is no urgency to decide to have a reconstruction unless you want one at the time of your mastectomy. As long as you are fit for surgery, you can have a reconstruction in the future.



The question checklist on page 56 can help you think through the information you need to understand the different procedures and to make your decision. If your doctors use medical terms you don't understand, it's okay to ask for a simpler explanation. You can also check a word's meaning in the glossary (see page 67).

A second opinion

Getting a second opinion from another breast surgeon or plastic surgeon may be a valuable part of your decision-making process. It can confirm or clarify your doctor's recommendations and reassure you that you have explored different options.

Some people feel uncomfortable asking their doctor for a second opinion, but specialists are used to patients doing this. It is important that you feel comfortable with, and have trust in, your surgeon. Ask your surgeon or general practitioner about getting a second opinion if you want to. You can then decide which surgeon you would prefer to do your breast reconstruction.



Looking after yourself

Having cancer and recovering from it can be very stressful, both physically and emotionally. You may find coping with body image and sexuality issues particularly difficult, and this can affect your emotions and relationships. Choosing a breast prosthesis or getting a reconstruction is an important step in your recovery.

There are also other things you can do to help take care of yourself. Eating well, being active and taking time out may help reduce stress, improve well-being and help you cope better with surgery if you have a reconstruction. Doing things to improve your self-esteem is also very important for your emotional recovery.

Being active

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

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 a TRAM flap reconstruction, you will need to take care and be gentle with tummy-based exercises.

The amount and type of exercise you do will depend on what you are used to, how well you feel and what your doctor advises.

Complementary therapies

Complementary therapies are treatments that may help you cope better with side effects such as pain and fatigue. They may also decrease your stress and anxiety, and improve your mood.

There are many types of complementary therapies, including acupuncture, massage and meditation. Some hospitals offer therapies as part of their services, but you may need to go to a private practitioner. Self-help CDs or DVDs are also available.

Let your doctor know about any complementary therapies you are thinking about trying. Some therapies may not be appropriate, depending on your medical treatment. For example, some herbs should not be taken in the lead-up to surgery. Massage, acupuncture and exercise therapies may also need to be modified after surgery or if you have low blood pressure.

Call the Helpline for more information and resources.

Body image

Any change in appearance after breast cancer surgery may affect your self-esteem and feelings of femininity. Some women describe the loss of their breast as a type of bereavement. Remember, however, that after surgery you are still the same person.

Wearing a prosthesis or getting a reconstruction can help you feel confident, and for some women it lets them feel whole again. The tips on the next page may also help boost your self-esteem.

tips

- Get dressed up: wear attractive clothes and get your hair or nails done. Focus on yourself as a whole person 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 make you feel good about yourself, e.g. walking, listening to music, having a massage, relaxing outside, volunteering.
- Go to 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 **www.lgfb.org.au**.

Sexuality

Having breast cancer may affect your desire for sex and your sexual experiences. It is normal not to feel like having sex after treatment for cancer. If you have a breast reconstruction, it may be a while before you feel like resuming sexual activity – you need to recover from the operation and get used to the changes.

If you have a partner, you may be concerned about their reaction to the operations you've had. You may feel nervous or uncomfortable about your partner seeing you naked or you may worry that they'll find you unattractive.

Some women try to avoid sexual contact, but this may not be satisfying for you and your partner. Although it may be difficult, discuss your fears and needs together, as your partner

is affected too. How you choose to approach intimacy depends on what suits you both.

It will take time to get used to how your body has changed. Some women may miss the pleasure they felt from the breast or nipple being stroked or kissed during sex. This may also 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.

The tips below may help you and your partner feel more comfortable during sexual activity. If you have ongoing problems, talk to your doctor, your breast care nurse or a counsellor.

tips

- If you are using a prosthesis, wear it in an attractive bra or camisole.
- If you are self-conscious about scarring, wear lingerie or a camisole, or drape a scarf or sarong over the area.
- Dim or turn off the lights.
- Touching, holding, hugging, massaging and caressing are ways you and your partner can reassure each other of your love and attraction.
- Be open about what you and your partner are comfortable with. You might not be ready for your breast area to be touched, or you may want your partner to specifically touch these areas.
- Read Cancer Council's free booklet *Sexuality, Intimacy and Cancer*.

What if I don't have a partner?

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

You may want to share the information with a new partner when you feel it could develop into a relationship. Practising what to say first may help.

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

Sharing your concerns with someone who has been in a similar situation may help. See the next page for more information on support groups or call Cancer Council Connect on 13 11 20.



Carers' information

You may be reading this because you are caring for someone who has been diagnosed with breast cancer. Being a carer can be stressful, so it's important that you try to look after yourself too. Support groups and organisations can

give you information, support and counselling. Contact Carers Australia (1800 242 636 or www.carersaustralia.com.au) or the Cancer Council Helpline to access free resources for carers, including *Caring for Someone with Cancer*.



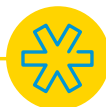
Seeking support

Getting in touch with other people who have been through a similar experience can be beneficial. There are many ways to contact others for mutual support and to share information.

In these support settings, most people feel they can speak openly, share tips with others, and just be themselves. You may find that you feel comfortable talking about post-treatment issues such as wearing a breast form or getting a reconstruction, your relationships, and your hopes and fears about the future.

Ask your nurse or social worker to tell you about support groups in your area. Call the Helpline to access the Cancer Services Directory and find out how you can connect with others.

Joining a consumer advocacy group can also be rewarding for women who want to use their experience to make a difference for others. Visit www.bcagnsw.org.au for more information.



Support services available in your community

- **Face-to-face support groups** – often held in community centres or hospitals
- **Online discussion forums** – where people can connect with each other any time – see www.cancerconnections.com.au
- **Telephone support groups** – for certain situations or types of cancer, which trained counsellors facilitate
- **Cancer Council Connect** – a program that matches you with a volunteer who has been through a similar cancer experience.



Useful websites

The Internet has many useful resources, although not all websites are reliable. The websites listed below are good sources of information.

Australian

| | |
|--|---|
| Cancer Council Australia | www.cancer.org.au |
| Health Insite..... | www.healthinsite.gov.au |
| Cancer Australia | http://canceraustralia.nbcc.org.au |
| Westmead Breast Cancer Institute | www.bci.org.au |
| Breast Cancer Network Australia | www.bcna.org.au |
| Breast CancerAction Group NSW..... | www.bcagnsw.org.au |
| Medicare Australia..... | www.medicare.gov.au |
| Australian Society of Plastic Surgeons..... | www.plasticsurgery.org.au |
| Royal Australian College of Surgeons | www.surgeons.org |

International

| | |
|------------------------------------|--|
| American Cancer Society | www.cancer.org |
| US National Cancer Institute | www.cancer.gov |
| Macmillan Cancer Support..... | www.macmillan.org.uk |
| Breast Cancer Care UK..... | www.breastcancercare.org.uk |



Glossary

You may come across new terms when reading this booklet or talking to health professionals. You can check the meaning of other health-related words on Cancer Council's website at www.cancercouncil.com.au/words.

anaesthetic

A drug that stops a person feeling pain during a medical procedure. A local anaesthetic numbs part of the body; a general anaesthetic causes a person to lose consciousness for a period of time.

areola

The brownish or pink rim of tissue around the nipple of the breast.

bilateral mastectomy

Surgical removal of both breasts.

breast care nurse

A 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 entire breast. Also called a lumpectomy.

breast prosthesis

(plural: prostheses)

An artificial breast worn in a bra cup or attached to the body to recreate the look of a natural breast. Also called a breast form.

breast reconstruction

The surgical rebuilding of a breast following mastectomy.

breast reduction

Reducing the size of the breast with surgical methods.

breast surgeon

A doctor who specialises in surgery to the breast including mastectomies.

capsular contracture

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

capsule

A protective layer of scar tissue that naturally forms around a breast implant.

DIAP flap reconstruction

A deep inferior epigastric artery perforator flap breast reconstruction. This operation is similar to a free TRAM flap reconstruction, but the abdominal muscle is not used and no mesh is required for abdominal support.

external prosthesis

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

fibrous tissue

Tissue laid down at a wound site that forms a scar.

flap reconstruction

Reconstruction that uses muscle, fat and skin from other parts of the body to build a breast shape. It is usually done when a woman has larger breasts or doesn't have enough skin to cover an implant.

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.

implant

An artificial substitute that is surgically put into the body to replace organ or tissue that has been damaged or removed, such as a breast. Also called an internal prosthesis.

implant reconstruction

When a silicone or saline breast implant is inserted under 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.

internal prosthesis

See implant.

latissimus dorsi muscle

A broad, flat muscle in the back that is often used to reconstruct a breast.

lymphoedema

Swelling caused by a build-up of lymph fluid. This happens when lymph nodes don't drain properly, usually after lymph glands are removed.

lymphoma

A type of cancer affecting the lymphatic system.

mammogram

An x-ray of the breast that can detect cancers when they are still too small to be felt.

mastectomy

The surgical removal of a breast to treat cancer.

mastopexy

A surgical procedure to lift the breasts.

mesh

Reinforcing material placed in the abdominal wall during a TRAM flap operation. It helps to avoid complications such as hernia.

microsurgery

Surgery using microscopes and miniature instruments for surgery on very small structures.

oncologist

A doctor who specialises in the study and treatment of cancer.

oncoplastic breast surgeon

A breast cancer surgeon with extra skills and expertise in breast reconstruction.

pedicle

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

plastic surgeon

See reconstructive surgeon.

prosthesis

An artificial replacement for a lost body part.

reconstructive surgeon

A doctor who surgically reshapes or rebuilds parts of the body to restore appearance and sometimes function. Also known as a plastic surgeon.

rectus abdominis muscle

One of the two large, flat stomach muscles, commonly known as the abs or six-pack. It can be used to reconstruct a breast.

recurrent cancer

A cancer that grows from cells of a primary cancer that have resisted treatment, or cancer that has spread to another part of the body.

rupture

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

saline

A water and salt solution. The concentration equals that of the body's own fluids.

saline-gel implant

An implant with two sections: one that can be filled with saline to expand the skin covering the implant, and one that is filled with gel. This type of expander implant can remain in place permanently.

silicone

A versatile plastic that is used to

make many everyday products and medical devices. It can be soft and durable to create breast forms, semi-solid to fill an implant, or a tough sheet to form the outer shell of an implant.

therapeutic mammoplasty

A breast reduction done at the same time as a lumpectomy.

tissue

A collection of cells that make up a part of the body.

TRAM flap reconstruction

A transverse rectus abdominis myocutaneous flap reconstruction. This is an operation that uses tissue and muscle from the tummy area to create a reconstructed breast.

volume replacement of miniflap

A procedure to place a small flap of muscle and tissue from the back into the breast to fill in an area where cancer has been removed.



How you can help

At Cancer Council we're dedicated to defeating cancer. As well as funding cancer research, we advocate for the highest quality of care for cancer patients and their families and create cancer-smart communities by empowering people with knowledge about cancer, its prevention and early detection. These achievements would not be possible without community support, great and small.

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

Make a donation: Any donation, whether large or small, will make a meaningful contribution to our fight to defeat cancer.

Buy sun protection products from our retail stores: Every purchase helps you prevent cancer and contributes financially to our work.

Help us speak out and create a cancer-smart community: Cancer Council is a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us defeat cancer by living and promoting a cancer-smart lifestyle.

Join a research study: Cancer Council does research to investigate the causes, management, outcomes and impacts of different cancer types.

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



Cancer Council Helpline 13 11 20

Cancer Council Helpline is a telephone information service provided by Cancer Council Victoria for people affected by cancer.

For the cost of a local call (except from mobiles), you, your family or friends can talk about your concerns and needs confidentially with experienced cancer nurses. Helpline nurses can send you information and put you in touch with support services in your area.

If you need information in a language other than English, you can call the Multilingual Cancer Information Line. See the back cover for details.

You can call Cancer Council Helpline, Monday to Friday, 9am to 5pm. If calling outside business hours, you can leave a message and your call will be returned the next business day.

Cancer Council Publications

If you found this booklet helpful, you might want to request another free resource from Cancer Council. Call the Helpline if you would like a copy of any of the following resources:

Treatment and side effects

- Coping with Chemotherapy
- Coping with Radiotherapy
- Complementary and Alternative Cancer Therapies

Coping with cancer and recovery

- Nutrition and Exercise
- Life with Cancer
- Cancer Pain
- Sexuality and Cancer
- Understanding Breast Cancer



Cancer information in your language

Do you speak a language other than English? Do you have questions about cancer?

For the cost of a local call (except from mobiles), you can confidentially talk to a Cancer Council Helpline nurse with the help of an interpreter.

Simply follow these steps:

- 1.** Call **13 14 50**, Monday to Friday 9am to 5pm.
- 2.** Say the language you need.
- 3.** Wait on the line for an interpreter (may take up to 3 minutes).
- 4.** Ask the interpreter to contact Cancer Council Victoria Helpline **13 11 20**.
- 5.** You will be connected to the interpreter and a cancer nurse.

For further information and details, please visit our website: **www.cancervic.org.au**