Cancer Council

Breast Prostheses and Reconstruction

A guide for women affected by breast cancer

Practical and support information

For information & support, call

13 11 20

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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.

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Cancer Council
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Introduction

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

For many women, breasts symbolise femininity, motherhood and sexual attractiveness. Losing part or all of a breast may affect a woman's body image or confidence.

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

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

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

If you or your family have any questions, call Cancer Council **13 11 20**. We can send you more information and connect you with support services in your area. Turn to the last page of this book for more details.

Contents

Key questions

Q: What is a breast prosthesis?

A: A breast prosthesis (plural: prostheses) is a synthetic breast or part of a breast that is worn in a bra or under clothing to replace all or part of your breast. The manufacturers usually call them breast forms.

Prostheses can be used after either the whole breast (mastectomy) or after part of the breast (breast-conserving surgery or lumpectomy) is removed.

Most breast prostheses have the weight, shape and feel of a natural breast. They are attached directly onto the skin with adhesive or inserted into specially-made pockets in bras, swimwear, activewear and sleepwear.

Q: What is a breast reconstruction?

A: A breast reconstruction is an operation to make a new breast shape. Sometimes the reconstructed breast is called a breast mound. You may choose to have a breast reconstruction at the time of the mastectomy or later.

The aim of a breast reconstruction is to make a breast that looks as natural and similar to your other breast as possible, however, the reconstructed breast will not look or feel exactly the same. There are several options – see *Types of breast reconstruction* on the next page. Reconstructed breasts may not have a nipple, but one can be made surgically. Otherwise, stick-on nipples or nipple tattoos can be used.

Types of breast reconstruction

A new breast shape is created using an implant, or a flap of your own skin, muscle and fat from another part of your body.

Implant reconstruction pages 35–42

Flap reconstruction pages 43–50

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

A: Deciding whether or not to wear a prosthesis or get a reconstruction after surgery 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.

You do not need to make a decision immediately. Unless you are considering having a reconstruction at the same time as the mastectomy, there is no time limit on when you must decide. Take the time you need to consider your options.

There may be a number of reasons why women who have had a mastectomy choose to use a breast prosthesis or to have a reconstruction. However, some women decide not to use a prosthesis or have a reconstruction. For example, if you had breast-conserving surgery, you may feel that your breast shape didn't change much.

Some reasons women choose to wear a breast prosthesis or have a reconstruction include:

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

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

Restoring self-esteem – You may find that recreating a more natural appearance with a prosthesis or reconstruction helps 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 64–67.

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

Making decisions

Choosing to wear a breast prosthesis or having a breast reconstruction is a personal choice. You may find it helpful to learn more about the options available and to consider the benefits, drawbacks and possible complications of all options:

- having a prosthesis, see page 11
- having an implant reconstruction, see page 36
- having a flap reconstruction, see page 44.

You don't necessarily have to choose between the options – you may start off with a prosthesis, then decide later to have a breast reconstruction. Keep in mind, that not all options are suitable for all women.

Take time to understand what a prosthesis or reconstruction involves so your expectations of the end result are realistic. You may chose to have a reconstruction at the time of your mastectomy or you can have a reconstruction in the future. If you decide to have a delayed reconstruction or not to have a reconstruction at all, you can use a breast form to create the look of a natural breast. A breast care nurse or counsellor can also help you think through the issues.

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

What to consider when making a decision:

- If you are referred to a reconstructive surgeon, ask to see photos of their work and to talk to some of their previous patients.

- If you are offered a choice of reconstructive operations, you will need to weigh up the benefits and drawbacks. Consider the impact of the side effects and the length of recovery. If only one type of reconstruction is recommended, ask your doctor to explain why other options have not been offered.

- If you live in a regional or rural area, your breast prosthesis or reconstruction options may be limited. For more options, you may consider travelling to a major city centre.

- If you have a partner, you may want to talk about the options with them and ask them to come to appointments. You can also talk to friends, family or other women who have had a similar experience to you. See pages 68–69 for information on support groups and services such as Cancer Council Connect.

Although it's useful to talk to other people, try not to feel pressured into a decision based on what they think. You also have the right to accept or refuse any of the reconstructive options offered to you.

The website BRECONDA (Breast Reconstruction Decision Aid) has been developed specifically to help guide women through the decision-making process about whether breast reconstruction is the right choice for them. Visit breconda.bcna.org.au.

To help you understand the different surgical procedures and think through the information you need to make your decision, see the relevant question checklist. If your doctors use medical terms you don't understand, it's okay to ask for a simpler explanation or check a word's meaning in the glossary.

Prosthesis question checklist page 30

Reconstruction question checklist page 60

Glossary page 72

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 the first 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. For a list of people involved in your care, see page 59.

Breast prostheses

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

First weeks after surgery

After surgery, the breast area will be tender, but you can choose to wear a light breast prosthesis called a soft form immediately.

The soft form can be worn in a bra that has a pocket (post-surgical bra). If the bra is too constricting or rubs against your scar, you can wear a pocketed crop top or camisole. Because it is light and made from a smooth material such as polyester, the soft form can also be worn during the weeks you're having 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. However, every woman is different so check with your surgeon or breast care nurse about how long you need to wait.

My Care Kit

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

What to consider – breast prosthesis

Benefits

- Can give you a more natural shape under clothes.
- Doesn't require further surgery, which has risks and a longer recovery time.
- Can be worn with different clothes, including during sports such as swimming.
- Medicare subsidises the cost.
- Can be replaced if it wears out or is damaged.
- Can be worn while you're waiting for reconstructive surgery or during chemotherapy or radiotherapy treatment.
- 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 instructions.
- You may need to make changes to your clothes or use accessories to accommodate the prosthesis.
- May be uncomfortable at times (e.g. heavy, hot or irritating), especially when playing sport.
- If you aren't comfortable wearing a prosthesis, you may feel self-conscious or embarrassed, or concerned it will move or fall out.
- Needs to be replaced every few years.

Material used in prostheses

Temporary forms tend to be made with foam, fibre-fill or fleece; these are usually worn in the first couple of weeks or months after surgery. Some women continue wearing a soft form at night-time. Another option is to use the temporary soft form with a cotton cover called a knitted knocker, which often includes the shape of a nipple. To request a prosthesis, visit knittedknockersaustralia.com.

Most breast prostheses for long-term use are made from medical grade silicone gel. The silicone is moulded into the natural shape of a woman's breast or part of a breast. The front surface feels soft and smooth. The back surface that rests against the body varies depending on whether the prosthesis is designed to go into a bra pocket or attach directly to your skin. It can be firm and smooth, flat or hollow, have ridges that are soft and flexible, have 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 attaches to the form.

What is silicone?

Silicone is a non-toxic, synthetically-made substance that is heat-resistant and rubbery. It can be moulded into the shape of a natural breast. If a prosthesis tears or punctures, the silicone can't be absorbed by the skin.

Types of prostheses

As every woman's body is different prostheses are available in a variety of shapes (triangles, circles or teardrops), cup sizes (shallow, average or full) and skin colours.

There are also partial breast forms (triangles, ovals, curves and shells) for women who have had breast-conserving surgery and want to regain breast symmetry.

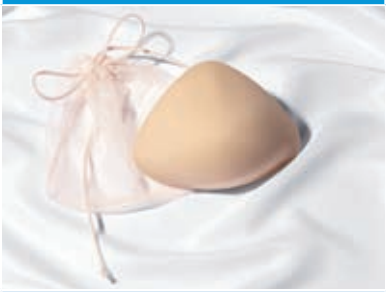
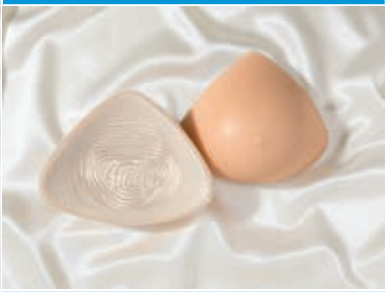
Different prostheses have different amounts or layers of silicone. This allows women to match the breast form to the structure and movement of their remaining breast.

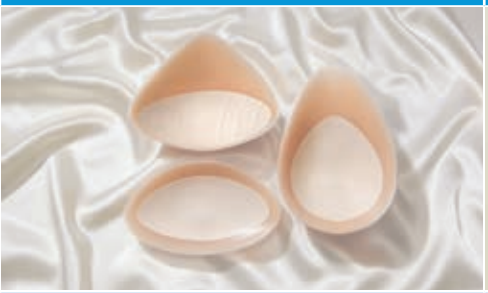
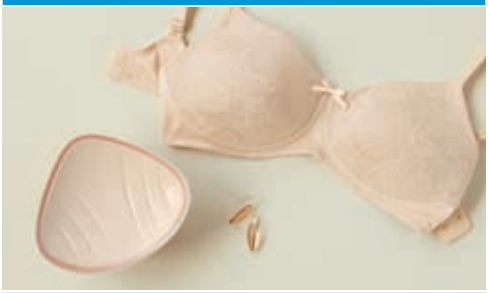
Symmetrical prostheses are even on both sides and can be worn on either the left or right side of the body. Asymmetric forms are designed specifically for the right or left side.

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

> "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*

Different breast prostheses and their features

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

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

Different breast prostheses and their features

Prosthesis type	Attachable or contact breast form	Swim breast form
What the form looks like		
When used	Everyday use	Swimming
How used	Attachable; adheres to the chest wall	Worn in pocket of swimsuit
Material	Standard silicone layer with super soft film	Clear, water-resistant silicone
Weight	Lightweight	Lightweight
Special features	Designed with a lower-cut inside edge to accommodate surgery that conserves a small area of cleavage	Dries quickly
Other considerations	Follows body movements naturally; ideal for wearing with figure-hugging clothes	Rinse after use to avoid chlorine or saltwater damage

Buying a breast prosthesis

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

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

You can visit a store or you may feel more comfortable organising a home fitting. See *Where to buy a breast prosthesis*, page 18. It's advisable to make an appointment. This allows you to have uninterrupted time with the fitter. When you go to the fitting, you might like to take a friend with you for support. The other person doesn't have to come into the dressing room with you.

You may also find it helpful to see some breast forms before your appointment (or even before your operation), to give you an idea of what to expect. Ask your breast care nurse to show you samples of breast forms and bras. You may also find it beneficial to talk to a woman who is using a breast prosthesis. See pages 68–69 for information about volunteer peer support.

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

Where to buy a breast prosthesis

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

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

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

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

Call Cancer Council 13 11 20 for a list of stores where you can purchase breast prostheses, adhesive nipples, mastectomy lingerie and accessories. You can also use Breast Cancer Network Australia's local service directory to find a specialist prosthesis fitter in your area, see bcna.org.au/services-and-support-groups.

At the fitting

A fitting usually takes 40–60 minutes. You will have privacy when being measured and getting changed. For a list of questions you might like to ask your breast care nurse or a breast prosthesis fitter, see page 30. Most fitters carry out the fitting in a similar way:

- The female fitter will probably check your bra size with a tape measure.
- The fitter will ask you about what type of bras you like and how active you are, or will check if 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 pocketed bras to choose from.
- When you've chosen your bra, the fitter will help you try on several breast forms in different shapes, sizes and weights 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 also put your own clothes on, but many women find the T-shirt easier.
- The fitter shows you how to check the breast form sits properly in the pocketed bra, and will discuss how to take care of it.

Choosing a bra

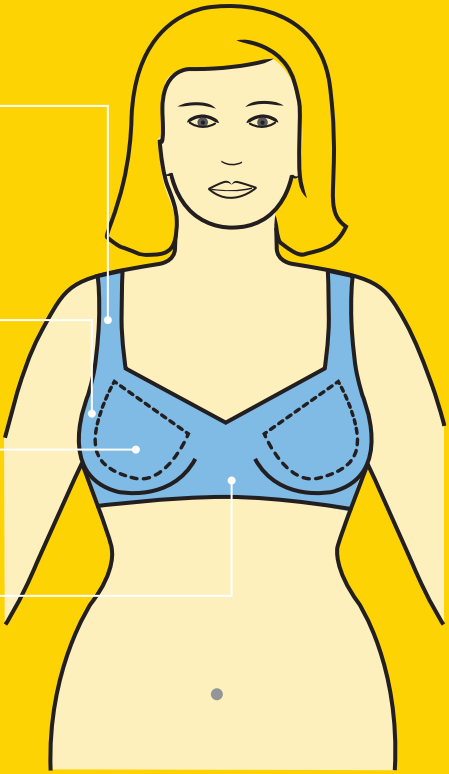
Wearing a well-fitting bra will ensure your breast prosthesis is comfortable and fits well. While some women find that their ordinary bra, sports bra or sports crop top adequately supports their prosthesis, pocketed bras are specially designed for this purpose. Features of a pocketed bra include:

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

Cups
Full cups with firm, elasticised edges.

Pockets
Hold breast form securely in place and protect it from damage.

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



Getting the right fit

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

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

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

Most women find they get used to wearing the breast form, although this may take some time. If the breast form continues to feel uncomfortable or looks obvious, the fit is probably not right. Ask the fitter if you can be refitted.

The questions on page 30 may help you decide if the fit is right.

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

Wearing a breast prosthesis

It may take time to get used to having a prosthesis. You may feel nervous about wearing it, or it may feel different depending on the weather or your clothes. Common concerns include:

Weight

Silicone prostheses are available in different weights to accommodate a variety of needs. A standard silicone breast form is designed to be about the same weight as a natural breast. Lightweight breast forms are about 20–40% lighter than the standard form.

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

Temperature

Some women find that the prosthesis feels too hot in warm and humid weather. This is more common for women who have larger breasts. New models of breast forms are designed with air ventilation and evaporation technology to improve temperature regulation and increase comfort.

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

How to control the temperature

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

Clothes and swimwear

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

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

The range of mastectomy wear is constantly expanding and many attractive options are available.

Some women prefer to swim without their breast form, but if you swim regularly, there are advantages to buying a swim form. You may also want to wear special pocketed swimwear, which includes a bra pocket, wide straps, and higher neck and arm lines. This can be bought from your fitter, some department stores, direct from some manufacturers or online.

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

How to adapt clothing or use accessories

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

Gillian's story

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

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

I remember my first fitting experience like it was yesterday. I 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. Nine years ago the bras were mostly nude and white, and now you can buy them in pretty much any colour and style, even halter-neck. I still wear the same style of clothing I previously wore.

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

Caring for a breast prosthesis

Prostheses 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 cracks at the seams, it should be replaced.

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 breast form manufacturer. Rinse thoroughly and pat dry with a towel.
- Rinse the form well in clean water soon after swimming to remove any chlorine or saltwater.
- Use a soft, fibre-filled form in a sauna or spa – a silicone prosthesis may heat up against your skin.
- Avoid using perfumed deodorant, as this can damage the breast form. Natural crystal deodorant is a safer alternative.
- Store your prosthesis in the box it came in, which will help keep its shape and protect it from sunlight and heat.
- Take care when placing brooches onto your clothing.
- Take care when handling pets so that their claws don't damage the prosthesis.
- If your prosthesis is damaged or worn out, it can be thrown away in your general rubbish collection. Silicone cannot be recycled.
- Check that your bra fits correctly every 12 months. You will probably need a new bra and breast prosthesis if your weight changes. Most prostheses last for 2–3 years.

Travelling with a prosthesis

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

International security checkpoints usually require passengers to go through full body scanners, which will detect the prosthesis. Airport security staff may organise another imaging scan or a pat down to confirm that the prosthesis isn't a threat. However, you should not be asked to lift your clothing or remove the prosthesis, and the screening officer should never touch it.

How to travel with a prosthesis

- Let the security officer know that you wear a prosthesis, if you feel comfortable. You should also carry a letter from your doctor or breast surgeon.
- Request to be screened in a private area and by a female security officer.
- Pack your prosthesis or mastectomy bra in your carry-on bag if you don't want to wear it. The rules about liquids, gels and aerosols don't apply to silicone.
- If you think you haven't been treated with dignity or respect, let staff know. You can also complain in writing to airport management.
- Contact the Department of Infrastructure and Regional Development if you are unhappy about the response of airport staff to a complaint in Australia. Call **1800 075 001**.
- Visit **travelsecure.infrastructure.gov.au** for more information.

Costs and financial assistance

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

Following is a guide to the average cost of forms and bras:

- silicone breast form – $250–$450
- silicone swim form – about $150
- foam form – about $70
- mastectomy bra – $40–$100
- bra pockets that you can sew into a regular bra – $10–$15.

Medicare's External Breast Prostheses Reimbursement Program

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

At the time of publication, Medicare's External Breast Prostheses Reimbursement Program covers up to $400 for each new or replacement breast prosthesis since July 2008. If you've had a bilateral mastectomy, you are eligible for a reimbursement for two breast prostheses of up to $400 each.

As policies change, check what assistance is available before you buy prostheses or bras. Visit humanservices.gov.au and search for "breast prostheses".

How to make a claim for a replacement prosthesis:

- Allow two years or more between the purchase dates of the prostheses. In some circumstances, you may be able to make additional claims but you will need to provide a letter from your doctor or surgeon.
- Obtain a claim form from any Medicare office or download from humanservices.gov.au (search for "breast prostheses form").
- Attach the original receipt to the claim form and return by email, post or in person at a Medicare Service Centre. The payment will be made by electronic funds transfer into your bank account.

Private health insurance

Rebates for breast prostheses and related products such as mastectomy bras vary between private health funds. Some rebates only apply to members with extras cover.

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

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

Question checklist

You may find the following questions useful when considering wearing a breast prosthesis.

You can talk to your breast care nurse, a breast prosthesis fitter, Cancer Council 13 11 20, a volunteer from Cancer Council Connect or members of a breast cancer support group.

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 form?
- How will wearing or not wearing a prosthesis affect me if I have lymphoedema?
- What can I do 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 pocketed bras or can I wear regular ones?

Questions to ask 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 top or sides of the bra? (If so, the bra/form isn't the right fit.)
- Do I like how I look with the prosthesis in place?

Questions for the fitter

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

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 may help to boost self-esteem after a mastectomy.
- After surgery, you can wear a soft form made of fabric or foam. Once the wound is healed, you can buy a weighted, silicone form that feels and moves more like a natural breast.
- Partial breast forms are also available for women who wish to fill out their bra.
- Breast forms 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.
- The type of bra you wear makes a difference. It needs to fit well and be supportive. You can use your own bras and sew in a pocket, or you can buy pocketed bras.
- Accessories and clothing such as swimwear and sleepwear are also available to make wearing a breast prosthesis more comfortable and to give you more confidence.
- Air travel with a prosthesis is safe. Security screening will detect the prosthesis, but you can ask to be screened privately by a female security officer. Prostheses are exempt from rules about liquids, gels and aerosols.
- Medicare can reimburse part of the cost of a prosthesis. Private health insurance funds may also subsidise breast forms and pocketed bras.

Breast reconstruction

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

When can I have a reconstruction?

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

Some women plan the reconstruction from the time of their mastectomy, others prefer to focus on treatment and think about reconstruction later. Sometimes you won't be able to have an immediate reconstruction due to the surgery schedule at the hospital. Discuss these issues with your breast cancer surgeon, oncoplastic surgeon and/or reconstructive (plastic) surgeon.

Types of breast reconstruction

The main types of breast reconstruction are implant reconstruction or flap reconstruction, or a combination of the two. If having an immediate reconstruction, it can be combined with total, skin-sparing or nipple-sparing mastectomy (see page 34).

Most reconstructions involve two or more operations several weeks or months apart. Your reconstructive surgeon will discuss the different methods and suggest the most suitable one for you.

Your reconstruction options will depend on several factors:

- your body shape and build
- your general health
- the surgeon's experience
- the amount of tissue that has already been removed
- any scars from other operations
- the quality of the remaining skin and muscle
- the breast size you would like
- whether one or both breasts are affected
- whether you need radiotherapy or have already had it
- whether you smoke – this affects the type of flap you can have, as some types of operations are more likely to have complications in smokers or women who have recently quit.

Skin- and nipple-sparing mastectomy and breast reconstruction

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

In these operations the breast tissue is removed, but most or all of the skin (and sometimes the nipple) is preserved. This often makes the reconstruction appear more natural and any scars are usually less visible. Some type of immediate reconstruction is also performed at the same time as the mastectomy to fill out the skin.

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

Implant reconstruction

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

There are benefits and drawbacks to having an implant – see the table on page 36 for more details. You need to discuss these with your surgeon. You may also find it helpful to talk with someone who has an implant – Cancer Council 13 11 20 or a breast care nurse may be able to put you in touch with someone.

Types of implants

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

Some silicone implants are covered with a thin layer of polyurethane foam, which helps hold the implant in place. This can reduce the risk of the implant hardening or moving, see page 41.

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

For information on the safety of implants, see page 42.

What to consider – implant reconstruction

Benefits

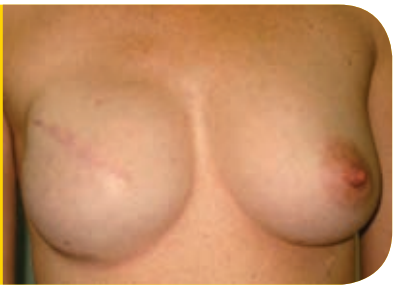
- Operation takes only a few hours and you usually only stay in hospital for a few days.
- Creates the breast shape without moving tissue (muscle, skin or fat) from elsewhere in the body, so other parts of the body aren't affected.
- Only one scar from the mastectomy.
- Recovery time at home is shorter than for a flap reconstruction. Although the chest area will be swollen and sensitive, you may be able to return to most activities within about a week.
- Implants come in a range of shapes and sizes. You can choose to change your original breast size.
- Doesn't change in size if your weight changes.
- Doesn't cause issues, such as muscle weakness, that may occur as a result of a flap reconstruction.

Drawbacks

- Two or more operations may be required, if you have an expander first or if the expander is used as the implant (see page 37). You will need regular doctor's visits to gradually fill the expander. The whole process may take 3–6 months.
- A breast reconstructed with a tissue expander and/or an implant usually feels firmer than a natural breast. While it won't move like a natural breast, it usually looks the same (symmetrical) in a bra.
- If your other breast changes in shape and size, you may need further surgery to match the two.
- Hardened scar tissue (capsule) may form around the implant. This can distort the shape of the breast and cause pain in some circumstances (see page 41).
- Risk of infection, which may mean removing the implant.
- Implants may need to be replaced after 10–15 years, but some can last for longer.

Woman with an implant reconstruction

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



How an implant reconstruction is done

An implant reconstruction can be done in one operation or as a two-stage operation (this process is shown on page 38).

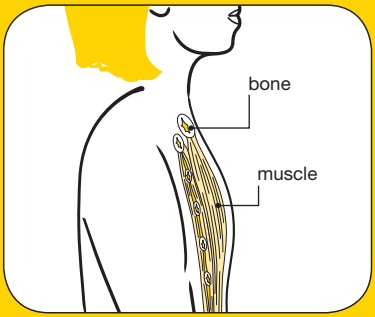
One-stage operation – This is used when there is enough skin to insert the implant under the chest muscle to replace the removed breast tissue. The operation is usually done at the same time as a skin- or nipple-sparing mastectomy. A dermal matrix or mesh is often used to cover part of the implant (see page 40) and this helps keep the implant in place.

Two-stage operation – In the first operation a balloon-like bag called an inflatable tissue expander is placed under the skin and chest muscle. The balloon is injected every couple of weeks with saline through a port that sits just under the skin. You may have 1–6 injections depending on how much the skin needs to stretch. The stretched tissue creates a pocket for the implant. After about six weeks, the temporary expander is removed and replaced with a permanent silicone or saline implant in a second operation. This procedure may require an overnight hospital stay.

Stages of delayed breast reconstruction with a tissue expander

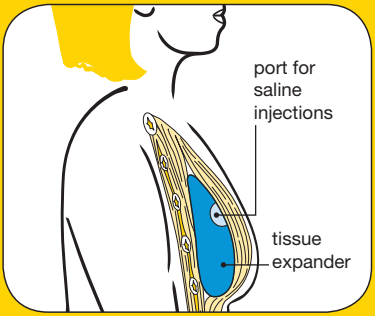
Before the tissue expander process

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



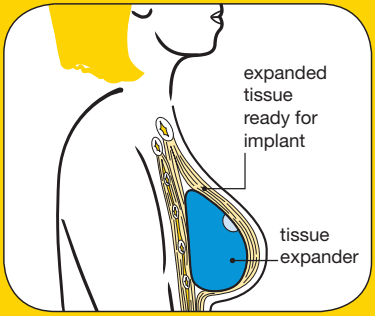
Implanting the tissue expander

Inserting the tissue expander creates a pocket for the implant. There is a port through which the saline can be injected. The saline injections cause little pain because the chest has no feeling after a mastectomy.



Expanding the tissue expander

The tissue stretches and expands each time saline is added. You may feel discomfort for a few days. After several weeks the expander is removed and the implant is inserted in its place.



Maina's story

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

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

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

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

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

I haven't had any side effects after the reconstruction. At one stage it looked a little flatter in one breast and I was sent to check the implants weren't leaking. I really don't need to wear a bra anymore, just crop tops sometimes. I also tend to wear scarves around my shoulders. It looks like I have breasts, but I don't. I am very comfortable with the decision. My breasts feel comfortable.

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

Acellular dermal matrix

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

Risks of having an implant reconstruction

Before the operation, the surgeon will discuss the risks of an implant reconstruction with you. These may include:

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

Implant rupture – Implants don't last a lifetime. They can leak or break (rupture) because of gradual weakening of the silicone over time. According to the US Food and Drug Administration, about one in 10 of all silicone implants break or leak within 10 years of being implanted. The average implant lasts about 15 years. Usually, if an implant is known to have ruptured, it is replaced.

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

Hardening of the implant – A fibrous covering forms 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 radiotherapy. Capsular contracture can be uncomfortable or painful and may change the shape of the breast. Further surgery may be needed to remove and/or replace the implant.

Movement – The position of the implant in the body may change slightly over time. This is called implant displacement, descent or rotation. In a small number of cases, the implant shifts a lot and changes the shape of the breast. Further surgery can restore the implant to its original position.

Visible rippling – Sometimes implants adhere to the surface of the skin and this can affect how smooth the breast is.

Other health problems – There have been reports of a link between a rare type of lymphoma and breast implants. Since 2007, 53 cases of anaplastic large cell lymphoma (ALCL) have been diagnosed in Australia. The Therapeutic Goods Administration (TGA) recommends women monitor their breasts for any changes and have their implants checked regularly. If you are concerned, talk to your surgeon.

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

Staying informed about the safety of your 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 used in Australia.

In April 2010, the French breast implant brand Poly Implant Prothèse (PIP) was withdrawn due to safety concerns and a possible increased likelihood of ruptures.

About 5000 Australians had a PIP implant between 2000 and 2010, but most of these were cosmetic procedures. Women worried about the safety of their implant should discuss any concerns with their surgeon.

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

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

For more details on ABDR see **abdr.org.au** or ask your surgeon. You can also check **tga.gov.au** for safety alerts.

Flap reconstruction

The shape of a breast can be built using muscle, fat and skin from another part of the body. This is called a flap reconstruction. The different types of flap reconstructions are covered on pages 45–49.

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

Lesley's story

I delayed having a reconstruction for four years because I wanted to see if the cancer came back. I didn't really want to have to go through such an enormous operation for nothing.

Because I'd had extensive radiotherapy to the chest area, I was only suitable for a flap reconstruction. I had a nipple reconstruction quite a long time after the TRAM flap. Twelve months after the nipple reconstruction, I had it tattooed.

My reconstructed breast is absolutely amazing. It's very symmetrical and even. The scars are unsightly, especially on the donor site. The scar on the new breast mound is not nice. My skin was compromised badly by the radiotherapy so there was never going to be a good outcome.

While I've had many side effects and numerous operations on the donor site, the reconstruction itself was a success.

What to consider – flap reconstruction

Benefits

- Reconstruction is permanent once the breast has healed, even though additional treatment or follow-up surgeries are sometimes needed.
- Most methods only use your own living tissue to create the breast. This often results in a more natural look and feel.
- The flap maintains its look and feel over the long term and generally adjusts if your body weight changes.
- Using your own tissue means there is no risk of possible rupture.
- Less chance of long-term complications needing additional surgeries later in life.

Drawbacks

- The operation will take several hours and you may need to stay in hospital for about a week. Recovery takes longer than after an implant reconstruction as there is an abdominal or back wound as well as a breast wound to heal.
- Risks include infection and the flap not healing properly.
- Surgery usually causes more than one scar (but these fade over time).
- Depending on the type of flap you have, you may need an implant as well.
- Muscle weakness may occur after the operation, which could affect your lifestyle (e.g. problems with playing tennis or heavy lifting).
- TRAM and DIEP procedures (see pages 45–46) can only be done once.
- With TRAM reconstruction, there is a risk of hernia (see page 49).

Flap from the lower abdomen

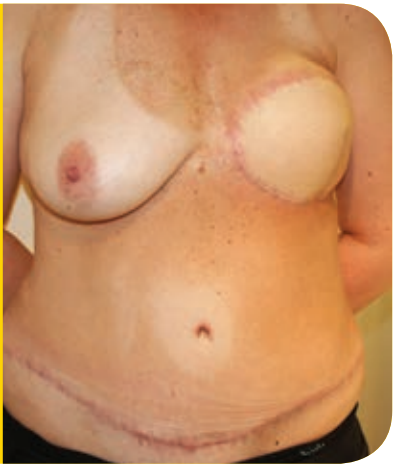
The tissue from the lower abdomen is moved to the chest area to reconstruct the breast.

TRAM flap – The rectus abdominis muscle is a muscle in the lower abdomen that runs from the breastbone to the pubic bone. All or some of this muscle and a flap of local skin and fat is moved to the chest to form a reconstructed breast. This is called a transverse rectus abdominis myocutaneous (TRAM) flap. It can be moved in one of two ways (see page 46).

Because the reconstructed breast is formed from tissue from the belly, this reconstruction means the tummy is tighter and flatter ("tummy tuck"). There will be a long scar across the lower abdomen from one hip to the other and a scar on the reconstructed breast, but little to no feeling in the skin over the breast.

Woman with a TRAM flap reconstruction

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



Types of abdominal flap reconstructions

Surgery for a flap reconstruction can be done in several ways.

Pedicle TRAM flap – The muscle remains attached to the original blood supply and is tunnelled under the skin of the upper abdomen to the breast. A pedicle TRAM flap operation usually takes 3–4 hours, and requires 4–7 days in hospital. The surgeon may also arrange to bank your blood in case you need a transfusion during surgery. About two weeks before the main operation, you may need a small operation 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.

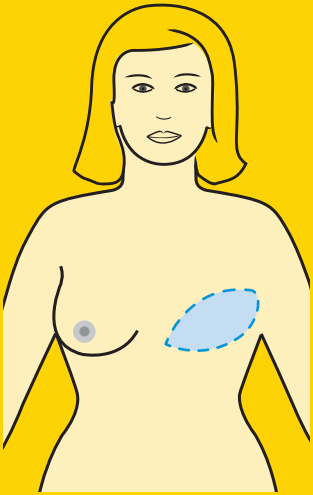
Free TRAM flap – The muscle is cut off from its blood supply and reattached to a blood supply in the chest or armpit. This is done using microsurgery. Free TRAM flap is better for creating a larger breast. It is also easier for the surgeon to shape the breast for a more accurate final result, but it is a more complicated and longer operation. A free TRAM flap operation takes 5–7 hours, and requires 4–7 days in hospital.

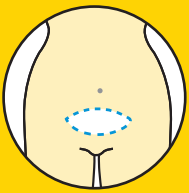
DIEP flap – A DIEP flap is similar to a TRAM flap but it uses the skin and fat to reconstruct the breast. The abdominal muscle is left in place.

This type of reconstruction is called DIEP because deep blood vessels called inferior epigastric perforator are used. The DIEP are detached and transplanted at the breast surgery site, where they're reconnected to local blood vessels in the breast area.

Location of flap reconstructions

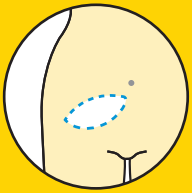
The tissue for reconstructing your breast can come from different places. Your doctor will discuss the best location with you.





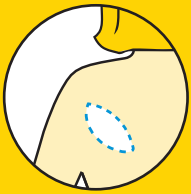
TRAM flap

Takes skin, fat and muscle from the lower abdomen.



DIEP flap

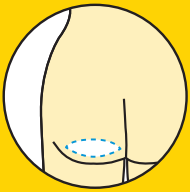
Takes skin and fat, but no muscle, from the lower abdomen.



LD flap

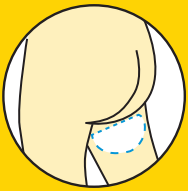
Takes skin, fat and muscle from the back.

Less common flap reconstructions



SGAP or IGAP flap

Takes fat and skin from the upper or lower bottom.



TMG or TUG flap

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

Whether it's possible to perform a DIEP flap or not, depends on the size of the blood vessels in your abdominal wall. Women who are in good overall health and have no existing scars on their abdomen and enough fatty tissue in the lower abdominal area, are suitable.

Flap from the back (LD flap reconstruction)

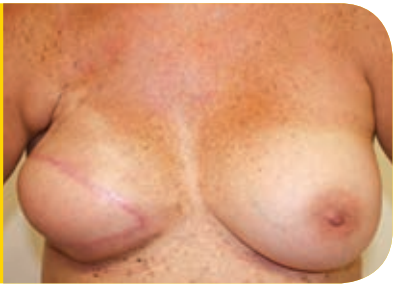
The latissimus dorsi (LD) is a muscle on the back under the shoulder blade. This muscle and some skin and fat is moved from the back around to the chest to make a reconstructed breast.

This reconstruction can be completed in one operation but usually an implant is placed under the flap to create a breast that is similar in size to the remaining breast. If a tissue expander is used, the expansion process begins once the flap has healed (see pages 37–38). Unless a nipple-sparing mastectomy is performed, the areola and nipple are created in a separate operation (see pages 50–51).

The scar on the back is usually straight and can be covered by your bra strap. The scar on the breast will vary depending on the mastectomy technique used.

Woman with an LD flap reconstruction

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



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

Less common types of flap procedures

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

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

To help reconstruct a small breast shape, the surgeon may remove fat from another part of the body (liposuction), then inject it into the breast to create or improve the shape and contour. In some cases a whole new small breast may be built. This is known as lipofilling.

Risks of having a flap reconstruction

Hernia – The risk of having a hernia is higher for women who have a TRAM flap. This is because removing the rectus muscle can weaken the abdominal wall and cause a hernia, which is when part of the bowel juts out through the abdominal wall.

Inserting mesh into the abdomen to replace the muscle helps strengthen the abdominal wall. You will need to avoid heavy lifting for 6–12 weeks after the operation.

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

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

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

After the reconstruction you need to do some exercises to get your arm and shoulder moving properly again. Ask your nurse or see page 63 for what exercises to do.

Nipple adhesives and reconstruction

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

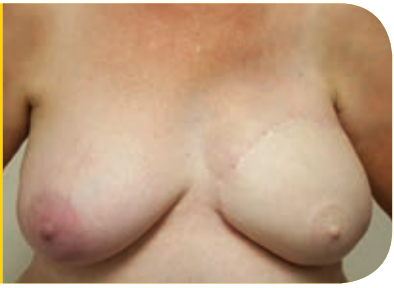
Adhesive nipples – These stick to the skin and stay in place for several days. They are available from breast prostheses suppliers (see page 18).

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

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

Woman with a reconstructed breast and nipple (no tattoo)

After the reconstruction you will have a new nipple.



Surgery to the other breast

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

Bilateral mastectomy

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

- 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 risk for breast cancer
- the amount of surgery required to achieve a symmetrical result with the breast reconstruction
- choosing an abdominal 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 mammaplasty

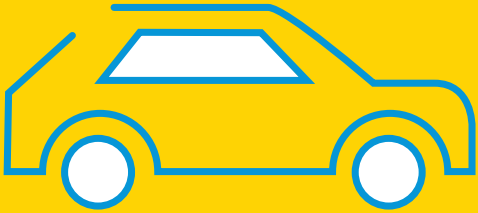
This procedure combines a lumpectomy (lump removal) with a breast reduction. It is often used as an alternative to mastectomy in suitable cases. Usually a reduction mammaplasty is done on the other breast at the same time.

Taking care of yourself after a reconstruction

Your recovery time will depend on your age, general health and the type of surgery that you had. Most women feel better within 1–2 weeks and should be able to fully return to normal activities after 4–8 weeks.

Rest

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



Driving

You will probably need to avoid driving for 2–6 weeks after the surgery.

Lifting

Avoid repetitive arm movements, such as hanging out washing or vacuuming, and heavy lifting, including carrying shopping bags and lifting small children.

Tummy problems

After TRAM flap surgery you may have some weakness in your abdomen. Take care getting up from a low chair or sitting up in bed. You will be encouraged to wear supportive undergarments.

Follow-up appointments

Your surgeon will continue to care for you until your body has healed. Then you will have regular check-ups with your breast specialist. For more information on looking after yourself, see pages 62–67.

What to expect after surgery

The type of surgery you've had will affect the side effects you experience. Not all women experience these side effects, but most have one side effect or more.

Appearance of breast – It's natural to feel nervous when the bandages are first removed. The look of the reconstructed breast will improve as the bruising and swelling lessen. It may take longer for the appearance of a breast reconstruction using a tissue flap to settle. Your self-esteem is likely to be affected, see pages 64–65 for ways to feel better about your body image.

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

Healing problems – Sometimes 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 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 surgically removed.

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

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

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

Pregnancy – Breast reconstruction doesn't affect your ability to become pregnant or carry a baby. If you have had a TRAM flap reconstruction, mesh is put into the abdominal wall during surgery to help decrease the risk of a hernia during pregnancy.

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

Costs and financial assistance

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

There are many services available for help with other costs associated with a reconstruction, such as transport costs to medical appointments and prescription medicines. Ask the hospital social worker which services are available in your local area and if you are eligible to receive them.

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

If you have your nipple tattooed, it is covered by Medicare if a doctor does the tattooing. If a professional tattooist does the work, it is not covered and you will have to pay yourself.

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

What to consider – reconstruction costs

Public hospital

- Reconstruction after a mastectomy is a medical procedure, not a cosmetic one, so the costs are covered through Medicare for a public patient in a public hospital.
- There may be some extra charges if an implant is used.
- There may be some charges for private patients in a public hospital.
- If you choose to have a delayed reconstruction, you will be put on the hospital's elective surgery waiting list. You may need to wait many months for the operation. Ask your surgeon about the likely waiting period.
- You can put your name on a waiting list even if you're not sure that you want a reconstruction.

Private hospital

- Private patients must have private health cover or pay the extra costs.
- 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 you may need to pay a gap fee or a hospital admission fee.
- Part or the entire cost of an inflatable tissue expander and any permanent implant may also be covered by your insurance provider.
- If you decide to join a health fund before your operation, you will have to wait the qualifying period before you can make a claim. This may be up to 12 months. Check with the different health funds.

Who will do the reconstruction?

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

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

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

Finding a surgeon

When considering having a reconstruction, ask to be referred to an expert in breast reconstruction. Check that they are a member of Breast Surgeons of Australia & New Zealand (BreastSurgANZ), and, if they are a reconstructive surgeon, a member of the Australian Society of Plastic Surgeons. See page 71 for contact details.

Which health professionals will I see?

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

Health professional	Role
breast surgeon*	specialises in surgery; some breast surgeons also perform breast reconstruction and specialised oncoplastic procedures
oncoplastic breast surgeon*	specialises in using plastic surgery techniques to achieve a good cosmetic outcome after surgery
reconstructive (plastic) surgeon*	performs breast reconstruction for women who have had a mastectomy
anaesthetist*	administers anaesthetic before surgery and monitors you during the operation
breast care nurse	specialist nurse who is trained in breast cancer care, including pre- and post-reconstruction counselling
occupational therapist, physiotherapist	assist in restoring range of movement after surgery and help with practical issues
social worker	links you to support services and helps you with any emotional, physical, practical or financial problems
counsellor, psychologist, clinical psychiatrist*	provide emotional support and help to manage feelings of anxiety and depression, and to help adjust to life after breast cancer

** specialist doctor*

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 from the surgeon, 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?
- How will the reconstructed breast look and feel?
- Do you have any photos of other women who have had this type of reconstruction?
- Can I talk to other women who have had a similar operation?
- Will the reconstruction hide any new problems? Do I still need regular mammograms?
- How can I get a second opinion?

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

Key points

- The two main types of breast reconstruction operations are implant and flap reconstructions. Before making a decision, consider the benefits and drawbacks.
- Both types of reconstructions can be done as an immediate or delayed procedure.
- A number of factors, such as your body type, overall health, desired breast size, and whether you're having one or both breasts reconstructed or any additional treatment such as radiotherapy, influence the type and timing of reconstruction.
- Recovery after an implant or flap reconstruction can take several weeks. You may need more than one operation.
- To recreate the nipple and areola some women use adhesive nipples, others recreate them surgically.
- 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.
- Following a breast reconstruction some women say they feel better able to adjust to the changes in their body image.
- A reconstruction is not likely to hide a cancer recurrence. You will still need to have check-ups with your doctors and regular mammograms.
- Find out how much a reconstruction will cost before agreeing to the procedure. You may have out-of-pocket expenses.
- A reconstruction can be done by an oncoplastic breast surgeon or a reconstructive (plastic) surgeon.

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 may affect your emotions and relationships. Choosing a breast prosthesis or having a breast reconstruction may be 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 wellbeing and help you cope better with surgery if you have a reconstruction. Doing things to improve your self-esteem can also be important for adjusting to a reconstruction.

Talking to health professionals such as psychologists, counsellors or psychiatrists may also be helpful. Don't be embarrassed to ask for a referral. These health professionals may help you find strategies to help with your 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.

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.

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 abdominal flap reconstruction, you will need to take care and be gentle with tummy-based exercises. Talk to your doctor about the best exercise program for you.

Arm exercises after breast reconstruction

After surgery, you can slowly begin to exercise your arm on the advice of your treatment team. This will help the area feel better and recover faster.

For a guide to arm exercises you can do after breast surgery, see Cancer Council's *Exercises after surgery* poster. You can download it from your local Cancer Council website, or call Cancer Council **13 11 20** to check whether a printed copy is available.

Complementary therapies

These therapies are used with conventional medical treatments. You may have therapies such as massage, relaxation and acupuncture to 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 used instead of conventional medical treatments. These therapies, such as coffee enemas and magnet therapy, can be harmful. For more information, call 13 11 20 for a free copy of the *Understanding Complementary Therapies* booklet or visit your local Cancer Council website.

Body image

Any change in appearance after breast cancer surgery may affect your self-esteem and feelings of femininity. The loss of your breast or any other body part can make you grieve, like a type of bereavement.

Wearing a prosthesis or getting a reconstruction can help improve self-confidence, and it helps some women feel whole again. It will take time to adjust to the different way a reconstructed breast looks, feels or moves. The appearance of the breast will improve with time as scars heal and fade. Some women say it takes 3–12 months after reconstruction to feel better about their body image. Changing your clothing and using accessories might make you feel more confident when wearing a breast prosthesis (see page 24).

How to manage changes in body image and sexuality

Body image

- Wear clothes that make you feel good and get your hair or nails done.
- Focus on yourself as a whole person 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, having a massage, relaxing outside or volunteering.
- Register for a free Look Good Feel Better workshop, which offers tips and techniques to help restore appearance and self-esteem for people during or after cancer treatment. Visit **lgfb.org.au** or call **1800 650 960**.

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.
- Read Cancer Council's booklet *Sexuality, Intimacy and Cancer* – you can download a copy from your local website.
- Talk to your doctor, your breast care nurse or a counsellor about any ongoing problems.

Sexuality and intimacy

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

Things that lift your overall wellbeing, like good food, exercise and relaxation, will help to boost your sexual confidence.

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

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

> "We've become more intimate on other non-sexual levels. Cancer has opened up a whole lot of things, quite suprisingly." *Kerry*

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

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. Relationships can end for a variety of reasons.

Seeking support

Support is available from a wide range of organisations and health professionals. Get in touch with Cancer Council 13 11 20 and other relevant organisations, or talk to your general practitioner (GP), oncology doctors, breast care nurses and social workers.

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

Talk to someone who's been there

Coming into contact with other people who have had similar experiences to you can be beneficial. You may feel supported and relieved to know that others understand what you are going through and that you are not alone.

People often feel they can speak openly and share tips with others who have gone through a similar experience.

In a support group, you may find that you are comfortable talking about your diagnosis and treatment, relationships with friends and family, and hopes and fears for the future. Some people say they can be even more open and honest in a support setting because they aren't trying to protect their loved ones.

"My family members don't really understand what it's like to have cancer thrown at you, but in my support group, I don't feel like I have to explain." *Sam*

Types of support

There are many ways to connect with others for mutual support and to share information. These include:

- face-to-face support groups – often held in community centres or hospitals
- telephone support groups – facilitated by trained counsellors
- peer support programs – match you with someone who has had a similar cancer experience, e.g. Cancer Connect
- online forums – such as Cancer Council Online Community at cancercouncil.com.au/OC.

Talk to your nurse, social worker or Cancer Council 13 11 20 about what is available in your area.

Caring for someone with cancer

You may be reading this booklet because you are caring for someone who has been diagnosed with breast cancer.

Being a carer can be stressful and cause you much anxiety. Try to look after yourself – give yourself some time out and share your worries and concerns with somebody neutral, such as a counsellor or your doctor.

Many cancer support groups and cancer education programs are open to carers, as well as people with cancer. Support groups and programs can offer valuable opportunities to share experiences and ways of coping.

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

There are also many groups and organisations that can provide you with information and support, such as Carers Australia, the national body representing carers in Australia. Carers Australia works with the Carers Associations in each of the states and territories. Visit carersaustralia.com.au or call 1800 242 636 for information and resources.

You can also call Cancer Council 13 11 20 to find out more about carers' services and to get a free copy of the *Caring for Someone with Cancer* booklet.

Useful websites

The websites listed below are good sources of reliable information from local and international sources.

Australian

Cancer Australia ..... **canceraustralia.gov.au**

Cancer Council Australia ..... **cancer.org.au**

Cancer Council Online Community ..... **cancercouncil.com.au/OC**

Australian Breast Device Registry ..... **abdr.org.au**

Australian Society of Plastic Surgeons ..... **plasticsurgery.org.au**

Breast Cancer Network Australia ..... **bcna.org.au**

BRECONDA Breast Reconstruction Decision Aid ..... **breconda.bcna.org.au**

Breast Surgeons of Australia and New Zealand ..... **breastsurganz.org**

Department of Human Services ..... **humanservices.gov.au**

healthdirect Australia ..... **healthdirect.gov.au**

Look Good Feel Better ..... **lgfb.org.au**

McGrath Foundation ..... **mcgrathfoundation.com.au**

International

American Cancer Society ..... **cancer.org**

Breast Cancer Care UK ..... **breastcancercare.org.uk**

Cancer Research UK ..... **cancerresearchuk.org**

Macmillan Cancer Support (UK) ..... **macmillan.org.uk**

National Cancer Institute (US) ..... **cancer.gov**

Glossary

abdomen
The part of the body between the chest and hips, which contains the stomach, spleen, pancreas, liver, gall bladder, bowel, bladder and kidneys.

acellular dermal matrix (ADM)
A type of material that is made from donated animal or human tissue and 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.

anaplastic large cell lymphoma (ALCL)
A type of non-Hodgkin lymphoma, a cancer of the lymphatic system.

areola
The brownish 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 mound
The shape of a reconstructed breast.

breast prosthesis (plural: prostheses)
An artificial breast worn inside a bra or attached to the body with adhesive to recreate the shape of a natural breast. Also called a breast form.

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

breast reduction
Reducing the size of the breast using surgery.

breast surgeon
A doctor who specialises in surgery of the breast, including mastectomies.

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 naturally forms around a breast implant, which can become thick and tight. This may lead to capsular contracture.

chemotherapy
The use of anti-cancer drugs to treat cancer by killing cancer cells or slowing 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.

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

fat necrosis
Damaged or dead tissue.

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

flap reconstruction
A type of breast reconstruction that uses muscle, fat and skin from other parts of the body 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 an organ or tissue that has been damaged or removed, such as a breast. Also called an internal prosthesis.

implant reconstruction
A type of breast reconstruction that reconstructs the breast by inserting an implant 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 (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 fluid doesn't drain properly, usually after lymph glands have been removed.

mammogram
An x-ray of the breast to detect cancer.

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.

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

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

nipple reconstruction
Constructing the nipple and areola.

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

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

oncoplastic breast surgeon
A breast cancer surgeon with training in breast reconstruction techniques.

one-stage reconstruction
A type of implant reconstruction completed in one operation.

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

plastic surgeon
See reconstructive surgeon.

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

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

radiotherapy
The use of radiation, such as x-rays, gamma rays, electron beams or protons, to kill cancer cells or injure them so they cannot grow and multiply. Also called radiation therapy.

reconstruction
See breast reconstruction.

reconstructive surgeon
A doctor who has had advanced surgical training in the restoration of skin and tissue to near-normal appearance and function. Also known as plastic surgeon.

recurrent cancer
Cancer that has returned after treatment of the primary cancer. A recurrence may be local (in the same place as the primary) or distant (in 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, which equals 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.

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

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

silicone implant
A type of breast implant filled with silicone gel.

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

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

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

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

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

transverse rectus abdominis myocutaneous (TRAM) flap
A type of breast reconstruction that uses the transverse rectus abdominis myocutaneous muscle along with skin and fat to create a new breast shape.

transverse rectus abdominis myocutaneous (TRAM)
One of the two large, flat stomach muscles called the rectus abdominis muscle. Commonly known as the abs or six-pack.

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

Can't find a word here?

For more cancer-related words, visit:
- *cancercouncil.com.au/words*
- *cancervic.org.au/glossary*
- *cancersa.org.au/glossary.*

How you can help

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

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

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

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

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

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

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

Cancer Council 13 11 20

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

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

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

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

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

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

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

For information and support on cancer-related issues, call Cancer Council **13 11 20**. This is a confidential service.

Visit your local Cancer Council website

Cancer Council ACT
actcancer.org

Cancer Council NSW
cancercouncil.com.au

Cancer Council NT
nt.cancer.org.au

Cancer Council Queensland
cancerqld.org.au

Cancer Council SA
cancersa.org.au

Cancer Council Tasmania
cancertas.org.au

Cancer Council Victoria
cancervic.org.au

Cancer Council WA
cancerwa.asn.au

Cancer Council Australia
cancer.org.au

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

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