



TIP SHEET Breast Reconstructive Surgery

What You Should Know

Whether you pursue breast reconstruction after cancer surgery and other treatments is a deeply personal choice. For many women, undergoing **plastic and reconstructive surgery** to the breasts is a valuable and healing part of their cancer journey.

RPCI's Plastic & Reconstructive surgeons work closely with the breast cancer care team to create an optimal treatment and reconstruction plan that meets your needs and preferences.

We use the latest modern techniques to provide more options than ever before to repair, improve or completely reconstruct human breasts. RPCI offers:

Breast-conserving surgery, such as lumpectomy.

Nipple-sparing mastectomy to preserve the nipple for reconstruction.

Oncoplastic surgery. Removes the cancer and subsequently reshapes the breast, preventing undue scarring.

Breast implants using silicone or saline implants and possibly your own skin tissue or a dermal substitute.

Flap surgery. Uses a portion of your own muscle, skin and fat tissue from another body site, such as the abdomen, thigh, back or buttocks.

Fat transfer. Takes fat from other body areas to fill concave portions of the breast.

Combination of implant, flap and/or fat transfer.

Nipple and areola reconstruction. More than 50 techniques offer a range of options to suit your specific needs and preferences.

Lymph node transplantation to reduce or eliminate lymphedema symptoms.

Symmetry procedures, such as a breast reduction, augmentation or lift on your other breast to achieve a similar look.

Q. When should you consider breast reconstruction?

A. At time of your breast cancer diagnosis.

Learning about your reconstruction options, and the outcome you can expect, should be part of your treatment planning—even if you delay reconstruction or defer a decision until a later time.

Your breast reconstruction options will depend on your disease status, overall treatment plan (such as whether you have radiation therapy) and your preference. RPCI offers:

- **Immediate reconstruction.** Performed at the time of mastectomy or other cancer surgery.
- **Immediate-delayed.** Performed a few weeks between cancer surgery and reconstruction surgery.
- **Delayed.** Performed several months or even years after cancer treatment. If you have radiation therapy, you may need to wait several months after completing treatment to allow chest skin to heal. Some women decide years later that they desire a reconstruction.

RPCI Plastic & Reconstructive surgeons can help you no matter where you had your cancer surgery.

Meet the Plastic & Reconstructive Surgery Team



Why Roswell Park Cancer Institute?

Nationally Recognized. RPCI is a National Cancer Institute (NCI) designated Comprehensive Cancer Center, the only one in New York State outside of New York City.

Lymphedema Program. We provide specialized treatment for lymphedema prevention and management at WNY's only physician-managed lymphedema clinic.

Comprehensive Support Services. Nutrition support, smoking cessation, pain management, rehabilitation, pastoral care, psychosocial services and more are part of our care program.

Q. Will my insurance pay for it?

A. Likely.

Federal law requires health insurance plans that cover mastectomy costs to also cover reconstruction surgery or other post-mastectomy treatments for female breast cancer patients. Required coverage includes:

- ✓ all stages of reconstruction on the affected breast
- ✓ surgery and reconstruction on the other breast to produce a symmetrical appearance
- ✓ prostheses and treatment of physical side effects of mastectomy such as lymphedema

89%
of women want to see what breast reconstruction surgery results would look like before undergoing breast cancer treatment.

Consult with one of our plastic and reconstructive surgeons to learn what options are best for you—and the results you can expect—as part of your treatment planning.

Call

1-800-ROSWELL (1-800-767-9355) to arrange consultation or seek a second opinion.



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