



FRANKLY SPEAKING **ABOUT CANCER**

A PROGRAM OF THE CANCER SUPPORT COMMUNITY



BREAST RECONSTRUCTION

Breast cancer occurs when the cells in one or both breasts grow out of control. Your doctor may recommend surgery as a form of treatment to remove the cancer. If this occurs, they may talk with you about breast reconstruction as well. Having breast reconstruction surgery is a very personal decision. It can be a life-changing procedure for many patients.

This booklet will discuss what breast reconstruction is and the different types of procedures. It includes important things to consider when deciding to undergo the surgery or not. It also provides resources and support to help anyone considering this surgery feel more comfortable and confident in their decision-making.

What is Breast Reconstruction

Breast reconstruction is surgery that is done to rebuild the shape & look of the breast after treatment for breast cancer. Most people with breast cancer will have some type of surgery as part of their treatment.

There are different types of surgeries to treat breast cancer. The goal of the surgery may differ depending on the location of the cancer and stage. For example, surgery may be used as a treatment option to:

- Remove the cancer during earlier stages
- Find out if the cancer has spread to other areas, like the lymph nodes
- Relieve symptoms related to advanced stage cancer

Breast-conserving surgery removes the cancer and some of the surrounding tissue. It is also known as a lumpectomy, quadrantectomy, partial mastectomy, or segmental mastectomy. During this procedure, only part of the breast and tissue is removed. How much breast tissue is removed will depend on the location and size of the tumor.

A **mastectomy** is a type of surgery that removes the entire breast. All of the breast tissue and sometimes the lymph nodes are removed. Typically, most of the skin of the breast can be saved. Sometimes the nipple can be saved as well. This is called a nipple-sparing mastectomy.

KEY TERMS

- **Breast-conserving surgery** — A type of surgery to remove breast cancer and a small amount of the surrounding tissue. This procedure does not remove the entire breast.
- **Breast reconstruction** — A type of surgery that helps rebuild the shape & look of the breast after treatment for breast cancer.
- **Lumpectomy** — A form of breast-conserving surgery. This procedure removes the breast tumor and a small amount of surrounding normal tissue. In some cases, the lymph nodes may also be removed.
- **Mammogram** — A type of cancer screening that takes X-ray pictures of your breasts. Doctors use these pictures to look for early signs of cancer.
- **Mastectomy** — A type of surgery that removes the entire breast affected by cancer. Some lymph nodes are usually removed as well.



Some people may have both breasts removed as a form of treatment. This is called a double mastectomy. The specific type of mastectomy needed will depend on several different factors. Be sure to talk with your doctor about these factors and what surgery may be right for you.

IMMEDIATE VS. DELAYED RECONSTRUCTION

When one or both breasts are completely removed during a mastectomy, you may be given the option to undergo reconstruction to restore the breasts. Your doctor may suggest either immediate reconstruction or delayed reconstruction. They will base this suggestion on your health, your treatment needs, and the type of tumor you have.

Immediate reconstruction occurs at the same time as the mastectomy or breast-conserving surgery. Most of the time this is completed in stages, and you may need at least two operations.

There are several advantages to immediate breast reconstruction. For example, you may have more chest tissue to support the procedure at the time. This is because there is no surgical scarring or changes caused by later cancer treatments. Starting breast reconstruction at the same time as the mastectomy also means less surgery and exposure to general anesthesia overall. You can also recover from everything at the same time. With this, physical changes after a mastectomy may not be as dramatic.

Delayed reconstruction can give you more time to adapt emotionally and research your reconstruction options. Some people prefer to have more time to recover from their mastectomy before beginning reconstruction. You may still have the option to undergo reconstruction surgery later on.



In some cases, your doctor may ask you to wait to have reconstruction surgery. People who have diabetes or have a higher weight are often asked to wait to avoid surgical risks. This is often the case for people who smoke as well. If you currently smoke, your surgeon may require you to stop before moving forward with the surgery. If radiation therapy is or was part of your cancer treatment plan, ask your doctor about the best timing for the procedure. Radiation reduces the elasticity of skin tissue and can change how well blood travels to the area. This can impact the reconstruction procedure. Talking with your doctor about timing can help reduce any damage to the reconstructed breast.

Delayed reconstruction can be reassuring for many people. It can be comforting to know that you can still choose to restore your breasts at a later date. It is OK to not undergo reconstruction at any point as well. Many people who choose not to undergo reconstruction become content and confident with their decision.



CHECKLIST: Things to Consider for Breast Reconstruction

- ✓ **Your feelings and emotions** — How will the loss of a breast affect the way you view your body (body image) or sexual identity? The relationship a person has with their body is highly personal and feelings about physical changes will vary from person to person.
- ✓ **Your Health** — Will your cancer diagnosis, other medical conditions that affect healing, and/or your treatment history (including experience with radiation or chemotherapy) impact your options for reconstruction?
- ✓ **The need for multiple appointments or surgeries** — Does it matter that the reconstruction process involves multiple steps? Reconstruction can involve multiple visits for tissue expanders, adjustments after the initial surgery, nipple reconstruction, long-term reconstruction repair, or other corrective surgery.
- ✓ **Potential scarring** — Will scars beyond the breast bother you? For some reconstruction procedures, scars may be obvious on parts of the body where tissue was removed as well as on the reconstructed breast. You may have the option to choose additional plastic surgery to minimize scars.
- ✓ **Absence of feeling** — Do you care that reconstruction restores the shape of the breast but not sensation? Sensitivity may improve in time depending on the procedure. Yet, the sensation is greatly or completely reduced with the removal of a breast.
- ✓ **Appearance** — If you have a single mastectomy, would you want to reshape the uninvolved breast to match the appearance of the reconstructed breast? This could include having a reduction, a lift, or an enlargement. Some people do not want to have additional surgery because of scarring, prolonged recovery time, and the loss of sensation. If you have a double mastectomy, would you consider a uniform new size for both breasts?
- ✓ **Texture** — Will the texture and consistency of a reconstructed breast feel like breast tissue? It's extremely helpful to talk with others who have had each type of breast reconstruction you are considering. Ask how they experience the texture of their reconstructed breasts among other questions.
- ✓ **Recovery** — How will your lifestyle be affected during the recovery time? For example, recovery from a mastectomy alone is often faster than a mastectomy plus reconstruction. Ask about the short-and long-term impacts from each type of reconstruction procedure that you can consider.
- ✓ **Future repair** — How long will reconstruction outcomes last? Many procedures don't last forever. For younger people, it is important to ask if there might be a need for reconstruction surgery in the future to correct for physical changes.





Choosing to Undergo Breast Reconstruction Surgery

Choosing to undergo breast reconstruction is a very personal decision. You can choose not to have the additional surgery as well. It is important to acknowledge your feelings along with any fears you have. Operating from a place of clarity will enable you to make informed, timely decisions throughout your cancer experience. Take a moment to prioritize what is important to you when considering your breasts after cancer. How you felt about your breasts before cancer, your treatment plan, and other considerations can influence how you wish to deal with reconstruction surgery. Think about how you feel about your breasts as part of your self-image. How will breast surgery affect your life?

There are alternatives for people who decide not to have reconstruction surgery. These include choosing to go flat or using a breast form. If you decide that you do not want to replace the removed breast(s), you can choose to go flat. This option rarely causes issues for people who have had both breasts

removed. For those who only have one breast removed, there may be some issues with posture, balancing, and back pain. This is especially the case for people with larger breasts. To help, a breast form may be a better option. A breast form is a type of prosthesis, or artificial body part. It can be worn inside a bra or attached to the body. It can help with balance and mirror the look and feel of a natural breast under clothes. There are many cancer centers and local shops that specialize in providing these supplies for people with breast cancer.

As you make your decision, develop a plan with your doctor. Express any concerns you have with reconstruction surgery or any of the alternatives. You may find it helpful to discuss your thoughts with your partner, a friend, or other family members. Remember this is still YOUR body and YOUR decision. Determine what you feel most comfortable with.

Get to Know Your Treatment Team

There are several key members you may work with during your treatment experience. You need a care team you can trust to work with you and give you the best care. It is important that you can have honest and open conversations with everyone involved. During appointments, make sure you share your concerns, ask questions, and feel like you are being heard. If you feel intimidated or rushed by anyone, seek a referral to work with someone else.

Your treatment team during breast reconstruction may include:





- **Primary care physician:** This person understands your medical history, preferences, and how you would like to manage your general health throughout your treatment and beyond. Your primary care physician can coordinate the team that will help you manage treatment decisions along the way.
- **Breast or general surgeon:** This person makes the initial surgical recommendations. They determine if you can have a breast-conserving operation or a mastectomy. They can also refer you to an oncologist, radiation oncologist, and/or plastic surgeon. The surgeon will help review what options you may have for reconstruction, if appropriate.
- **Medical oncologist:** This physician specializes in the treatment of cancer. They will offer cancer treatment options and referrals. This includes chemotherapy, hormone therapy, radiation treatments or any other therapy after cancer surgery.
- **Radiation oncologist:** If you need radiation therapy you will need to see this specialist. They will advise the best timing to have radiation therapy along with your breast reconstruction.
- **Plastic surgeon:** A plastic surgeon will oversee the breast reconstruction procedure. These specialists are certified by the American Board of Plastic Surgery. Your surgeon can tell you about the different reconstruction methods available. They can help decide what might be best for you and your situation.
- **Social workers:** These individuals are trained to assist with social and emotional needs. Social workers can help you and your family members find support groups and other psychosocial resources throughout your cancer experience.
- **Patient or nurse navigator:** Navigators help you manage your care. They help schedule appointments, get answers to your questions, and support you during your treatment and recovery.



Types of Breast Reconstruction Surgeries

After you have decided on breast reconstruction, you and your doctors will think through which option may be best. Some factors you and your doctors may consider, include:

- Your overall health
- Size and location of your breast cancer
- Breast size
- The extent of your breast cancer surgery— mastectomy vs. lumpectomy and the possibility to keep the nipple-areola
- Need for other cancer treatments, like radiation
- The amount of tissue available for reconstruction
- Recovery time
- Your willingness to have more than one surgery
- Whether you want reconstructive surgery on one or both breasts
- Your desire to match the look of the uninvolved breast
- How different types of reconstructive surgery might affect other body parts
- Insurance coverage and ability to pay for any related costs

The two main types of breast reconstruction surgeries are **implant reconstruction** and **reconstruction with a tissue flap**. You may be able to have a procedure that combines

both. With this option, your surgeon may use a breast implant along with tissue from your own body.

If you have breast-conserving surgery, your surgeon may perform tissue rearrangement. There are also procedures to help improve the overall look of the breast. Here is a further look at these different types of reconstruction.

IMPLANT RECONSTRUCTION

Implant reconstruction involves the use of a breast implant. The implant helps restore the shape of the removed breast. There are two common types of implants: a saline implant and a silicone-gel filled implant. Both types are approved for use during breast reconstruction by the FDA (U.S. Food & Drug Administration).

A saline implant has a silicone outer shell. It is filled with a sterile saline solution. The saline solution is like salt water. The silicone-gel filled implant has a silicone outer shell as well. Instead, it is filled with a type of silicone gel. Both types of implants can come in different sizes. They can come in a smooth or textured outer shell. Ask your surgeon if you can feel a sample of each type. It may be helpful to talk with others who have had these implants to help with your decision.

Implant reconstruction is typically performed in stages after a mastectomy. It may involve at least two surgical operations:

1. During the first stage, your surgeon will place a tissue expander under the skin or muscle on your chest. The tissue expander is like a water balloon. When the expander is placed under your skin, it is flat. A saline solution is inserted into the expander at the time of the mastectomy, through a small valve. During later doctor visits, more saline is added to help stretch the breast area. This occurs until the tissue expander reaches the desired size.



Some people mention that the expander feels tight or “like rocks” while in place. Sometimes the tissue expander is held in place with mesh, like a sling.

2. During the second stage, the tissue expander is removed. Your surgeon will replace it with a permanent breast implant. The second stage can be planned further in advance or postponed if needed. Additional surgery stages may take place if needed. Additional surgery can help improve the overall look of the implant or recreate the nipple-areola.

Very few people are able to have breast implant reconstruction performed in one stage. When this occurs, the breast implant is put directly in place at the same time as the mastectomy. This is called **direct to implant** breast reconstruction. This procedure is typically available to people who have smaller breasts, are younger in age, and have no immediate health concerns.

During a direct to implant reconstruction, a tissue expander is not used. Once the breast tissue is removed, a plastic surgeon places the implant under the skin or muscle on the chest. Additional surgery may be needed to improve the overall look of the breast or for nipple reconstruction.

Implants may need to be replaced at some point over the course of your lifetime. There is also potential for the implants to leak or tear. This can cause scar tissue to develop or lead to an infection. While the FDA has approved certain implants to be safe for use, it is helpful to know the risks. These risks can be managed effectively by your surgeon and with proper care. Talk with your surgeon about any concerns you have with implant reconstruction.

TISSUE FLAP RECONSTRUCTION

A tissue flap procedure uses tissue from your body to rebuild the breast. The tissue may be removed from your abdomen, back, thighs, or buttocks. This procedure is also called an autologous reconstruction.

Tissue flaps tend to look and feel more natural. They also behave more like natural breasts than implants. For example, tissue flaps will shrink or expand when you lose or gain weight. Unlike some implants, tissue flaps will not need to be replaced during your lifetime. In some cases, tissue flaps are used with a breast implant to create more volume in the breast.

Tissue flap reconstructions typically involve more surgery than implant reconstruction. This procedure also has a longer recovery period. Tissue flap surgery will result in two scars. One scar will form at the breast surgery site. The other scar will form in the area where tissue was removed. These scars may fade over time but will never go away completely.

Some people may also run into challenges in the area where the tissue was taken. This can include muscle damage or weakness or distortions in the skin, like dimpling. When tissue is removed from the abdomen, other changes may occur. For example, the shape of your belly button may change. The abdomen may also require extra support as it heals after the procedure. This helps to reduce other problems such as hernias or bulges. Be sure to talk with your treatment team about any questions or concerns you may have.

OTHER FORMS OF RECONSTRUCTION

As mentioned, **Tissue rearrangement** is another form of breast reconstruction. During this process, your surgeon will take any remaining breast tissue and reform it into the desired shape and size.



Tissue rearrangement is possible after you've had breast-conserving surgery, like a lumpectomy, to remove the cancer.

This procedure is typically for people with large breasts who want to decrease in size. Once the lumpectomy is complete and the cancer is removed, a plastic surgeon will rearrange the remaining tissue to reform the breast. They will also perform a symmetry procedure on the other unaffected breast. This is usually a size reduction (mastopexy) and/or a procedure to lift the breast. Radiation therapy can be performed after this type of reconstruction.

Nipple and areola reconstruction is usually the final step in breast reconstruction. Some people may receive a nipple-sparing mastectomy as a form of cancer treatment. This type of surgery is performed when the cancer is not located at the nipple. It allows the nipple to remain intact.

In most cases, further nipple and areola reconstructive surgery is needed. This is a separate surgery that occurs after the

breast is restored. Tissue from other areas in the body can be used to recreate the new nipple. It can be taken from the reconstructed breast, opposite nipple, abdomen, or buttocks for example. Because reconstructed nipples tend to shrink, they are initially made up to 50% larger than the desired size. Newer methods, such as three-dimensional tattooing, may also be available with local experts. Tattooing can give the nipple a natural color and create the areola region on the breast.

What to Expect from Reconstruction Surgery

Reconstruction surgery is performed in a hospital, at an ambulatory surgery center, or at an office-based surgical center. Some follow-up procedures may be performed in your plastic surgeon's office. Depending on the type of breast reconstruction procedure you choose, you may be able to go home that same day. If not, your doctor will have you remain in the center for a few days.

THINGS TO KEEP IN MIND:

- It may be up to 8 weeks before any bruising and swelling go away.
- It may take at least a year to fully heal and for scars to fade.
- Talk with your doctor about when it may be safe to wear regular bras again. Ask them about purchasing a special post-surgery bra to wear during recovery. After recovery, you may need to consider trying out new bras that better “fit” your body.
- Follow any advice from your surgeon about physical activity. At first, you may have to avoid driving, raising your arms, any heavy lifting, some sports, and sexual activities.
- Some types of reconstruction do not restore the feeling to your breast. Some sensation may come back over time, but it will be greatly reduced.
- Silicone gel implants can open or leak inside the breast without causing symptoms. Your surgeon may schedule regular MRI scans of the implants.
- Call your doctor right away if you notice any new skin changes, swelling, lumps, pain, or fluid leaking. Let them know about any other symptoms you are concerned about.



During the procedure, you will be given medication to make sure you are comfortable. You may receive **general anesthesia** or **intravenous (IV) sedation**. With general anesthesia, you are in a deep sleep and will not feel any pain. IV sedation works in a similar way. You are given a pain-blocking drug through a needle in the vein and in the breast tissue. You may fall asleep or be awake during the procedure. But you won't feel any pain and will not remember much about the surgery. When you attend follow-up procedures you may only need **local anesthesia**. Local anesthesia numbs specific areas of the body. This is used for more minor procedures. You will be awake during this time, but you won't feel any pain in the area.

BREAST RECONSTRUCTION SIDE EFFECTS & RISKS

Like any major surgery, your surgeon should explain and discuss any side effects and concerns related to your procedure. Your surgeon should also talk with you about any methods to prevent future risks. Surgery, in general, has a number of risks. Everyone is unique and may react differently after treatment.

Some immediate side effects and risks to be aware of, include:

- Bleeding
- Pain
- Fatigue (tiredness)
- Physical weakness
- Infection
- Blood clots
- Fluid build-up in the surgical area (seroma)
- Reactions to medications or anesthesia used during surgery
- Bruising and swelling
- Difficulty healing

Some side effects that can develop later, include:

- Excessive scar tissue
- Tissue death (necrosis)
- Loss of sensation in the breast or nipple
- Lymphedema (swelling due to fluid build-up)
- Changes in the arm on the same side as the reconstructed breast
- Breast implant problems (leakage, wrinkling, movement out of place)
- Scar tissue forms around the implant (capsular contracture)
- The need for extra surgery to fix any problems or improve breast appearance.

These problems can be avoided or managed by your treatment team. Talk to your doctor about any questions or concerns you have. Make sure you have a full understanding of your procedure and any risks early on. Ask your doctor about things to look out for after surgery. As you are recovering, stay on top of any changes you experience. Reach out to your doctor if something doesn't look or feel right.

Recovery & Survivorship

LONG-TERM FOLLOW UP

You will need on-going follow-up visits with your surgeon after surgery. During this time, they will make sure you are recovering well and remove any surgical drains that may be in place. A surgical drain is a small, thin tube. It is placed under your skin to help remove excess fluid or blood from the surgery site.

Before you go home after surgery, make sure you understand how to care for any drains and incisions. Ask your doctor about bathing and showering. You may also need to know how to measure the fluid and keep the drain clean. You can also ask your doctor if it may



CLOTHING & COMFORT TIPS *(Immediately following reconstructive surgery)*

After breast surgery, you will need to be mindful about the type of clothing you wear. In most cases, you will not be able to raise your arms above your head soon after the procedure. You may also have trouble bending or laying down. Here are some tips to maximize your comfort after surgery:

- Wearing soft, oversized, or front button-down shirts and pajamas will be most comfortable during this time.
- Camisole tops that have a shelf-bra can be easy to get in and out of.
- It may be helpful to wear loose pants after some tissue flap procedures, depending on where the tissue was removed from.
- Slip-on shoes or slippers/flip flops, preferably with a rubber sole, will be more comfortable when it is difficult to bend over.
- Set up your bed with lots of pillows to help with support and positioning. This can include using a large pillow with armrests, a wedge pillow, or a long body pillow. Some people have felt more comfortable sleeping in a recliner for the first few days.
- Using a small, inexpensive step stool can help when you need to reach high shelves or cabinets.
- Creams like shea or cocoa butter can help with dry skin and stretch marks.

be an option to have a skilled registered nurse visit your home. These nurses can be a resource as you recover and help you with any in-home care after your surgery.

During these follow-up visits, your doctor may discuss the next steps in your reconstruction journey as well. For people who have implant reconstruction, MRI scans may be recommended in some cases. An MRI uses radio waves and a rotating magnet linked to a computer to create detailed pictures of the inside the body. This scan will allow your surgeon to check the condition of your implant. This helps make sure the implant is still in place and is not leaking. You may need a scan every 1 to 2 years after the initial follow-up. Talk with your doctor about any questions or concerns you have about long-term follow-up.

PHYSICAL EFFECTS OF TREATMENT

Soon after surgery, your ability to be physically active will change. Right away, you will not be able to lift heavy items, like a gallon of milk or large bags of pet food. This discomfort should disappear over time. Some exercises can help with recovery. Exercising can also help improve physical functioning over time. Ask your doctor about what exercises may be safe to do as you recover.

Breast cancer surgery can lead to some longer-term physical changes. You may experience chronic pain, decreased strength or mobility, or lymphedema. **Lymphedema** is swelling in parts of the body caused by fluid buildup. **Axillary web syndrome (AWS)** is another potential side effect if you have surgery that involves your lymph nodes. AWS is also known as ‘cording’.





If you develop AWS, you may see and/or feel a web of thick, ropelike structures under the skin of your inner arm on the side of the operated breast. Seeing a physical therapist can be helpful to treat and manage AWS.

Some people may also experience **phantom breast syndrome (PBS)**. PBS occurs when people feel sensations in the area where a breast was removed. This is usually caused by remaining pieces of breast tissue after surgery. These sensations can include pain and discomfort, itching, tingling, and even pressure in the area. Talk to your doctor if you experience any of these physical changes. They will be able to provide specific medications, therapies, and recommend lifestyle changes to help.

Seeing a physical therapist can be very helpful as you recover. This is especially the case for people who undergo radiation or have a tissue flap procedure. **Physical therapy** can help treat or reduce the impact of some of the physical side effects caused by surgery. Seeing a physical therapist can help you regain your strength and range of motion. They can provide guidance on how to safely stretch, exercise, and be physically active. Physical therapy can also reduce any tightness you may feel as your body heals.

Be sure to ask your doctor for a referral to a physical therapist during your recovery.

RECOVERY

Recovery time will vary from person to person. The first phase of the healing process may take at least 4 to 6 weeks. During this time, you may feel tired and sore. Complete recovery time will depend on your cancer diagnosis and level of treatment. It will also depend on the type and number of reconstructive surgeries needed. For example, a person that chose immediate reconstruction surgery may fully recover 4-6 weeks faster than someone who chose delayed reconstruction. Some people need more than a year to feel completely healed. Others may need less time.

Over time, the shape and position of the new breast will improve. This will occur as more of the swelling from surgery goes down. Scars from the surgery will also fade, but they may never completely disappear. Some sensation may return to the reconstructed breast over time. However, any feeling in the breast will be greatly reduced. Although it is difficult to re-create the exact look and feel of a natural breast, most people are pleased with their new look after reconstruction. Many are also satisfied with their ability to look natural in clothing.

SURVIVORSHIP & RECURRENCE

Many people who complete their treatment for cancer often fear that it will return (cancer recurrence). Some people even worry that breast reconstruction surgery can impact the ability to check if cancer has returned. It is important to know that breast reconstruction does not cause breast cancer recurrence. Implant and tissue flap procedures do not disguise the cancer or hinder the ability to detect it. After treatment, ask your doctor or oncology nurse for a 'survivorship care plan' specific to you.



This plan will list out what follow-up care you'll need over time. It will also include any next steps for you and your care team to monitor your cancer. For example, you may be advised to have regular mammograms on your breasts every year. In most cases, people who had a mastectomy may not need a mammogram on the reconstructed breast. For implant reconstructions, this will include seeing your plastic or breast surgeon every year. In some cases, they may recommend an MRI screening.

Coping After Surgery

STRESS & EMOTIONAL WELLBEING

Life after breast surgery may require more physical and emotional energy. It can also require more time and money. You may not be able to do all the things you used to do right away. How you feel about your body may change. In addition, some people in your life may respond in ways you dislike when they learn about your choice to have reconstruction surgery or not. Concerns about how others may respond can lead to another layer of stress.

It is important to take care of yourself, as you navigate life after breast surgery. This may mean putting your needs above other people's. It may also mean advocating for yourself – when you are uncomfortable or in pain – to get the support you need.

Managing both the emotional and physical impact of cancer can lead to a lot of stress. Here are some ways to take care of your mental health:

- **Do the things you enjoy:** Finding things to look forward to, no matter how small, can be helpful and bring a sense of joy. This can include watching your favorite show or trying something new.

- **Stay connected to others:** It is important to share your feelings with people you are comfortable with. Consider who already knows about your experience and who, if anyone, you would like to tell. You are the expert in making the best choice in this scenario. Talking with a counselor or therapist can help you cope with distress, anxiety, and depression as well.
- **Take care of your overall health:** Try to eat regularly and get enough sleep. Try to stay physically active once your doctor says it is safe to do so. Limit any use of substances, like smoking, alcohol, and even caffeine. Try not to judge yourself harshly if these changes don't happen right away.



BODY IMAGE & FEELINGS OF LOSS

You are not alone if you have concerns about your body image. Surgery and other cancer treatments can change how a person views their own body. The option of having breast reconstruction surgery gives some people a new sense of control over their treatment. Some feel that having plastic surgery helps reduce the visible signs of cancer and they feel more comfortable with their bodies. Still, many people may need an adjustment period.





INTIMACY & SEXUAL HEALTH

How you feel about and perceive your body can impact your feelings around sex and intimacy as well. Changes to perceived body image can make intimacy tricky for all involved. The first step to intimacy during and after any treatment is patience and understanding.

Talk openly and honestly with your partner about intimacy and how you are feeling. Sometimes seeking a specialist can help support this aspect of your life. Talk to your care team about being intimate after reconstructive surgery. Ask them about recovery time and when you may be able to engage in certain activities. Bring up any aspects affecting your sexual health. Let your doctor know if you experience any pain or discomfort. They may be able to figure out what is the cause and give advice to help reduce the symptoms. It can also be helpful to talk with other breast cancer survivors. Having support and guidance from people going through similar experiences can help as you navigate these new challenges.

Partners should allow time for those undergoing treatment to mourn any loss of physical confidence and changes to their body image. Those with cancer should be given the time to prepare themselves, find confidence in their bodies, and to communicate when ready. Openness and trust can ensure a healthy, comfortable, and intimate connection. Partners should be supportive of their loved one's changing body image. Offer acceptance and encouragement as your loved one makes changes to transition from a pre-cancer to a post-cancer body.

This can be true for people who choose to have reconstructive surgery and those who do not. You may need more time to get used to your new appearance. You may also mourn the loss of your breast and its function. This can be the loss of feeling in the breast or not being able to breastfeed after surgery.

When coping with these body changes, take time to mourn your losses. Know that it is OK to feel sad, angry, or frustrated. Your feelings are real, and you have a right to grieve. It may take some time to come to terms with your new body. The meaning of the loss of one's breast varies greatly from person to person. Take the time to ask yourself what the meaning of this loss is to you and for others you care about.

Try to focus on the ways that coping with cancer has made you stronger and wiser. Look for new ways to love your appearance. Build connections and community with other survivors. Doing so can provide comfort, advice, and new ways to cope with this change. Over time, you may find that you develop a positive perspective and a new view of yourself.





FINDING SUPPORT

It helps to have support, especially after your procedure. Often, after treatment a flood of emotions may occur. Talking with people who understand your experience can help you cope and feel in control. A good support system can also help you with practical things. This could be staying physically active, eating well, and maintaining your overall health. There are many places to turn to for practical and emotional support.

Reach out to your health care facility to see if you can get connected to a patient or nurse navigator. These specialists can be a key resource during your recovery. They can help you cope with any physical changes and side effects long after surgery. They can be a resource as you adjust to your new normal.

There are several places to turn to for emotional support in your community. This may involve connecting with a therapist and/or spiritual/faith leaders. Support groups or peer mentors are resources available to assist you through your cancer experience. Talking with others who have experienced similar stressors can help you better understand and express what you are feeling. Ask your care team if they can recommend online or in-person support groups. It might take a couple of tries to find the right one.

Seek out local or national patient advocacy groups as well. Look for groups that work with people diagnosed with breast cancer or people who had reconstructive surgery. They can provide a variety of support and resources throughout your experience.

CANCER SUPPORT HELPLINE®:

If you need help finding resources or want help getting information about cancer, call CSC's toll-free Cancer Support Helpline® at 888-793-9355. It is staffed by community navigators and resource specialists who can assist you Monday-Thursday 11:00 a.m.- 8:00 p.m. ET and Friday 11:00 a.m.- 6:00 p.m. ET.

BREAST RECONSTRUCTION RESOURCES

American Society of Plastic Surgeons · www.PlasticSurgery.org

Food and Drug Administration [Breast Implant Safety] · www.FDA.gov/Medical-Devices/Implants-and-Prosthetics/Breast-Implants

National Cancer Institute · www.Cancer.gov/Types/Breast/Reconstruction-Fact-Sheet



BREAST CANCER RESOURCES

Cancer Support Community · 888-793-9355 · www.CancerSupportCommunity.org

Living Beyond Breast Cancer · 855- 807- 6386 · www.LBBC.org

Facing Our Risk of Cancer Empowered (FORCE) · 866-288-RISK (7475) · www.FacingOurRisk.org

National Breast Cancer Foundation · 972-248-9200 · www.NationalBreastCancer.org

SHARE Cancer Support · 844-275-7427 · www.ShareCancerSupport.org

National Cancer Institute (NCI) · 800-422-6237 · www.Cancer.gov

NCI's Clinical Trials Registry · 800-422-6237 · www.Cancer.gov/ClinicalTrials

CANCER SUPPORT COMMUNITY RESOURCES

Cancer Support Helpline® — Have questions, concerns or looking for resources? Call CSC's toll-free Cancer Support Helpline (888-793-9355), available in 200 languages Mon-Thurs 11am-8pm ET and Fri 11am-6pm ET.

Open to Options® — Preparing for your next appointment? Our trained specialists can help you create a list of questions to share with your doctor. Make an appointment by calling 888-793-9355 or by contacting your local CSC or Gilda's Club.

Frankly Speaking About Cancer® — Trusted information for cancer patients and their loved ones is available through publications, online, and in-person programs.

Services at Local CSCs and Gilda's Clubs — With the help of 190 locations, CSC and Gilda's Club network partners provide services free of charge to people touched by cancer. Attend support groups, educational sessions, wellness programs, and more at a location near you. www.CancerSupportCommunity.org/FindLocation.

Cancer Experience Registry® — Help others by sharing your cancer patient or cancer caregiver experience via survey at www.CancerExperienceRegistry.org.

MyLifeLine® — CSC's secure, online community welcomes anyone impacted by cancer to easily connect with community to reduce stress, anxiety, and isolation. Create a personal network site and invite friends & family to follow your journey. And participate in our discussion forums any time of day to meet others like you who understand what you are experiencing. Join now at www.MyLifeLine.org.

Grassroots Network — Make sure your voice is heard by federal and state policy makers on issues affecting cancer patients and survivors by joining our Network at www.CancerSupportCommunity.org/Become-Advocate.

Photos are stock images posed by models.

The Cancer Support Community and its partners provide this information as a service. This publication is not intended to take the place of medical care or the advice of your doctor. We strongly suggest consulting your doctor or other health care professionals to answer questions and learn more.

This booklet is available to download and print yourself at www.CancerSupportCommunity.org/Breast-Reconstruction. For print copies of this booklet or other information about coping with cancer, visit Orders.CancerSupportCommunity.org.

Frankly Speaking About Cancer:
Breast Cancer Program Partner


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