

# BREAST RECONSTRUCTION OR PROSTHESIS AFTER MASTECTOMY



## Insurance coverage

The Women's Health and Cancer Rights Act requires all group health plans, health insurance companies and health maintenance organizations (HMOs) that pay for mastectomy to also pay for reconstruction. Medicare also covers reconstruction after mastectomy. Medicaid coverage varies by state.

## Breast reconstruction

Breast reconstruction can help restore the look of the breast after a mastectomy. It can be done at the same time as the surgery or later.

The timing depends on:

- A physical exam by the plastic surgeon.
- Surgical risk factors (such as smoking and being overweight).
- Treatments you will need after a mastectomy.

Women who smoke or are overweight have a higher risk of problems after surgery. Waiting to have reconstruction until after you quit smoking or lose weight may lower these risks.

## Types of breast reconstruction

Breast reconstruction can be done with:

- Breast implants.
- Natural tissue flaps (using skin, fat and sometimes, muscle from your body).
- A combination of both.

There's no one best reconstruction method. There are pros and cons to each. Breast implants require less invasive surgery than using your own body tissues, but the results may not look and feel as natural.

Your breast cancer treatment, your body and your lifestyle will affect your options. Talk with your health care team about what type of reconstruction is right for you.

## Breast Implants

There are 2 types of breast implants: saline and silicone. Implants come in different shapes to match the look of a natural breast.

1. At the time of the mastectomy, a tissue expander may be put between the skin and chest muscle to stretch the skin. This is done to make room for a permanent implant.
2. During office visits, saline is added to the expander until it reaches the desired size.
3. Then, the expander is removed in surgery and the final implant (either saline or silicone) is put in.

Breast implants will likely need to be replaced in your lifetime.

## Breast implant-associated anaplastic large cell lymphoma (BIA-ALCL)

BIA-ALCL is a rare cancer of the cells of the immune system in women with breast implants.

The FDA is studying the link between breast implants and a slight increase in risk of BIA-ALCL.

The risk of BIA-ALCL appears to be linked to textured breast implants rather than smooth implants.

Let your doctor know if you notice any changes to your implant(s) or any pain in the area.

This fact sheet is intended to be a brief overview. For more information, visit [komen.org](https://www.komen.org) or call the Komen Patient Care Center's Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Thursday, 9 a.m. to 7 p.m. ET and Friday, 9 a.m. to 6 p.m. ET or email at [helpline@komen.org](mailto:helpline@komen.org). Se habla español.

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## Resources

### Susan G. Komen®

1-877 GO KOMEN  
(1-877-465-6636)  
[komen.org](https://www.komen.org)

### American Cancer Society's Reach to Recovery Program

1-800-ACS-2345  
[cancer.org](https://www.cancer.org)

### American Society of Clinical Oncology

1-888-282-2552  
[asco.org](https://www.asco.org)

### Living Beyond Breast Cancer

1-888-753-5222  
[lbbc.org](https://www.lbbc.org)

## Related online resources:

- [Breast Cancer Surgery](#)
- [Follow-up after Breast Cancer Treatment](#)
- [Talking With Your Doctor](#)
- [Questions To Ask Your doctor - Breast Reconstruction](#)
- [Breast Cancer 101 - Interactive Video](#)

For more information on breast reconstruction including benefits and challenges, types of natural tissue flap surgeries, questions to ask your plastic surgeon and more, visit [komen.org/BreastReconstruction](https://www.komen.org/BreastReconstruction).



## Natural tissue flaps

Tissue flaps use your own tissue (most often from the back, stomach, buttocks or thighs) to form a breast. Using your own tissue to create a breast has a more natural look than an implant. However, surgery takes longer, so there's a higher risk of problems and a longer recovery period than with implants. Surgery also leaves a scar at the donor site.

See [komen.org/BreastReconstruction](https://www.komen.org/BreastReconstruction) for more information.

## Nipple and areola reconstruction

Recreating the nipple and areola gives the reconstructed breast a more natural look and can help hide scars. The nipple can be recreated with tissue from the reconstructed breast after the skin on the breast has healed. The areola may be recreated with a tattoo or by grafting skin from the groin area (this skin has a similar tone as the areola). Not all women can have these procedures. Talk with your doctor about which procedure are right for you.

## Breast prosthesis

If you don't want reconstruction, you can choose to **go flat** (have no reconstruction) or get a breast prosthesis. A prosthesis is a breast form made of silicone gel, foam or other materials. It's fitted to your chest. The form is usually placed in the pocket of a special bra.

## If you choose to use a prosthesis

Many cancer center boutiques and some medical supply stores carry breast prostheses. Some specialty lingerie stores have staff to help fit a prosthesis.

- Find out what your insurance will cover.
- Make an appointment before you go.
- Wear a form-fitting top.
- Try on different ready-made prostheses. They come in a wide variety of shapes and sizes, so you can choose the best match for you.

There are some online vendors, but it's best to get fit in person. Once you are fit, you can buy bras and mastectomy bathing suits online.

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