

The emotional and physical stress of dealing with a new diagnosis of breast cancer and the prospect of a mastectomy is understandably daunting. Many women choose one of several breast reconstruction options

following the surgical removal of their cancer to help them regain a sense of normalcy.

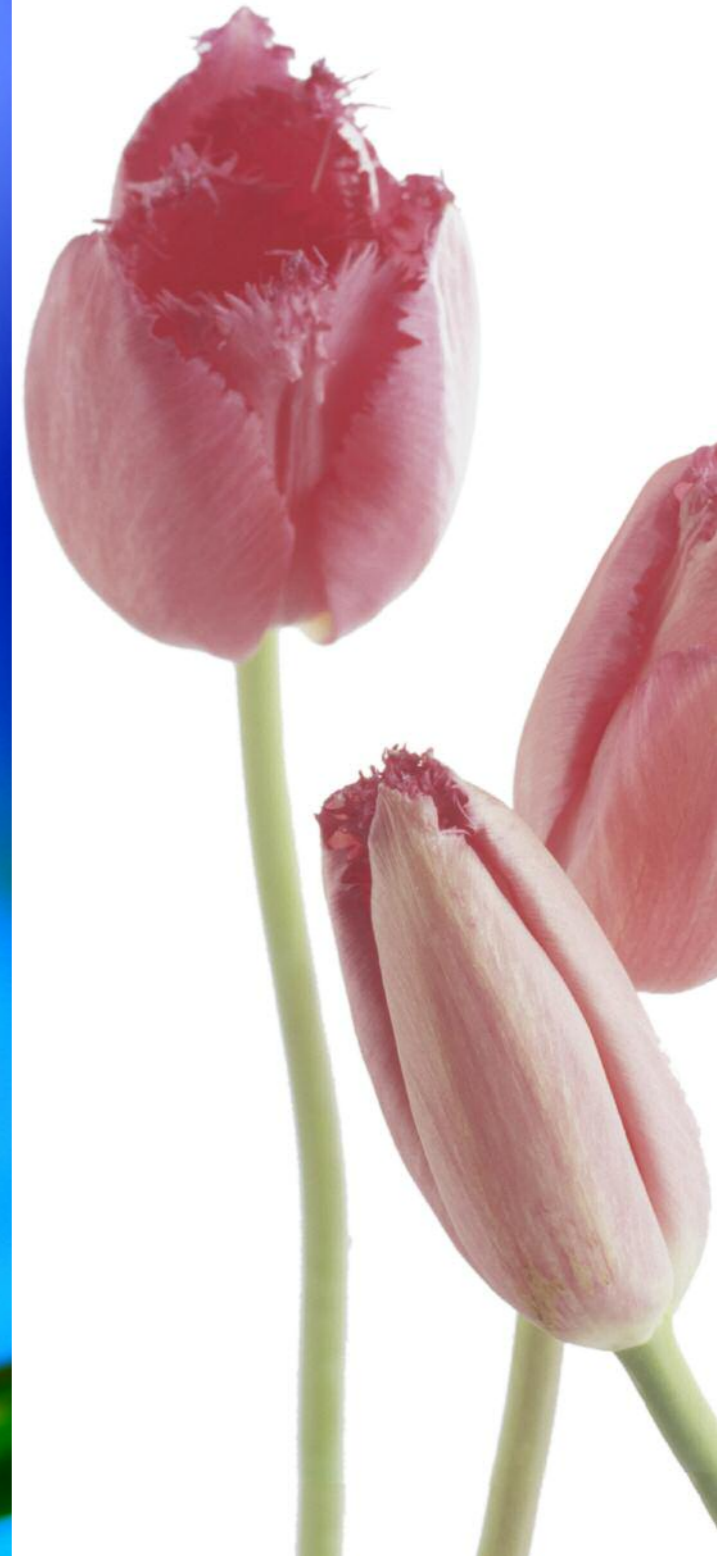
Plastic surgeons at UCLA Medical Center specialize in state-of-the-art techniques that create a natural-looking breast and help patients regain a positive body image and overall emotional quality of life after surgery. UCLA plastic surgeons have pioneered state-of-the-art techniques and cutting-edge research in breast reconstruction.

The UCLA Breast  
Reconstructive Center  
200 UCLA Medical Plaza  
Suite 465  
Los Angeles, California 90095  
(310) 825-5510

T H E  
*UCLA Breast  
Reconstructive  
Center*



U C L A Healthcare



# The UCLA Breast Reconstructive Center

Plastic surgeons in the UCLA Breast Reconstructive Center work as part of a multidisciplinary team alongside breast oncologists, breast surgical oncologists, radiation therapists and oncology physicians and nurses to provide reconstructive consultations and care for patients with breast cancer and other breast-related problems. When recommending treatment, the breast reconstructive team considers the patient's preference; whether the procedure should occur following mastectomy or whether it should be delayed months or even years; the need for adjuvant cancer therapy (chemotherapy or radiation); and the medical history and the health of the patient.

The options available to women fall under two main categories: autologous (using the patient's own tissues to reconstruct the breast mound) and prosthetic implants.

## Autologous (Flap) Reconstruction

The UCLA breast reconstructive team specializes in state-of-the-art flap reconstruction techniques, which use a patient's own tissues to recreate a natural appearing breast after mastectomy. Autologous reconstructions can appear more natural than implant reconstructions and tend to be more durable over time, allowing patients to avoid revision operations.

To perform a TRAM (transverse rectus abdominus myocutaneous) flap, surgeons remove a flap of skin, fat, blood vessels and muscle from a patient's abdomen and re-attach the blood vessels in the chest area. Removing muscle from the abdomen may cause abdominal weakness.

During DIEP (deep inferior epigastric perforator) flap surgery, surgeons remove only skin and fat from the patient, sparing the abdominal wall muscles, which results in a shorter recovery time. Surgeons may opt to perform this procedure instead of the more conservative TRAM flap procedure if a woman's anatomy and blood vessel quality are deemed appropriate.

Other microvascular reconstructive options include variations of these flap procedures including the superior gluteal artery perforator (SGAP) flap, the superficial inferior epigastric perforator (SIEP) flap, the deep circumflex iliac perforator (Reubens') flap, and the free tensor fascia lata (TFL) flap. Other non-microvascular reconstructions are also available at UCLA, depending on the needs of the patient.

## Prosthetic Implant Reconstructions

The use of saline or silicone implants can be an excellent option for breast reconstruction. Women who do not require adjuvant radiation therapy and who lack adequate autologous tissue in their lower abdomen to create adequate breast volume are the best candidates for this type of reconstruction.

Following mastectomy, surgeons insert a skin expander beneath a woman's skin and chest muscle. Over the course of several weeks, surgeons adjust the expander and eventually perform a second operation to insert the implant and reconstruct the surrounding skin and areola. Women who do not require a tissue expansion can receive a breast implant immediately following mastectomy.

Up to half of patients with breast implants develop scar tissue that can alter the shape of the implant, which must be repaired with another surgery.

## Follow-up

Most breast reconstruction involves a series of procedures over the course of several months. Follow-up operations — to replace tissue expanders, reconstruct a nipple or areola, or adjust the natural breast to match the reconstructed breast — are often required.

## The UCLA Breast Reconstructive Center

Expert surgeons from the UCLA Division of Plastic and Reconstructive Surgery, who have pioneered state-of-the-art techniques and cutting-edge research in breast reconstruction, staff the UCLA Breast Reconstructive Center. UCLA performs the largest volume of microsurgical breast reconstruction in the western United States, with a success rate of 99.5 percent. Surgeons at the UCLA Breast Reconstructive Center work as a team with physicians and surgeons at the Revlon/UCLA Breast Center, a comprehensive, multidisciplinary program for women with all types of breast problems.

*For more information or to schedule a consultation, please contact the UCLA Division of Plastic and Reconstructive Surgery at (310) 825-5510.*

