

Getting Breast Reconstruction Better the Second Time Around

Plastic Surgeon & Breast Reconstruction Specialist Dr. Constance M. Chen With Tips on Improving and Adjusting Unsatisfactory Breast Reconstruction

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/EINPresswire.com/ -- For many women, post-mastectomy [breast reconstruction](#) is a process. Although some may expect a one-and-done procedure, their bodies may not cooperate. Some experience complications, particularly with breast implants, that require additional surgery. And others are just unhappy with the results of their breast reconstruction, the breast doesn't feel natural, they have pain, there are symmetry issues.



Dr. Constance M. Chen

According to breast reconstruction specialist Dr. [Constance M. Chen](#), "the objective of breast reconstruction after a mastectomy is to create a natural breast with the shape, softness, warmth and symmetry of the original breast." Dr. Chen adds that sometimes follow-up adjustments are needed to achieve that goal, and in some cases, corrective surgery is needed to reverse an unsuccessful reconstruction. However, women should know that with advanced surgical techniques and a custom plan with an experienced breast reconstruction physician that improvements can be realized in size, shape, and symmetry after an initial breast reconstruction, to make the breasts look more normal again and to restore a sense of completeness."

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Dr. Constance M. Chen

Dr. Chen offers that the best aesthetic post mastectomy

breast reconstruction outcomes are reached with natural tissue. In plastic surgery there is a principal to "replace like with like." On the operating room table, the actual breast tissue looks and feels like regular fat - the breast tissue and fat are almost indistinguishable. So, when possible, it is ideal to use a woman's own fat tissue recreate the reconstructed breast so that it will feel more like the original.

Many patients do not know that even if they have already undergone reconstruction with breast

implants, that the implants can be removed and replaced with natural tissue reconstruction. While many women with implant-based breast reconstruction are satisfied, some women with implants feel uncomfortable because breast implants are usually placed underneath the muscle. These subpectoral breast implants can result in rigidity and sometimes even make it difficult to breathe. Moreover, some women experience a hyper-animation deformity where the breasts move up and down when pectoralis muscle is flexed.

“In cases where breast implants are removed and replaced with natural tissue, women are often pleasantly surprised by how much more comfortable they feel and how normal their new breasts look and feel to those around them. In our experience, women who replace their implants with natural tissue say the natural tissue breast reconstruction makes them feel like they did before their mastectomy,” says Dr. Chen

Breast reconstruction problems can also arise due to asymmetry. “While breasts are part of a pair, they are never exactly the same, and the goal is to have them look as much like each other as possible.” It is easier to obtain symmetry with bilateral reconstruction, in which the initial incisions from the mastectomy and reconstruction method for both breasts is the same. In cases where only one breast has undergone a mastectomy, it is more difficult to achieve symmetry and additional procedures may be needed on the other breast for a more even result.

The 1998 Women’s Health and Cancer Rights Act requires all health insurance companies to cover all stages of breast reconstruction, including surgery on the opposite breast to achieve symmetry, and for any complications from all stages of mastectomy or breast reconstruction. A woman’s right to post mastectomy breast reconstruction at any stage is protected by federal law.

Improving and Adjusting Unsatisfactory Breast Reconstruction

The most common secondary breast reconstruction procedure after an initial breast reconstruction is fat grafting. Here fat is garnered from another part of the body through tiny incisions via liposuction. The extracted fat is processed to remove impurities, and then injected into the breast. Fat grafting can be used to make the breast larger and is also useful to correct contour irregularities by sculpting and filling in small areas to improve breast size, shape, and symmetry.

Another common second stage breast reconstruction procedure is called a [mastopexy](#) or breast lift. Again, the goal here is to improve the appearance or symmetry of the reconstructed breasts. The reconstructed breasts are usually perkier than an unreconstructed breast, particularly with implant-based breast reconstruction. So, if only one breast has undergone mastectomy and breast reconstruction, a mastopexy may be needed on the other breast to make it match the reconstructed breast. A breast lift will remove excess skin and raise the nipple-areola complex so that the breast sits higher on the chest wall. A breast lift will not significantly change the breast size.

Lastly, the breast size may need to be tweaked with a breast reduction or a breast augmentation. A breast reduction is similar to a breast lift, except breast tissue is removed along with the breast skin to make the breast smaller. A breast augmentation may be performed with fat grafting or a breast implant. These procedures can be performed on the reconstructed breast(s) or, in the case of a unilateral mastectomy and breast reconstruction, only on the unreconstructed breast.

Dr. Chen concludes, "the best aesthetic outcome occurs after bilateral, nipple-sparing mastectomies with immediate natural tissue breast reconstruction, when all the breast skin has been preserved and the breast reconstruction is performed with natural tissue at the same time as the mastectomy. In some cases, it can be almost impossible to tell that a woman has had a mastectomy at all." The good news is that women have options after a first breast reconstruction to improve their results. "Today woman who have dealt with the blow of a cancer diagnosis and months or sometimes, years of treatment, don't have to live with an unsatisfactory reconstruction outcome," says Dr. Chen. "Correcting an unsatisfactory reconstruction is almost always possible and hopefully results in reestablishing a woman's physical and emotional health."

Constance M. Chen, MD, is a board-certified plastic surgeon with special expertise in the use of innovative natural techniques to optimize medical and cosmetic outcomes for women undergoing breast reconstruction. She is Clinical Assistant Professor of Surgery (Plastic Surgery) at Weill Cornell Medical College and Clinical Assistant Professor of Surgery (Plastic Surgery) at Tulane University School of Medicine. www.constancechenmd.com

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