

Dr. Constance M Chen Explains What People Get Wrong About Breast Reconstruction

Correcting Breast Reconstruction Misconceptions

NEW YORK, NEW YORK, UNITED STATES, January 30, 2023 /EINPresswire.com/ -- Post mastectomy [breast reconstruction](#) is one of the most important factors for breast cancer patients' overall well-being and long-term health. Yet, while rates of breast reconstruction in the U.S. have increased over time, they still remain relatively low. According to the American Society of Plastic Surgeons, less than 20% of women who require mastectomy elect to undergo immediate reconstruction. [A 2021 study](#) suggests that lack of knowledge and misconception about breast reconstruction is one factor preventing breast cancer patients from undergoing reconstruction.



Dr. Constance M Chen

"Women who undergo mastectomy often suffer from challenges related to body image and self-esteem," says Dr. [Constance M. Chen](#), board-certified plastic surgeon and breast reconstruction specialist. "Breast reconstruction can help off-set or reverse these negative impacts, but there are some common misconceptions that prevent many women from exploring this option."

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What People Get Wrong About Breast Reconstruction
According to Chen, it's important to educate women to help alleviate any concerns or fears about reconstruction so they can make an informed decision. Here, she helps clear up some of the top 4 most common misconceptions.

Misconception #1: I need to have breast reconstruction

immediately after a mastectomy.

Timing for breast reconstruction is up to each individual and her doctor. Breast reconstruction can be immediate or delayed. By definition, immediate breast reconstruction happens at the same time as the mastectomy. Delayed breast reconstruction happens in a separate surgery

from the mastectomy. Some women aren't sure they want breast reconstruction at all, and may wait months or years before having surgery.

"Whether immediate or delayed, a well-trained breast surgeon can preserve the nipple and areola complex to set up the patient for the best possible breast reconstruction on the patient's timeline," says Dr. Chen.

Misconception #2: My only option for breast reconstruction is unnatural-looking implants.

Luckily with today's state-of-the-art technology and materials, there are much more advanced options when it comes to breast reconstruction. The key is finding a well-trained breast surgeon who can preserve the nipple-areola complex and the entire breast envelope. With a nipple-sparing mastectomy, patients are set up for the best possible reconstruction - whether it is with implants or the patient's own tissue.

"Implants can also cause problems down the road, such as capsular contracture, or hardening, which may require further surgery," notes Chen. "So autologous reconstruction can be a good alternative even for very thin women."

Misconception #3: I'm too old.

For most women, age should not be a factor when it comes to breast reconstruction. In fact, a 2015 survey (<https://pubmed.ncbi.nlm.nih.gov/25560083/>) of older women (age 65 and older) who underwent breast reconstruction found they had greater breast satisfaction and greater breast-related psychosocial well-being than those who did not. Researchers also found that the outcomes of post-mastectomy breast reconstruction in older women are similar to those seen in younger women.

Misconception #4: I won't be able to detect breast cancer if it returns.

It may seem that something like new breasts can make it hard to catch a recurrence of cancer. But numerous studies have found breast reconstruction does not hinder detection of cancer, thanks to medical imaging techniques, such as magnetic resonance imaging (MRI). According to the American Cancer Society, the risk of cancer recurrence depends on many factors, including the type of cancer you have and the stage of your disease. Your doctor can recommend the best cancer screenings for you based on your personal risk and the type of reconstruction you had.

The decision to undergo breast reconstruction is an emotional one for many women. Understanding the facts, including risks and benefits, can help a woman decide what's right for her and her unique experience with breast cancer.

"Ultimately, it's a personal choice," adds Chen. "But as healthcare providers, we can help support women with information so they can explore what's best for their overall well-being and quality of life."

Constance M. Chen, MD, is a board-certified plastic surgeon with a 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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