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BREAST RECONSTRUCTION

SHORT INFO

The individual reconstruction options are introduced in a personal consultation and a technique is selected together with the patient.

The selection of the breast reconstruction procedure largely depends on the conditions provided after the tumour surgery and/or amputation of the breast. The factors to be considered for example include the amount and quality of the skin and soft tissue to remain, the size of the healthy breast and the body type, but also the general state of health and lifestyle. The patient can principally choose from two procedures or combinations thereof:

- Use of own tissue
- Use of silicone implants
- Use of own tissue AND silicone implants

Reliance on own tissue is linked with additional scars and a loss of tissue at the place of removal. The tissue can be taken from the stomach or back, in rare cases also the buttock region. I particularly recommend abdominal flaps to patients with an excess of skin and fat in the lower abdominal area. One pleasant side effect of this operation is the abdominoplasty ("tummy tuck") required to obtain the tissue involved. The transfer of own tissue is more work-intensive and calls for the application of microsurgical techniques, but finds the greatest acceptance amongst patients, probably because the results look and feel the most natural.

Building up the breast with silicone implants is an alternative reconstruction method. If the existing skin envelope is large enough, an implant of the desired size can be inserted directly. If the skin envelope needs to be pre-stretched, however, an expander prosthesis is applied and filled up to the required size over a period of several weeks. The new expander prostheses no longer need to be replaced by a definitive implant. If preceded by radiation, implants are associated with greater complications, and no implants should be used for breast reconstruction, if radiation is planned.