

Myth or Fact

Myth: Breast reconstruction can only be done immediately after a mastectomy.

Fact: Reconstruction can be done at any time: immediately after mastectomy, while you're still in the operating room, or months, even years, later. To get more information on immediate versus delayed breast reconstruction, visit the Immediate or Delayed Reconstruction page.

Myth: Breast reconstruction isn't an option for someone who has had radiation therapy to treat breast cancer.

Fact: Radiation therapy doesn't rule out the possibility of breast reconstruction. But, because radiation impairs blood circulation and elasticity in the skin, it can compromise implant reconstruction and affect which type and when a breast reconstruction is done – usually 3-6 months after treatment. To get more information on radiation and breast reconstruction, visit the Radiation page.

Myth: Breast reconstruction isn't an option for someone who has had chemotherapy to treat breast cancer.

Fact: Chemotherapy doesn't rule out the possibility of breast reconstruction. But post-surgery chemotherapy can affect the timing in both autologous and breast implant reconstructions. In many breast implant reconstruction cases involving chemotherapy, an expander or implant can be placed at the time of mastectomy. The reconstruction can then be completed after chemotherapy is finished. To get more information on chemotherapy and breast reconstruction, visit the Chemotherapy page.

Myth: Women over the age of 50 are too old to be reconstructed.

Fact: Breast reconstruction can be considered for women over the age of 50. To get more information on your options for breast reconstruction, visit the Your Options for Breast Reconstruction page.

Myth: Breast reconstruction isn't available to smokers.

Fact: Smoking doesn't rule out the possibility of breast reconstruction. But because it can delay healing after surgery, many surgeons recommend that you quit smoking at least one month before reconstructive surgery to allow for better healing.

Myth: Breast reconstruction isn't available to women who consume alcohol.

Fact: While alcohol negatively affects the overall function of the body's organs, and can lead to a higher chance of infection and other complications post-surgery, women who consume alcohol may still qualify for breast reconstruction under certain conditions.

Important Information: Every patient is different and their reconstruction options and their results may vary. All depictions on the site are for illustration purposes only. Whether or not you have breast reconstruction is a decision you need to make in consultation with your physician. Only you and your physician can determine the best option for you. Please ask your doctor to explain the benefits and risk of various reconstruction options and whether they are right for you.

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Myth or Fact (continued)

Myth: Breast reconstruction isn't available to women who have had previous abdominal surgeries.

Fact: Prior abdominal surgeries may affect the TRAM or DIEP Flap reconstruction option available to those without prior abdominal surgeries. However, other reconstruction options could be available. To get more information on your options for breast reconstruction, visit the Your Options for Breast Reconstruction page.

Myth: Breast reconstruction isn't available to women who have diabetes.

Fact: Diabetics whose blood sugars are poorly controlled or not under physician supervision are considered at higher risk for infection and complications after any kind of surgery, including breast reconstruction surgery. However, women with diabetes that is well managed and under physician supervision are generally suitable candidates for breast reconstruction. To get more information on your options for breast reconstruction, visit the Your Options for Breast Reconstruction page.

Myth: Breast reconstruction isn't available to women who are obese.

Fact: Obese women may be candidates for breast reconstruction, though too much fat and subcutaneous tissue may limit their options for breast reconstruction – for example, they may be ineligible for TRAM flap surgery. To get more information on your options for breast reconstruction, visit the Your Options for Breast Reconstruction page.

Myth: Breast reconstruction isn't available to women who are underweight.

Fact: Underweight women may be candidates for breast reconstruction, though inadequate fatty tissue in the abdomen may limit their options for breast reconstruction – for example, they may be ineligible for TRAM flap surgery. To get more information on your options for breast reconstruction, visit the Your Options for Breast Reconstruction page.

Myth: Breast reconstruction isn't available to women who plan to have children in the future.

Fact: Women who plan to have children in the future may be candidates for breast reconstruction. However, be advised that the reconstructed breast(s) has no nursing function. Also, decreased abdominal wall strength resulting from a TRAM Flap procedure may affect the ability to carry a child. To get more information on your options for breast reconstruction, visit the Your Options for Breast Reconstruction page.

Myth: Breast reconstruction isn't available to women who are allergic to silicone.

Fact: A silicone allergy makes silicone-based breast implant reconstruction inadvisable. The patient should always disclose this allergy to her surgeon. However, a patient allergic to silicone may, under the advice of her surgeon, consider saline implant or autologous reconstruction options instead. To get more information on your options for breast reconstruction, visit the Your Options for Breast Reconstruction page.

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Myth or Fact (continued)

Myth: Breast reconstruction isn't available to women who have high blood pressure.

Fact: Control of blood pressure is important at all times. While high blood pressure doesn't necessarily rule out the possibility of breast reconstruction, it may increase the chance of complications following surgery, as well as a difficult or prolonged recovery period.

Myth: Breast reconstruction isn't available to women who are in poor physical health.

Fact: While poor physical health doesn't necessarily rule out the possibility of breast reconstruction, it may increase the chance of complications after surgery, as well as a difficult or prolonged recovery period.

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