

Frequently Asked Questions

It's no surprise that women considering breast reconstruction may have questions. In this Frequently Asked Questions (FAQs) section of the site, we've tried to answer as many of those questions as possible. In addition to the answers we provide, you'll also find links to relevant pages within the site where further information is available.

As always, please be sure to consult your surgeon about any questions you may have, and what reconstruction options are right for you.

Q: How prevalent is breast cancer in the United States?

A: Breast cancer is the most common cancer among women in the U.S., other than skin cancer. It is also the second leading cause of cancer death in women, after lung cancer.¹ The American Cancer Society estimates that in 2009 there will be 192,370 new cases of invasive breast cancer and 40,170 deaths from breast cancer.² The chance of a woman having invasive breast cancer some time during her life is about 1 in 8. The chance of dying from breast cancer is about 1 in 35.³

Q: What are the current treatment options for breast cancer?

A: Breast cancer treatment options depend upon the patient's type of breast cancer, its stage, whether the cancer cells are sensitive to hormones, as well as the patient's overall health and preferences. Operations to treat breast cancer include lumpectomy (removing the breast cancer), lumpectomy, mastectomy (removing the entire breast) and removing one or several lymph nodes.

Q: How many women choose to have a mastectomy once they are diagnosed with breast cancer?

A: It is estimated that about 110,000 of women who are diagnosed with breast cancer opt to have a mastectomy.⁴

Q: What is breast reconstruction surgery?

A: Breast reconstruction is a type of surgery done to restore a naturally shaped breast at the same time or after mastectomy (breast removal). The surgery rebuilds the breast so that it is about the same size and shape as it was before. Most women who have had a mastectomy may be eligible for reconstruction. Reconstruction can be started at the same time as a mastectomy, but it can also be done months or even years later. Breast reconstruction is usually performed by a plastic surgeon.⁵

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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Frequently Asked Questions (continued)

Q: Why do women choose to undergo breast reconstruction?

A: Women may choose to undergo breast reconstruction for a variety of reasons including:

- To not have a constant reminder of breast cancer
- To have closure from their experience with breast cancer
- To maintain their body image
- To make their breasts look balanced when they are wearing a bra
- To avoid using an external prosthesis (form that fits into the bra)

Q: Is breast reconstruction covered under insurance?

A: Based on the Women's Health and Cancer Rights Act of 1998 (WHCRA), group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage also must provide coverage for certain services relating to the mastectomy in a manner determined in consultation with the patient and an attending physician. This required coverage includes all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses and treatment of physical complications of the mastectomy.

Q: If a patient decides to pursue breast reconstruction, what are her options?

A: There are two main types of breast reconstruction:

1. Autologous reconstruction: This involves using a patient's own tissue from another area of her body such as abdomen, back or buttocks, to reconstruct the breast.
2. Breast implant reconstruction: This involves placing a breast implant beneath the chest muscle. With breast implant reconstruction, it is very common for an expander, similar to a balloon, to be placed prior to the implant.

Q: When would a patient undergo breast reconstruction surgery?

A: Decisions about reconstructive surgery and when it should be performed depend on many personal factors, such as the patient's overall health, stage of cancer and the amount of tissue available and your physician's recommendation. Breast reconstruction can either be performed at the same time as the mastectomy (Immediate Reconstruction) or at a later date (Delayed Reconstruction). A discussion with the patient's surgeon about breast reconstruction should take place when a discussion about treatment and/or mastectomy occurs.

Q: How many breast reconstruction procedures take place each year?

A: In 2008, there were 79,458 breast reconstruction procedures, 70 percent were breast implant reconstruction procedures, and approximately 30 percent were autologous reconstruction procedures.⁴

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Frequently Asked Questions (continued)

Q: Are there different types of breast implant reconstruction?

A: There are three techniques used in breast implant reconstruction: use of a biologic tissue matrix, full muscle coverage and partial muscle coverage. Full muscle and partial muscle coverage techniques have historically been used in breast implant reconstruction, but may come with a number of limitations. The use of a tissue matrix has increased the options for breast implant reconstruction and may carry many advantages over full muscle coverage and partial muscle coverage techniques. Supporting the lower part of the breast using a tissue matrix provides the benefits of both full muscle coverage and partial muscle coverage, which may minimize the limitations of either.

Q: What is AlloDerm® Regenerative Tissue Matrix and how does it work?

A: AlloDerm® Tissue Matrix provides support for breast implant reconstruction procedures. It is derived from donated human tissue and acts as a replacement for missing tissue in the body. This tissue goes through a proprietary process where cells are removed without damaging the integrity of the tissue matrix. This process preserves the necessary tissue components so the product acts as a replacement for the patient's own missing tissue.

AlloDerm® Tissue Matrix is anchored into the breast between the pectoralis muscle and the chest wall at the lower pole of the breast. AlloDerm® Tissue Matrix is accepted by the body and allows the patient's own cells to grow through it, ultimately becoming part of the patient's own body. Because AlloDerm® Tissue Matrix is stitched into place by the surgeon, that surgeon has greater control over how the breast implant will lay on the product. AlloDerm® Tissue Matrix serves as a "hammock" which provides an internal foundation that may help form a more natural looking breast.

Q: How does AlloDerm® Tissue Matrix incorporate into the body?

A: AlloDerm® Tissue Matrix is manufactured using a proprietary process that removes both the top layer of skin (epidermis) and cells to help minimize the risk of rejection. What remains are the critical structural components that create a natural framework for the body to accept the tissue matrix. AlloDerm® Tissue Matrix is remodeled into the patient's own tissue. The resulting tissue provides the support needed in breast reconstruction.

Q: What is the recovery period after breast reconstruction?

A: The recovery period after breast reconstruction is different for every patient. Depending on the type of reconstruction you have, you could be discharged from the hospital in 1 to 3 days.

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Frequently Asked Questions (continued)

Q: How do I get started with breast reconstruction?

A: First of all, it's very important that you talk to your breast surgeon. As you evaluate your treatment plan for breast cancer, be sure to have conversations with your physician around breast reconstruction as well. This way, parts of your treatment plan can accommodate for your reconstruction, and proper measures can be taken around any therapy you may need – for example, radiation and chemotherapy.

Q: Should I talk to my breast surgeon about breast reconstruction? What questions should I ask?

A: Absolutely. It's always a good idea to talk to your breast surgeon about breast reconstruction. In addition to their understanding of your specific medical history, they can be of help in guiding you in your search for a plastic surgeon who can perform your breast reconstruction, and with whom you feel comfortable.

Q: Why are revisionary procedures sometimes necessary?

A: There are many reasons why an original breast reconstruction operation can fall short, and why a revisionary plastic surgery operation may be necessary. Radiation is one such reason. Another reason is simply this: The results of the original operation may not meet the patient's desired expectation. Additionally, some patients have characteristics that pose special challenges to the surgeon, such as stretchy skin, recent massive weight loss, chest wall deformities, or thin tissue. Other patients may already have undergone multiple prior corrective surgeries, making further revisions more difficult.

1. American Cancer Society. Detailed Guide: Breast Cancer Can Breast Cancer Be Found Early?, September 13, 2007.
2. Cancer.org, Overview Breast Cancer 2008.
3. American Cancer Society. Detailed Guide: Breast Cancer, How Many Women Get Breast Cancer?, September 16, 2009.
4. Millennium Research Group. June, 2008
5. American Cancer Society. Detailed Guide: Breast Reconstruction After Mastectomy, September, 30, 2008

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