Breast Reconstruction After Mastectomy (Making a New Breast Shape after Your Breast is Removed)

Mastectomy is surgery to remove your breast. Reconstruction is surgery to make a new breast shape. It can be done right after your breast is removed or months or years later. This tool is for women who are having a mastectomy. Use this tool to help decide if you want to have a reconstruction.

Patient Questions	Reconstruction	No Reconstruction
What does the treatment involve?	You will have surgery to make a shape that looks and feels like a breast. It can be done with an implant or parts of your own body. You may be in the hospital 1 to 4 days. You may be sent home with drain tubes where the surgery was done until the site heals. Making the breast shape may take more than one surgery.	You will not have surgery to make a new breast shape. After the surgery to remove your breast you will be in the hospital for at least 1 night. You may go home with drain tubes where the surgery was done until the site heals. You can make a new breast shape later. You may wear a fake breast without surgery.
ill it impact quality of life?	Quality of life is personal for each woman. Some women who do not get a new breast shape report a worse quality of life than those who do.	
How will it look?	A new breast may look good. It will not look exactly like a natural breast. You will have scars. The scars may fade with time and may not be seen by others. You will have bruising and swelling. This can take two months to heal. As it heals, the shape often gets better.	You will have scars and look flat where the breast was removed. The scars may fade with time and may not be seen by others. A removable fake breast may be worn under your clothes and can look like a natural breast.
What are the risks or side effects?	 Of 100 women who have their breast removed and get a new breast shape: 4 to 33 (4% to 33%) may have a problem where the surgery was done. Problems may include bleeding, the wound coming apart, or needing to remove dead skin 3 to 18 (3% to 18%) may have a problem that needs more surgery or time in the hospital 6 to 21 (6% to 21%) may get an infection Your chest may be numb to the touch. How this feels and how long it lasts may depend on how the surgery is done. 	 Of 100 women who have their breast removed: 3 to 8 (3% to 8%) may have a problem where the surgery was done. Problems may include bleeding, the wound coming apart, or needing to remove dead skin 3 to 6 (3% to 6%) may have a problem that needs more surgery or time in the hospital 4 to 13 (4% to 13%) may get an infection Your chest may be numb to the touch. How this feels and how long it lasts may depend on how the surgery is done.
How long does it take to recover?	You may find recovery harder than just having your breast removed. Most women return to work within 6 to 8 weeks.	Most women return to work within 3 to 4 weeks after having their breast removed.
	You may feel tired and sore for 2 weeks or more. You should avoid overhead lifting and activities that put stress on your body until the doctor says you are ready. It may take 1 to 2 years to feel fully healed. It is common to feel sad or anxious. Some women take longer to get used to the changes to their bodies.	

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This patient decision aid (Breast Reconstruction After Mastectomy (Making a New Breast Shape after Your Breast is Removed)) was created by the EBSCO Health Innovations and Evidence-Based Medicine Development Team (Brian S. Alper, MD, MSPH, FAAFP, FAMIA; Martin Mayer, DMSc, MS, PA-C; Eric Manheimer, PhD; Bonnie Johnson, MBA; Khalid Shahin, BA). Review for clinical accuracy and patient-friendly readability was provided by DynaMed Shared Decisions reviewers and editors (Susan Troyan, MD, FACS; Joseph S. Wislar, MS; Ryan Kelly, MS). Translation to Arabic was provided and reviewed by Fatima Al Hannan, Faye Al Khalifa, Julie Sprakel, RGN, MSc, FFNMRCSI, PhD and Haitham El-Baghdady, MD, MHA. The currency and accuracy of the content of this patient decision aid is maintained with a systematic process of:

- (1) scoping the patient questions with a clear specification of population, options, and outcomes of interest, informed by systematic surveys of people who may face this decision
- (2) systematically searching for the best available evidence to answer the scoped patient questions using DynaMed, PubMed with limiters for systematic reviews, PubMed with limiters for original research reports, and citation tracing
- (3) critically appraising articles which meet inclusion criteria for results and certainty of those results with consideration of risk of bias, directness, consistency and precision (based on GRADE Working Group methodology)
- (4) selecting the best available method of synthesis of evidence results based on certainty of evidence, magnitude of important differences, and expected patient perception
- (5) synthesizing evidence results to provide the best answer to represent the body of evidence
- (6) translating the summary of findings (synthesized evidence results) to patient-friendly language and presentation
- (7) confirming that patient-friendly presentation accurately represents the evidence synthesis
- (8) reviewing all feedback from clinical review, surveys of people who may face this decision, and feedback from users of the decision aid to revise content at any of the prior steps as warranted (and continue through subsequent steps)
- (9) continuously repeating the systematic searches and repeating subsequent steps as warranted

The evidence review for this patient decision aid was first completed on October 11, 2019 and last updated on April 10, 2020. There were 384 articles screened through systematic searches and 18 articles included for critical appraisal. References providing the greatest contribution to this decision aid include:

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