

### Timing of Breast Reconstruction After Mastectomy

Mastectomy is surgery to remove your breast. Reconstruction is 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. *This tool is for women who plan to have a breast remade after a mastectomy. Use this tool to help decide when to have it done.*

Patient Questions	Reconstruction right away	Reconstruction later
<b>What does the treatment involve?</b>	You will have surgery to make a new breast shape. The surgery will be done right after your breast is removed. You may be in the hospital 1 to 4 days.	You will have surgery to make a new breast shape months or years after your breast is removed. The wait time is up to you. You may be in the hospital 1 to 4 days with each surgery.
<b>Will it impact quality of life?</b>	Quality of life is personal for each woman. Some women who get a new breast shape right away report a better quality of life than women who wait. Some women who wait report a better quality of life.	
<b>How will it look?</b>	A new breast may look good. It will not look exactly like a natural breast. There are some ways to make the new breast look better that can only happen if the new breast shape is made right away. You will have scars. The scars may fade with time and may not be seen by others. You will have bruising and swelling in the area. This can take a couple of months to heal. As it heals, the shape often gets better as well. Radiation treatment may change how it looks. Talk to your care team to learn more.	
<b>What are the risks or side effects?</b>	<p>Of 100 women:</p> <ul style="list-style-type: none"> <li>• 6 to 21 (6% to 21%) may get an infection</li> <li>• 8 to 15 (8% to 15%) may have more surgery so their breasts look more alike</li> <li>• 4 to 8 (4% to 8%) may have some dead skin</li> <li>• 6 to 9 (6% to 9%) may have the new breast fail and need to be removed</li> <li>• 2 to 6 (2% to 6%) may have the wound open and need more surgery</li> <li>• 2 (2%) may have serious bleeding</li> </ul> <p>Your chest may be numb to the touch. How this feels and how long it lasts may depend on how the surgery is done.</p>	<p>Of 100 women:</p> <ul style="list-style-type: none"> <li>• 6 to 21 (6% to 21%) may get an infection</li> <li>• 13 to 43 (13% to 43%) may have more surgery so their breasts look more alike</li> <li>• 4 to 8 (4% to 8%) may have some dead skin</li> <li>• 1 to 2 (1% to 2%) may have the new breast fail and need to be removed</li> <li>• 2 to 6 (2% to 6%) may have the wound open and need more surgery</li> <li>• 2 (2%) may have serious bleeding</li> </ul> <p>Your chest may be numb to the touch. How this feels and how long it lasts may depend on how the surgery is done.</p>
<b>How long does it take to recover?</b>	You may be tired and sore for two weeks or more. You may recover slower after surgery using parts of your body. You may recover faster after surgery using implants. Most women return to work within 6 to 8 weeks. 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 (Timing of Breast Reconstruction After Mastectomy) was created by the EBSCO Health Innovations and Evidence-Based Medicine Development Team (Brian S. Alper, MD, MSPH, FFAFP, 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, FFMRCIS, 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:

1. DynaMed [Internet]. Ipswich (MA): EBSCO Information Services. 1995 - . *Locoregional Therapy for Early and Locally Advanced Breast Cancer*; [updated 2019 Nov 22, cited 2019 Dec 21]. Available from <https://www.dynamed.com/management/locoregional-therapy-for-early-and-locally-advanced-breast-cancer/updates>. Registration and login required.
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3. Sousa H, Castro S, Abreu J, Pereira MG. A systematic review of factors affecting quality of life after postmastectomy breast reconstruction in women with breast cancer. *Psychooncology*. 2019 Nov;28(11):2107-2118 [PubMed](#)
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