

Reconstruction is an option

IF you have had or are intending to have a mastectomy, chances are that your surgeon may have talked to you about your options for breast reconstruction surgery. Breast reconstruction surgery is the recreation of a patient's breast through several plastic surgery techniques in an attempt to restore a breast to near normal shape appearance, and size following a mastectomy.

There are many different options available for reconstruction. Dr Daphne Anthonysamy, consultant breast and endocrine surgeon at Subang Jaya Medical Centre (SJMC) elaborates that there are two main techniques for breast reconstruction, and they are the autologous reconstruction and implant reconstruction.

An autologous reconstruction or

also known as flap reconstruction is the creation of a breast using the patient's own tissue transplanted from another part of their body such as the belly, thigh or back. On the other hand, implant reconstruction involves the inserting of an implant that is filled with saline or silicone gel. In some cases, nipple-sparing mastectomy is possible, meaning that a patient's nipple and the surrounding breast skin are preserved.

To have or not to have

"It's a very personal choice weather you want to go for a breast reconstruction. Some ladies

don't want to do it and some really do not want to lose their breast," says Dr Daphne.

However, the choices of which breast construction surgery that a patient may get highly depend on the patient's age, medical background, the type of cancer they have, the stage of cancer they have and what treatment they will need to undergo after surgery. She elaborates, "those patients who are elderly or have very bad diabetes are not ideal candidates as you want to minimise the time they spend in the operating theatre and the complications following a surgery."

"With breast cancer patients, the most important thing is that we're dealing with getting rid of the disease. Hence the focus is mainly on the survival of the patient and overcoming the disease," she says. As part of that healing process, patients are also taught about accepting their new appearance and Dr Daphne finds that while initially it may be a little difficult, most patients who undergo breast reconstruction surgery do very well overall and even more so when they have a good support system.

The truth of the matter

While there is plenty of information on the Internet, there are some misconceptions surrounding breast reconstruction



Dr Daphne Anthonysamy.

surgery, especially amongst Malaysian patients. Dr Daphne says, "One of the misconceptions patients believe is that if they have breast reconstruction surgery, the cancer will come back. This isn't true. When breast reconstruction is done, generally all the breast tissue is removed and only the skin is left behind and surgeons use other material (body tissue and implants) to fill up the pocket. So, the risk of a cancer recurrence is not increased just because you're doing reconstructive surgery."

Besides that, Dr Daphne finds that some patients are hesitant about having a reconstruction done because they believe it may be difficult to screen for cancer following when they go for their annual cancer screening. On this matter, she assures that this belief

isn't true and states that a patient's reconstructed breast will in no way hinder the screening process, and should there be a recurrence, they will be able to identify it.

Another misconception Dr Daphne commonly finds among patients is that they believe that breast reconstruction can only be done at a later time after breast removal surgery because they are going to have radiotherapy. According to her, this isn't entirely true. While some may opt to have breast reconstruction surgery at a later time, "patients can also have immediate breast reconstruction surgery, it is just a matter of what material is used to fill in the breast," she says.

Immediate reconstruction

Immediate breast reconstruction is done at the same time as the mastectomy. Dr Daphne shares that this will allow the patient the option not to go through any part of her life without having her breast.

In today's day and age, with modern technology and highly skilled doctors, Dr Daphne assures that breast reconstruction isn't a very complicated procedure and is relatively simple to go through if you are a good candidate.

■ For more information, call 03-5639 1212.



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A multidisciplinary approach to diagnosis

BREAST cancer is the most common form of cancer in Malaysia, with one in every 19 women being at risk. Breast cancer is also the second leading cause of cancer death among women worldwide, after lung cancer, despite many efforts in raising the awareness for early screening.

Early screening is crucial, especially if a woman has a family history of breast cancer. Going for routine checks will help detect the cancer early and prevent it from progressing to a more advanced stage where it is harder to treat.

Treating a patient with breast cancer is not an easy task.

According to Prof Datuk Dr Yip Cheng Har, a consultant breast surgeon at Subang Jaya Medical Centre (SJMC), it takes a team of health professionals, each with their own set of expertise, to provide patients with the best possibilities in surviving cancer and assisting in their journey to recovery.

"The main members who are initially involved in your care is the breast surgeon, who is usually the first person a patient sees, the radiologist, pathologist, as well as the breast care nurse, whose job is to coordinate your appointments for assessment," she explains.

The triple assessment

The most common presentation of breast cancer is in the form of a breast lump, usually found in the



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upper outer quadrant of the breast. However, some breast lumps are benign and not necessarily breast cancer. Therefore, a patient needs to undergo further examination before a full diagnose can be made. Here are the few types of assessments that a patient will undergo:

1. Clinical examination

Upon the discovery of a breast lump, a breast surgeon will discuss family history and conduct physical examination on the patient. Prof Yip explains that by performing this, the breast surgeon would be able to assess whether the patient is at risk of developing breast cancer. However, further tests is needed before concluding.

2. Radiological assessment

Considered as the pillar of the triple assessment, a mammogram and breast ultrasound are carried out by a radiologist. Prof Yip says these assessments would be able to determine if the lump has the possibility of being cancerous. However, this assessment is not enough to conclude whether the patient has cancer or not.

3. Biopsy

The final test is a biopsy, where a sample of tissue is removed from the breast lump and is then sent to a laboratory for further testing. This test will be conducted by a pathologist to determine if the lump is cancerous. Prof Yip explains the greater sensitivity and



Prof Datuk Dr Yip Cheng Har.

specificity for diagnosis of this test provides doctors with useful information on the type of tumour.

Personalised treatment plan

"Once a diagnosis of cancer is made, further investigations are necessary to determine the extent of the cancer," Prof Yip further explains. As breast cancer can spread to other organs such as the lungs, liver and bones, a PET CT scan is needed to determine if and how far the cancer has spread. This test is often carried out by a nuclear medicine physician.

A personalised treatment plan will then be developed upon the diagnosis with the help of numerous health professionals. Personalised treatment plans are required as patients' response to treatment can vary based on factors such as genetic differences and the type of tumour.

With personalised and targeted

treatment, patients are more likely to experience fewer side effects and have better chances in seeing more positive outcomes.

For breast cancer cases in Stage 1 and 2, the initial treatment would be surgery, which falls under the responsibility of a breast surgeon. Whether a mastectomy (whole breast removal) or lumpectomy (only the lump is removed) takes place is based on a case-to-case basis and after consultation with the patient.

In Stages 3 and 4, systemic treatment is administered (chemotherapy with anti-HER2 therapy in cases where HER2 results are positive, and chemotherapy alone if HER2 results are negative). Systemic treatment is often done by an oncologist with help from oncology nurses.

In certain circumstances, the expertise of other health professionals might be needed to assist the patient in her journey to recovery.

"Psychiatrists, gynaecologists, palliative care physicians as well as plastic surgeons are sometimes needed in caring for a breast cancer patient as each patient has a unique treatment plan. The only goal for each of these experts is to make sure the patient can get back on their feet, as soon as possible," she says.

■ For more information, call 03-5639 1212.



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+603 5639 1212