Mastectomy for fibrocystic breast disease

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Double mastectomy for fibrocystic breast disease. Is fibrocystic breast disease dangerous. How to get rid of fibrocystic breast disease. How i cured my fibrocystic breasts. Can fibrocystic breast tissue be removed. What to avoid with fibrocystic breast disease. Subcutaneous mastectomy for fibrocystic breast disease.

Many women who have a mastectomy—surgical to remove a whole breast to treat or prevent breast cancer—have the possibility of having the reconstructed removed breast form. Women who choose to have the reconstructed breast have different options for how it can be done. The breasts can be reconstructed using plants (sin or silicone.) They can also be reconstructed using autologous tissue (i.e., fabric from elsewhere in the body.) Sometimes both plants and autologous tissue are used to rebuild the breast. Surgery to rebuild breasts can be done (or started) at the time of mastectomy (which is called immediate reconstruction) or can be done after mastectomy engravings are healed and breast cancer therapy has been completed (which is called delayed reconstruction). Retarded reconstruction can take place months or even years after mastectomy. In a final phase of breast reconstruction, a nipple and areola can be re-created on the reconstructed chest, if these were not preserved during mastectomy. Sometimes breast reconstruction surgery includes surgery on the other, or contralateral, breasts so that the two breasts match in size and shape. The implants are inserted under the skin or the chest muscle following the mastectomy. (Most mastectomies are performed using a technique called skin disparate mastectomy, in which much of the breast skin is saved for use in breast reconstruction.) The plants are usually positioned as part of a two-stage procedure. In the first phase, the surgeon places a device, called a tissue expander, under the skin that is left after mastectomy or under the chest muscle (1,2.) The expander is slowly filled with saline during periodic visits to the doctor after surgery. In the second phase, after the chest tissue has relaxed and healed enough, the foam is removed and replaced with a plant. The chest tissue is usually ready for the plant from 2 to 6 months after mastectomy. In some cases, the implant can be placed in the breast during the same surgery of mastectomy – that is, a tissue expander is not used to prepare for the plant (3.) Surgeons use more and more material called cellular dermal matrix as a sort of scaffolding or “sling” to support expanders and tissue plants. The acellular dermal matrix is a kind of mesh that is made by human or donated porca skin which has been sterilized and transformed to remove all cells to eliminate the risks of rejection and infection. In the reconstruction of the autologous tissue, a piece of tissue containing the skin, fat, blood vessels, and sometimes the muscle is taken from elsewhere in the body of a woman and used to rebuild the breast. This piece of fabric is called a potato. Severalin the body can provide breast reconstruction pacts. The matches used for breast reconstruction most often come from the abdomen or back. However, they can also be taken from the thigh or buttocks. Depending on their source, the flaps can be pedicled or free of charge. With a pedicled flap, the fabric and attachedthe vessels are moved together through the body to the breast area. Because the blood supply to the tissue used for reconstruction is left intact, the blood vessels should not be reconnected once the tissue is moved. With free flaps, the tissue is cut free from its blood supply. It must be attached to new blood vessels in the breast area, using a technique called microsurgery. This gives the breasts rebuilt a blood supply. Abdominal and rear flaps include: DIEP flap: The tissue comes from the abdomen and contains only skin, blood vessels and fat, without the underlying muscle. This kind of potato is a free potato. Latissimus dorsi (LD) flap: the fabric comes from the center and side of the back. This type of flap is pedicled when used for breast reconstruction. (The MON flaps can also be used for other types of reconstruction). SIEA path (also called SIEP path): The tissue comes from the abdomen as in a DIEP flap but includes a different set of blood vessels. It also does not involve cutting the abdominal muscle and is a free flap. This type of flap is not an option for many women because the necessary blood vessels are not adequate or do not exist. TRAM path: The tissue comes from the lower abdomen as in a DIEP flap but includes the muscle. It can be pedicled or free of charge. The whips taken from the thigh or buttocks are used for women who had a previous abdominal surgery or who do not have enough abdominal tissue to rebuild a breast. These types of skates are free skates. These lembies are often used to provide sufficient breast volume. IGAP: The tissue comes from the buttocks and contains only skin, blood vessels and fat. PAP flap: Fabric, without muscles, resulting from the upper inner thigh. SGAP: The tissue comes from the buttocks as in an IGAP flap, but includes a different set of blood vessels and contains only skin, blood vessels and fat. TUG: Fabric, including muscle, which comes from the upper inner thigh. In some cases, a plant and autologous tissue are used together. For example, autologous tissue can be used to cover a plant when there is not enough skin and muscles left after mastectomy to allow the expansion and use of a plant (1,2). After the chest heals from reconstruction surgery and the position of the breast tumulus on the chest wall had time to stabilize, a surgeon can reconstruct the nipple and areola. Usually, the new nipple is created by cutting and moving small pieces of skin from the reconstructed breast to the nipple site and modeling them in a new nipple. A few months after the reconstruction of the nipples, the surgeon can recreate the areola. This is usually done using the tattoo ink. However, in some cases,skin grafts can be taken from the groin or abdomen and attached to the breast to create an areola at the time of the reconstruction of the nipple (1). Some women who do not have surgical reconstruction of the nipple can consider obtaining a realistic picture of a nipple created on the breast reconstructed by aartist specializing in 3D nipple tattoo. A mastectomy that preserves the nipple and the areola of a woman, called disparate mastectomy of nipples, can be an option for some women, depending on the size and location of breast cancer and form and size of the breast (4.5). A factor that can affect the timing of breast reconstruction is if a woman needs radiotherapy. Radiotherapy can sometimes cause problems of healing of wounds or infections in reconstructed breasts, so that some women may prefer to delay reconstruction until after radiotherapy is completed. However, due to improvements in surgical techniques and radiation, immediate reconstruction with a plant is usually still an option for women who will need radiotherapy. The breast reconstruction of the autologous tissue is usually reserved for after radiotherapy, so that the breast tissue and chest damaged by radiation can be replaced with healthy tissue from elsewhere in the body. Another factor is the type of breast cancer. Women with inflammatory breast cancer usually require a wider removal of the skin. This can make immediate reconstruction more challenging, so it can be recommended that reconstruction be delayed until after completion of adjuvant therapy. Although a woman is a candidate for immediate reconstruction, she can choose retarded reconstruction. For example, some women prefer not to consider what kind of reconstruction have until after they have recovered from their mastectomy and subsequent adjuvant treatment. Women who delay reconstruction (or choose not to undergo the procedure at all) can use external breast prostheses, or breast forms, to give the appearance of breasts. Several factors can affect the type of reconstructive surgery a woman chooses. These include the size and shape of the breast that is reconstructed, the age and health of the woman, its history of surgical interventions, surgical risk factors (e.g., history of smoking and obesity), the availability of autologous tissue, and the position of the tumor in the breast (2,6). Women who have passed abdominal surgery cannot be candidates for an abdominal reconstruction. Each type of reconstruction has factors that a woman should think before making a decision. Some of the most common considerations are listed below. Reconstruction with plants Surgery and recovery Enough skin and muscle must remain after mastectomy to cover the plant Shorter surgical procedure than for reconstruction with autologous tissue; little time of recovery of blood loss can be shorter than automatic reconstruction Many follow-up visits can be necessary to inflate the expander and insert the plant Possible complicationsAccumulation of clear liquid that causes a mass or a lump (if) (if)Open leaks and saline or silicone in the surrounding tissue) Formation of hard scar tissue around the plant (known as contracture) Obesity, diabetes and smoking can increase the rate of complications Possible risk increase to develop a very rare form of immune system cancer called large cell anaplastic lymphoma (8.9) Other considerations Can not be an option for patients who have previously suffered breast radiation The more a woman has implants, the more likely she has complications and needs to remove or replace Silicone plants can feel more natural than touch salt plants The Food and Drug Administration (FDA) recommends that women with silicone implants undergo periodic screening of magnetic resonance to detect any “silent” breaks of plants Further information on plants can be found on the page of FDA’s breast implants. Reconstruction with Surgery and Recovery Fabric Autologo Longer surgical procedure than for implants The initial period of recovery can be longer than for the implants Reconstruction paved pedicurata is usually a shorter operation of the reconstruction of the free skating and usually requires a shorter shelter The reconstruction of the skating is a longer, highly technical operation than the reconstruction of the pedicled patta that requires a surgeon who has experience replacing microsurgical diabetes to reattach natural blood vessels All women who undergo mastectomy for breast cancer experience vary degrees of breast numbness and loss of sensation (feeling) because nerves that provide breast feeling are cut when breast tissue is removed during surgery. However, a woman may find a certain feeling as severe nerves grow and regenerate, and breast surgeons continue to make technical progress that can save or repair nerve damage. Any type of breast reconstruction may fail if healing does not occur properly. In these cases, the plant or the potato must be removed. If a reconstruction of the plant fails, a woman can usually have a second reconstruction using an alternative approach. The Women’s Health and Cancer Rights Act of 1998 (WHCRA) is a federal law requiring group health plans and health insurance companies offering mastectomy coveragepay also for reconstructive surgery after mastectomy. This cover must include all stages of reconstruction and surgery to achievebetween the breasts, breast prostheses, and the treatment of complications resulting from mastectomy, including lymphedema. more information about whcra is available at the department of work and medical and medical services centers. some health plans sponsored by religious organizations and some government health plans can be exempt from whcra. Moreover, whcra does not apply to medicate and medicaid. However, medicating can cover breast reconstruction surgery as well as external breast prostheses (including a post-surgical bra) after a medically necessary mastectomy. the benefits of medicaid vary from state; a woman should contact her state medical office for information about whether, and to what extent, breast reconstruction is covered. a woman considering breast reconstruction may want to discuss health insurance costs and cover with her doctor and insurance company before choosing to have surgery. some insurance companies require a second opinion before they agree to pay for surgery. any type of reconstruction increases the number of side effects a woman may experience compared to those after a mastectomy alone. a woman's medical team will look closely at her for complications, some of which may occur months or even years after surgery (1,2,10). women who have both autologous tissue or implant-based reconstruction can benefit from physical therapy to improve or maintain the range of movement shoulders or help them recover from weakness experienced on the site from which the donor tissue was taken, such as abdominal weakness (11.12). a physical therapist can help a woman to use exercises to recover strength, adapt to new physical limits, and understand the safest ways to carry out daily activities. studies have shown that breast reconstruction does not increase the chances of breast cancer returning or makes it more difficult to control the occurrence with mammography (13.) women who have a breast removed from the mastectomy will still have mammograms of the other breast. women who have had a skin mastectomy or who are at high risk of breast cancer recurrence may have reconstructed breast mammograms if it has been reconstructed using autologous tissue. However, mammograms are generally not performed on breasts that are reconstructed with a plant after mastectomy. a woman with a breast implant should tell the technician of the radiology of his plant before having a mammogram. Special procedures can be necessary to improve the accuracy of the mammogram and to avoid damaging the plant. Further information on mammograms can be found in the fact sheet of nsc mammograms. Oncoplastic surgery. in general, womenhave lumpectomy or partial mastectomy for first stage breast cancer do not have reconstruction. However, for some of these women the surgeon may use plastic surgery techniques to remodel the breast at the time of cancer surgery. This type of breast preservation surgery, called oncoplasty surgery, can use local, local tissue reset,through breast reduction surgery, or transfer of tissue flaps. Long-term results of this type of surgery are comparable to those for standard breast preservation surgery (14). Autologous fat graft. A new type of breast reconstruction technique involves the transfer of fat tissue to a part of the body (usually thighs, abdomen, or buttocks) to the reconstructed breast. The adipose tissue is collected from liposuction, washed, and liquefied so that it can be injected into the area of interest. Fat graft is mainly used to correct deformity and asymmetries that may appear after breast reconstruction. It is also sometimes used to rebuild a whole breast. Although concern has been raised about the lack of long-term outcome studies, this technique is considered safe (1.6). Mehrara BJ, Ho AY. Breast reconstruction. In: Harris JR, Lippman ME, Morrow M, Osborne CK, e.g. Breast Diseases. 5th ed. Philadelphia: Wolters Kluwer Health; 2014. Cordeiro PG. Breast reconstruction after surgery for breast cancer. New England Journal of Medicine 2008; 359 (15):1590–1601. DOI: 10.1056/NEJMct0802899 Roostaeian J, Pavone L, Da Lio A, et al. 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