Advances in Breast Reconstruction: Fat Grafting to Improve Outcomes

Plastic and Reconstructive Surgeon Dr. Constance M Chen Provides Tips for Breast Cancer Patients.

NEW YORK (PRWEB) October 11, 2018 -- For many women who have lost one or both breasts to mastectomy, achieving the ideal breast reconstruction may take time and patience. “While it is tempting to opt for short-term quick fixes, the reality is that breast reconstruction after mastectomy should be considered a process rather than a single procedure. Even with the most advanced techniques and superior surgical skill, small follow-up adjustments can help improve outcomes. Women should know that many issues with size, shape, and symmetry after an initial breast reconstruction can be addressed to help a woman’s breasts look more normal again, and these rehabilitative procedures are also covered by insurance,” says plastic surgeon and breast reconstruction specialist Dr. Constance M. Chen.

The goal for breast reconstruction should be to create soft, warm, and natural breasts that are symmetrical and proportional to the rest of a woman’s body. After the initial reconstruction, women may have slight asymmetries. One way to achieve improved symmetry is with fat grafting, which uses fat from another part of the body to make minor adjustments to the contour or size of the breasts. Fat grafting can also be used to fill in defects after breast conservation, when women have breast asymmetries after partial mastectomy (i.e., lumpectomy).

Fat grafting, or autologous fat transfer, is a type of natural tissue breast reconstruction in which a woman’s uses her own tissue to rebuild the breast. In fat grafting, the transferred fat does not have a blood supply. Thus, the only way the grafted fat cells can survive is if nutrients passively cross the cell wall through osmosis. “Since there is no blood supply, about 50% of the transferred fat will be reabsorbed by the body,” says Dr. Chen. “For that reason, it is necessary to overfill a defect to achieve a woman’s goals. A patient may also need repeated bouts of fat grafting to compensate for any resorbed fat.”

The fat to be transferred to the breast is obtained via liposuction from fatty deposits in the body, such as in the abdomen, flanks, or thighs. The aspirated fat is processed to remove impurities, and then injected into the breast. Fat grafting is usually performed as an outpatient procedure. Sometimes patients inquire about using fat grafting to reconstruct the entire breast, but fat grafting can only rebuild the breast a little bit at a time since some of the transferred fat will be resorbed. In order to recreate the entire breast with fat grafting, multiple procedures are usually needed. Thus, recreating an entire breast with fat grafting is usually not efficient.

“For fat grafting should be considered an important adjunct procedure in breast reconstruction, which allows a woman to correct a defect resulting from lumpectomy or undergo finishing touches on a reconstructed breast.” says Dr. Chen. “It is a well-established technique that can be used with great success to help women achieve results to help them restore confidence and move on to a long and healthy life after cancer.”

Constance M. Chen, MD, is a board-certified plastic surgeon in New York City with special expertise in the use of innovative techniques to optimize medical and aesthetic outcomes for women undergoing breast reconstruction. She operates at Lenox Hill Hospital, and was formerly Chief of Microsurgery at New York Eye and Ear Infirmary of Mount Sinai. She is Clinical Assistant Professor of Surgery (Plastic Surgery) at Weill Cornell Medical College and Clinical Assistant Professor of Surgery (Plastic Surgery) at Tulane University School of Medicine. www.constancechenmd.com
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