



Breast Reconstruction: Clearing Up Common Misconceptions

By Constance M. Chen, MD, MPH

The American Cancer Society estimates that more than 287,850 new cases of invasive breast cancer and about 51,400 new cases of ductal carcinoma in situ will be diagnosed in 2022. Less than half of

women who undergo mastectomy are offered breast reconstruction, however, and less than 20 percent of women who undergo mastectomy elect to undergo immediate reconstruction.

Although geographical and socioeconomic disparities prevent all women from having equal access to care, there is also a lack of information that enables outdated misconceptions to persist. The Breast Cancer Patient Education Act (BCPEA) was implemented in December 2015 to inform breast cancer patients about the availability and coverage of breast reconstruction. Although breast reconstruction numbers have increased over time, there remains a wide variability associated with access to reconstructive surgery. Many women feel that breast reconstruction improves their quality of life. To deliver the best possible care, comprehensive and appropriate patient education can help each woman make the best individual decision for her.

Clearing up myths and misconceptions

Myth #1: Breast reconstruction increases the risk of the cancer recurring or makes a recurrence harder to detect.

The risk of breast cancer recurrence depends on many factors, including the stage of the disease and the biological characteristics of the cancer. Your doctor will take into account your level of risk in recommending the best option for

reconstruction, but numerous studies over the years showed no evidence that reconstruction increases the risk of recurrence or makes a recurrence more difficult to detect or treat.

Myth #2: I'll have to wait months after the mastectomy and have another surgery for reconstruction.

Many women can have immediate reconstruction – that is, breast reconstruction that occurs in the same operation as the mastectomy. In fact, immediate reconstruction often yields the best aesthetic results since it enables the surgeon to preserve the skin – including the nipple and areola – and can minimize scarring. It can also reduce the need for additional surgical procedures.

Myth #3: Implants will be uncomfortable and look unnatural.

Breast implants have come a long way since silicone implants were developed in the 1960s. New materials and techniques made them more aesthetically pleasing and comfortable. Implants are not the only – or necessarily the best – option for breast reconstruction, however. Natural tissue or “autologous” reconstruction uses your own tissue – often taken from the abdomen – and produces a breast that is soft, warm and living. In combination with skin- and nipple-sparing mastectomy techniques, the best reconstructed breast can be difficult to distinguish from a woman’s original breast.


Myth #4: I can't have reconstruction if I've had or will need radiation or chemotherapy.

Having had or needing radiation and/or chemotherapy are considerations in

determining the timing and type of reconstruction that will be safest, but it does not rule reconstruction out. In fact, for women who will need radiation after mastectomy, natural tissue breast reconstruction is usually the preferred option.

Myth #5: Breast reconstruction is too expensive.

In 1998, Congress passed the Women’s Health and Cancer Rights Act (WHCRA), a federal law that requires group health plans and individual health policies that cover mastectomy to also cover breast reconstruction. Among the benefits are coverage for all stages of reconstruction of the breast on which the mastectomy was performed, as well as surgery and reconstruction of the other breast to achieve symmetry and balance. The WHCRA provides a crucial baseline benefit in helping women recover from breast cancer and enables them to focus on getting well without undue anxiety about the costs of breast reconstruction.

In the midst of the emotional turmoil that follows a diagnosis of breast cancer, a woman faces crucial decisions about treatment and how to manage her life going forward. It’s important for her physical and emotional recovery to have comprehensive, accurate information about the options available to her. By dispelling myths and misconceptions about breast reconstruction, every breast cancer patient can make informed decisions about her future so that she can move on to live a long and healthy life. 



Dr. Chen is a board-certified plastic surgeon in New York. She is committed to aesthetic restoration of the breast and body and enjoys helping

her patients achieve overall well-being.