Queen Victoria Hospital



Breast reconstruction photographs

National guidelines from NICE (the National Institute for Health and Clinical Excellence) state that every woman who has breast cancer treated surgically with mastectomy should, at the least, be offered a consultation for breast reconstruction. Because many women see their breast as an important part of their body image, self-esteem and sexuality, reconstruction can be an important part of treatment that helps emotional recovery and wellbeing.

In addition to implant based reconstructions, the QVH team also specialise in breast reconstructions using 'free flaps' where when skin, fat and sometimes muscle, taken from one part of the body, is moved to the chest and reattached to the body's blood supply through microvascular surgery. Many women prefer this to using silicone implants as they need to be replaced every 10-15 years.

Reconstruction can be done at the same time as the mastectomy if clinically appropriate (immediate), or at a second stage (delayed) after breast cancer treatment has been completed.

Reconstruction can be of different types and your plastic reconstructive surgeon will outline your choices. These could include implant-based reconstructions such as an implant only or implant with the back (LD, or latissimus dorsi) flap as well as using your own tissue such as the tummy (DIEP/TRAM), inner thigh (TUG) or buttock (SGAP) flaps.

The breast reconstruction photographs on this website are to help you as you consider the most appropriate type of reconstruction to suit your body shape and lifestyle. This should be in conjunction with the advice given by your plastic reconstructive surgeon, who will explain the advantages and disadvantages of each type of procedure.

The photographs start with tissue expander / implant only reconstruction performed at a second stage in a patient who has not had radiotherapy, followed by the back (LD) flap with an implant in immediate reconstruction, and in delayed reconstruction. The tummy (DIEP) flap has been used in the subsequent patients. These photographs are then followed by the inner thigh (TUG) with nipple reconstruction at the same time as the mastectomy, and delayed bilateral TUG procedures. Lastly, the buttock (SGAP) flap has been shown in delayed reconstruction. The photograph series ends with an example of the reconstruction of a large lumpectomy using the back (LD) muscle.

Some patients may require a procedure on the opposite breast - such as a mastopexy (uplift) or reduction - to give symmetry in and out of a bra. For most patients, nipple reconstruction is performed 4-6 months after the initial breast reconstruction has settled, but can performed at the same time if the inner thigh (TUG) is used.

The QVH Breast Team are very grateful to the patients who have given permission for their clinical photographs to be used to help inform other women.



Mastectomy and Immediate Breast Reconstruction with Latissimus Dorsi Implant



Post-op 6 Months



Delayed Breast Reconstruction with Latissimus Dorsi Implant



Post-op 8 Months









Delayed Breast Reconstruction with DIEP Flap followed by Mastopexy (Uplift), Nipple and Tattooing

All Alter

Post Left Mastopexy Uplift

Post Nipple Reconstruction

Bilateral Breast Reconstruction with DIEP Flap



Pre-op



Post-op 6 Months





Reconstruction of Lumpectomy (Breast Quadrant) Defect with LD Flap



Post-op 6 Months