



For the Breast of Us is an inclusive breast cancer community for women of color.

Our mission is to empower women of color affected by breast cancer to make the rest of their lives the best of their lives through education, advocacy and community.

- Jasmine Souers & Marissa Thomas
Founders of For the Breast of Us
Breast Cancer Survivors

Discussing Your Reconstruction Options

Discussing breast reconstruction with your plastic surgeon should be an empowering experience!

Here you will find a list of some considerations to help you and your surgeon create the best treatment plan for your personal journey.



Medical Considerations

- How is breast reconstruction coordinated with cancer treatment?
- What are the approaches for mastectomy?
- Can I have a mammogram after reconstruction?
- Will physical therapy be part of my post-operative recovery?



Lifestyle Considerations

- How will my level of activity affect my reconstructed breasts?
- Will I have any sensation in my reconstructed breasts?
- How long will the recovery process take?

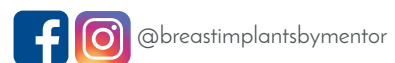


Aesthetic Considerations

- Do you have before-and-after photos I can look at?
- Will my breasts be symmetric?
- Where will my scars be?

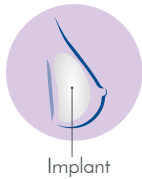
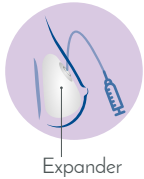


Mentor is proud to support patient advocacy organizations to further awareness, education, support and inspiration amongst breast cancer patients and survivors.



Breast Reconstruction Options

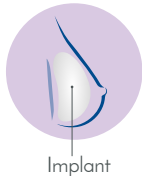
Whether embarking on your breast reconstruction journey at the time of your mastectomy (**immediate**) or sometime after (**delayed**), you and your surgeon will discuss the best options for you.



Pathway 1: Two Stage Reconstruction

IMMEDIATE OR DELAYED

Two-stage reconstruction begins with the placement of tissue expanders. You will meet with your plastic surgeon on a regular basis to fill the expander with sterile saline solution to gradually create your breast pocket. The expander is then replaced by a breast implant. This procedure allows for the most flexibility in shaping the breast.



Pathway 2: Single Stage Reconstruction (or Direct to Implant)

IMMEDIATE

Single-stage reconstruction is when your surgeon places a breast implant immediately after your mastectomy. Sometimes, a direct to implant patient may decide to have a revision procedure sometime later to obtain the size breast she wants.



Pathway 3: Autologous (or Autogenous) Reconstruction

Autologous reconstruction (sometimes called autogenous reconstruction) uses tissue – skin, fat, and sometimes muscle – from another place on your body to form a breast shape. The tissue (called a “flap”) usually comes from the belly, the back, buttocks, or inner thighs to create the reconstructed breast.



Pathway 4: Aesthetic Flat Closure

Aesthetic flat closure is post-mastectomy chest wall reconstruction. After the mastectomy to remove the breast tissue, additional work is often required to smooth out any lumps and bumps and trim any excess skin to restore an optimal chest wall contour with a clean symmetric incision closure. This can often be done at the time of the mastectomy.

As with any medical/surgical treatment, individual results may vary. Only a surgeon/physician can determine whether reconstruction is an appropriate course of treatment. The following are general adverse events associated with breast implant surgery: Device Rupture, Capsular contracture, Infection, Hematoma/Seroma, Pain, Reoperation, Implant removal, changes in Nipple and Breast Sensation, unsatisfactory results, breast-feeding complications. Other reported conditions are listed in the Product Insert Data Sheet (PIDS). See full list in the PIDS for the product information. These potential adverse events, including contraindications, warnings, and precautions need to be discussed with your doctor prior to surgery.

Important Safety Information: The MENTOR® Collection of Breast Implants are indicated for breast reconstruction. Breast implant surgery should not be performed in women: With active infection anywhere in their body; With existing cancer or pre-cancer of their breasts who have not received adequate treatment for those conditions; Who are currently pregnant or nursing. Safety and effectiveness have not been established in patients with autoimmune diseases (for example lupus and scleroderma), a weakened immune system, conditions that interfere with wound healing and blood clotting, or reduced blood supply to breast tissue. Patients with a diagnosis of depression, or other mental health disorders, should wait until resolution or stabilization of these conditions prior to undergoing breast implantation surgery. There are risks associated with breast implant surgery. You should be aware that breast implants are not lifetime devices and breast implantation may not be a one-time surgery. The chance of developing complications increases over time. You may need additional unplanned surgeries on your breasts because of complications or unacceptable cosmetic outcomes. Many of the changes to your breast following implantation are irreversible (cannot be undone) and breast implants may affect your ability to breastfeed, either by reducing or eliminating milk production. Breast implants are not lifetime devices and breast implantation may not be a one-time surgery. The most common complications for breast reconstruction with MENTOR® MemoryGel® Breast Implants include any reoperation, implant removal with or without replacement, and capsular contracture. The most common complications with MENTOR® MemoryShape® Breast Implants for breast reconstruction include reoperation for any reason, implant removal with or without replacement, and capsular contracture. A lower risk of complication is rupture. The health consequences of a ruptured silicone gel breast implant have not been fully established. MRI screenings are recommended three years after initial implant surgery and then every two years after to detect silent rupture. Breast implants are also associated with the risk of breast implant-associated anaplastic large cell lymphoma (BIA-ALCL), an uncommon type of lymphoma. An individual's risk of developing BIA-ALCL with MENTOR® Breast Implants is low based on the incidence of worldwide cases. The most common complications for breast reconstruction with MENTOR® Saline-filled Breast Implants include re-operation, implant removal, capsular contracture, breast pain, and implant deflation.

Detailed information regarding the risks and benefits associated with MENTOR® Breast Implants is provided in several educational brochures. For MemoryGel® Implants: Important Information for Reconstruction Patients about MENTOR® MemoryGel® Breast Implants. For MemoryShape® Implants: Patient Educational Brochure – Breast Reconstruction with MENTOR® MemoryShape® Breast Implants and Quick Facts about Breast Augmentation & Reconstruction with MENTOR® MemoryShape® Breast Implants. For MENTOR® Saline-filled Implants: Saline-Filled Breast Implants: Making an Informed Decision. These brochures are available from your surgeon or visit www.mentorwllc.com. It is important that you read and understand these brochures when considering MENTOR® Breast Implants. ARTOURA® Breast Tissue Expanders and CONTOUR PROFILE® Breast Tissue Expanders are used for breast reconstruction after mastectomy, correction of an underdeveloped breast, scar revision, and tissue defect procedures. The expander is intended for temporary subcutaneous or submuscular implantation and is not intended for use beyond six months. ARTOURA® Breast Tissue Expanders and CONTOUR PROFILE® Tissue Expanders contain a magnet within the internal injection domes and are NOT MRI compatible. The device could be moved by the MRI causing pain or displacement, potentially resulting in a revision surgery. DO NOT use the ARTOURA® Breast Tissue Expander and CONTOUR PROFILE® Tissue Expander in patients that have a previously implanted device such as pacemakers, drug infusion devices, artificial sensing devices, etc. that could be affected by a magnetic field. Mentor has not tested the effects of radiation therapy with ARTOURA® Breast Tissue Expanders and CONTOUR PROFILE® Expander devices. The incidence of extrusion of the expander has been shown to increase when the expander has been placed in injured areas: scarred, heavily irradiated or burned tissue, crushed bone areas, where severe surgical reduction of the area has previously been performed; and where steroids are used in the surgical pocket. Detailed information about indications, contraindications, warnings, and precautions associated with the use of ARTOURA® Breast Tissue Expanders CONTOUR PROFILE® Expanders are provided in the Instructions for Use (IFU) available online at www.mentorwllc.com

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