

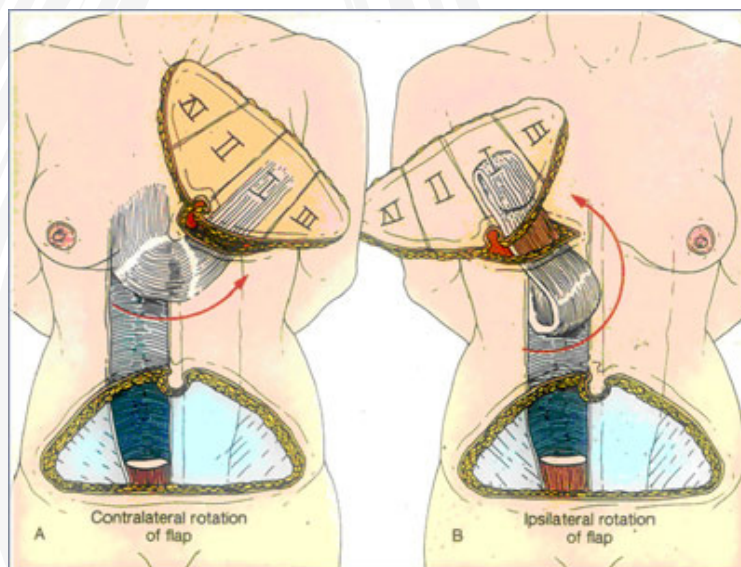
## Breast Reconstruction – TRAM

### General Information

TRAM stands for transverse rectus abdominis muscle, the tissue that is used to reconstruct the breast in this method. Unlike most other methods of breast reconstruction, the TRAM flap is completely natural, because it uses your body's own tissues.

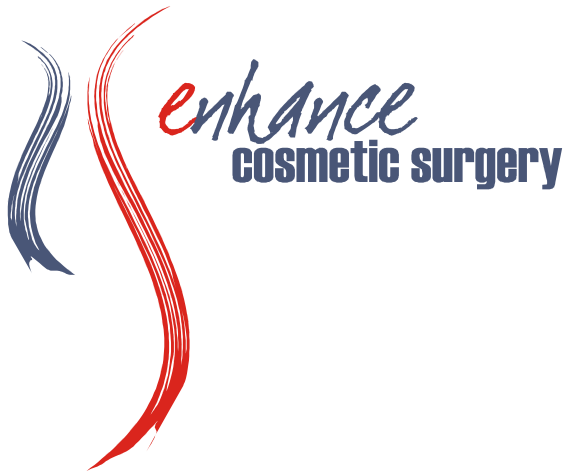
The advantage of this type of surgery is that the reconstructed breast is very soft, natural and lifelike. Size, fullness and shape are as closely matched for symmetry as possible. In order to reconstruct the breast, the "tummy" tissue (skin, muscle, and fat from the area of the abdomen below the navel) is used. This procedure is very similar to a "tummy tuck" which may be considered a benefit for some women.

The disadvantage of this type of surgery is that there is a long abdominal scar below the navel and this surgery is more painful than other types of breast reconstructive surgery. It also requires a few more days in the hospital after surgery and a longer recovery time than other procedures.



### What else do I need to know?

**Recurrence of Breast Cancer** There is no evidence that having a reconstruction increases the risk of cancer returning or delays the diagnosis of recurrence but also you should not allow reconstruction to interfere with treatment for the breast cancer and having a reconstruction will not stop a recurrence of the cancer, if it were to occur.



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#### **Possible complications include:**

**Seroma** This is so common it should be regarded as part of the operation and not a complication as such. When you suffer a graze, you will probably have noticed a clear fluid seeping from the raw area for a few days. This is a normal response to injury and is known as serous fluid. After this operation there is a large raw area under the skin of the tummy and the body responds in the same way, leaking serous fluid. Generally this lasts for only a couple of days and the drains remove the fluid, but it can continue for a few weeks. If this fluid continues to be produced after the drains are removed, it will collect under the skin and may become uncomfortable, but it can be easily and painlessly removed by sliding a needle through the scar on your tummy, taking the fluid off with a syringe.

**Infection** Superficial wound infection is easily treated with antibiotics.

**Bleeding** It is common to have a small degree of oozing at the wound edges, but it is possible to develop a collection of blood under the skin. If this happens it may need to be let out by returning to theatre and re-opening the wound.

**Flap failure** This is a very rare complication. Any flap needs a good blood supply and occasionally it does not get the supply it needs. In this case the flap will die. The dead tissue would need to be surgically removed, and further options for reconstruction would need to be discussed.

**Revision Surgery** After the muscle is moved from the back to the front, it changes size over the first 3 months. Your surgeon will probably create a reconstructed breast that is larger than the other one initially to allow for this shrinkage, but it is possible that when the size changes have occurred, your breasts are asymmetrical or slightly bulging under the skin of the flap. Your surgeon may recommend another small operation to improve the final outcome of your reconstruction.