

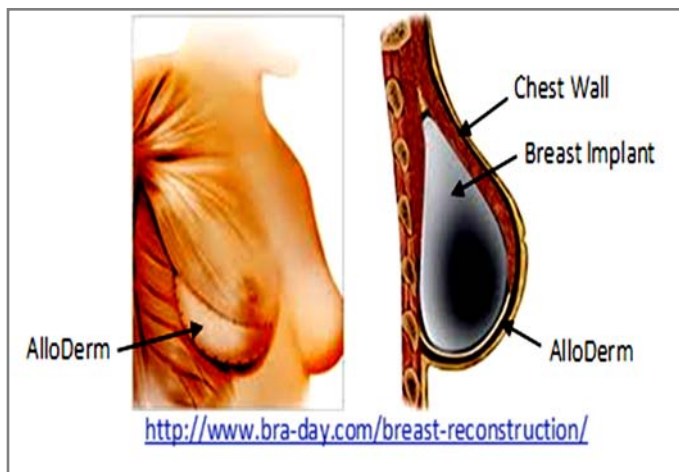


## TYPES OF BREAST RECONSTRUCTION PROCEDURES

There are two main types of operations that can be done to reconstruct the shape of the breast:

### 1. Breast implants (using saline or silicone inserts)

- ◆ Saline: These implants are filled with sterile salt water. Have been in use the longest.
- ◆ Silicone Gel: Gel implants tend to feel a bit more like natural breast tissue. *Cohesive gel implants* are a newer, thicker silicone implant sometimes called “gummy bear” implants.
  - A. **One-stage immediate breast reconstruction:** The implant is usually put beneath the muscle of the chest at the same time as the mastectomy is done. A special type of graft (made from skin) or an absorbable mesh is used to hold the implant in place.
    - ◆ Many products (such as AlloDerm® and DermaMatrix®) use donated human skin to support implants or transplanted tissues. These are known as *acellular matrix* products because they have had the human cells removed. They are used to extend and support natural tissues and help them grow and heal.



**Note:** Grafting donated human skin such as AlloDerm or Allomax to make more room for or to support an artificial implant does not change the surgical code.

- ◆ Doctors can also use synthetic mesh and, more recently, animal skin with the cells removed (an acellular matrix such as Strattice).
- B. **Two-stage reconstruction:** A short-term tissue expander is put in during the mastectomy to help prepare for reconstructive surgery later. The expander is a balloon-like sac that’s slowly expanded to the desired size to allow the skin to stretch. Once the skin over the breast area has stretched enough, a second surgery is done to remove the expander and put in the permanent implant. This method is sometimes called *delayed-immediate reconstruction* because it allows time for other treatment options.

### 2. Tissue flap procedures (using the patient’s own body tissues)

- ◆ The tissue used for a flap procedure comes from somewhere else on the patient’s body, such the tummy or back.


**TYPES OF BREAST RECONSTRUCTION PROCEDURES (continued)**

- ◆ The most common types of tissue flap procedures are:

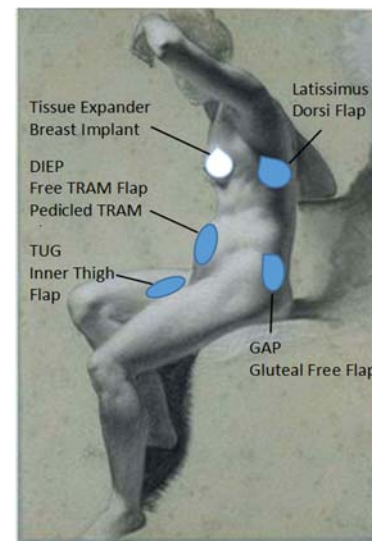
A. **TRAM (transverse rectus abdominus muscle) flaps** use tissue from the abdomen. There are different types of TRAM flaps:

- ◆ A **pedicle TRAM flap** leaves the flap attached to its original blood supply and tunnels it under the skin to the chest.
- ◆ A **free TRAM flap** moves tissue from the lower abdomen, but the flap is completely disconnected and moved up to the chest. The blood vessels must then be reattached.

B. **DIEP (deep inferior epigastric perforator) flap** uses fat and skin from the same area as the TRAM flap but does not use the muscle to form the breast shape.

C. **Latissimus dorsi flaps**, which use tissue from the upper back and is often used along with a breast implant. The surgeon tunnels muscle, fat, skin, and blood vessels from the upper back, under the skin to the front of the chest. This provides added coverage over an implant and makes a more natural-looking breast.

D. **Gluteal free flap (GAP flap) or the Inner Thigh (TUG) flaps** are newer types of reconstructive surgery that uses tissue from the buttocks or thigh to create the breast shape.



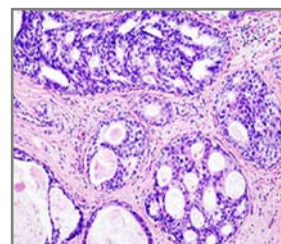
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**BREAST RADIATION TREATMENT CODES**

- Intra Operative Radiation Therapy is a brachytherapy platform that operates as a small version of a linear accelerator system generating low voltage x-rays. This modality should be coded as 21 Orthovoltage.
- Accelerated partial breast irradiation is a form of localized brachytherapy treatment. The inflated lumpectomy cavity has a Mammosite ML balloon inserted through which Iridium Seeds travel. Brachytherapy procedures utilizing Iridium are considered to be HDR and are coded to 52 Brachytherapy Intracavitary HDR.
- If IMRT and beam energy are mentioned in treatment summary (may need to review initial treatment plan), code 31 IMRT.


**HISTOLOGY**

- Code histology from the most representative specimen.
- Non-infiltrating comedo-carcinoma and any other intraductal carcinoma is coded to 8501/2-comedo carcinoma non-infiltrating
- DCIS with Microinvasion- Code to invasive ductal carcinoma 8500/3.
- Histology using the word focal is ignored.



**Image of Breast Carcinoma in situ**

**Source:** Multiple Primary and Histology Rules

Example: Ductal carcinoma with focal lobular carcinoma. Ignore the focal histology and code to ductal carcinoma 8500/3.

**Note:** The specific histology may be identified as type, subtype, predominantly, with features of, major, with \_\_\_ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.