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As buyers show first signs of returning to the market, what does Labour do? Make it even **HARDER** to sell your house

HOME PACKS: A NEW FIASCO

By **Becky Barrow**
Business Correspondent

IN a move which triggered a furious backlash, Ministers yesterday tightened the rules on the widely-condemned Home Information Packs.

They will now have to be available on the very first day a house goes on sale, rather than 28 days later.

And they have been made even more complicated with the addition of a six-page questionnaire. Experts described the rule changes to the £300 packs as 'absolutely farcical' and 'utterly bonkers'.

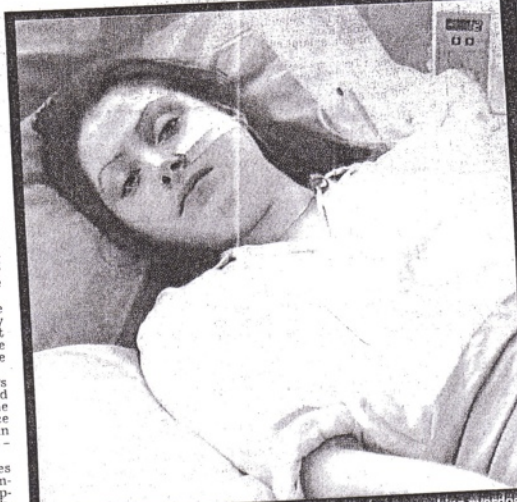
The shock announcement by Housing Minister Margaret Beckett was said to show a complete lack of understanding of the paralysed property market.

Experts said homeowners already desperate to sell, such as young couples starting a family who need a bigger home, will be horrified that it could become even more difficult. Those waiting for a better time to put property on the market could be further deterred.

By a bleak coincidence, the bad news on HIPs came as the Royal Institution of Chartered Surveyors offered a glimmer of hope for the housing market. RICS said continuing price falls had finally sparked a small increase in expressions of interest from potential buyers – the first for two years.

But the decision to tighten the HIPs rules enraged the industry. Experts said it ran counter to other policies such as pumping billions of taxpayers' money into the banking system, Gordon Brown's mortgage bailout

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**Mother is
held over
'mercy
killing' of
her own
daughter**

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Lynn Gilderdale, a victim of debilitating ME, has died of a morphine overdose

By THEA JOURDAN

Is an implant really the best choice after losing a breast?

An expert guide to the OTHER options doctors don't always mention



EVERY year, more than 45,000 women in the UK are diagnosed with breast cancer, and around 30 per cent of them will undergo a mastectomy to remove one breast or both. It is a devastating loss, and most choose to have reconstructive surgery either in the same operation or a short while afterwards.

Few realise, though, that there are several options, each suited to specific needs.

'Many women don't have the information they need,' says Charles Nduka, consultant plastic surgeon at Queen Victoria Hospital in East Grinstead, who recently launched a DVD for women who are considering breast reconstruction surgery.

'Some surgeons might not be experienced in performing the more complex types of surgery now possible, and so may discuss only the options that they are able to do. In hospitals where there isn't a plastic surgeon, a woman may never find out about the full range of alternatives.'

There is no such thing as the 'correct' reconstruction, adds Dr Patrick Mallucci, consultant plastic surgeon at the Royal Free Hospital in London. 'All have their pluses and minuses, so it has to be a matter of individual choice.'

Here, with the help of leading experts, we guide you through the options. To find experts in your area, contact the British Association of Plastic, Reconstructive and Aesthetic Surgeons (www.bapras.org.uk).

SILICONE OR SALINE IMPLANT

WHAT IS IT? The simplest form of breast reconstruction, using implants. An implant filled with silicone or saline is inserted beneath the muscle of the chest to recreate the breast contour (the muscle help keep the implant in place). If there is insufficient skin to comfortably cover the implant, an inflatable implant (expander) is fitted. This is gradually filled with silicone or saline over a period of three to four weeks to allow the skin time to stretch over the implant.

LENGTH OF OPERATION: Less than two hours.

RECOVERY TIME: Home after two days, with fast recovery. With expanders, outpatient appointments are needed in the first month to inflate the implant.

PROS: 'This takes the least time in theatre and has the shortest recovery time,' says Dr Mallucci. 'The result is perfectly adequate to fill a bra, and there is no additional scarring as with more complex procedures that use the body's own tissue.'

CONS: Implants typically don't give such a natural result, especially for larger-breasted women. Though it's rare, implants can rupture and silicone implants can go hard, requiring a second operation to replace them.

Radiation therapy after implants can increase the risk of capsular contraction — when scar tissue forms around the implant causing the breast to change shape and feel. Implants are not a permanent solution — they usually need replacing every 10-15 years.

Anecdotal evidence suggests women are less satisfied with implants in the long-term. The implant breast won't drop naturally with age, so the two breasts can look different over time.

BEST FOR: Smaller-breasted patients with healthy overlying skin; patients looking for a 'quick fix' with a fast recovery time; an easier option for much older patients or those with advanced cancer that are not well enough for longer, more complex surgery.

NOT RECOMMENDED FOR: Larger-breasted women; those needing to undergo radiotherapy.

IMPLANT AND LD FLAP

WHAT IS IT? A section of the latissimus dorsi (LD) muscle — found below the shoulder blade on the patient's back — is brought round under the armpit and laid over an implant to make a new breast.

The back tissue is not severed but is stretched to reach the front and remains attached to its original blood supply, without a blood supply, the breast would die.

LENGTH OF OPERATION: 2-4 hours.
RECOVERY TIME: Home after four days. Full recovery about four weeks.

PROS: The added muscle gives a better, more natural shape than an implant alone. A common procedure, it is relatively simple. For women undergoing a double mastectomy, this technique provides two symmetrical breasts as they are formed in the same way. The horizontal back scar is often hidden under the bra line.

CONS: Some loss of muscle from the back can cause shoulder flexibility problems in a minority of cases. Involves an implant so all the same risks apply (see above). There is a small risk (less than one per cent) that the new tissue will fail due to poor blood supply — in order to make the flap, a number of blood vessels are severed.

A follow-up study of 68 patients with LD flaps in America found that half had needed a second operation to change their prosthesis after 10 years because the implant had hardened.

BEST FOR: Small-breasted women, those wanting a more natural-looking implant but without lengthy microsurgery.

NOT RECOMMENDED FOR: Sports women or very active women.

TRAM FLAP

TRANSVERSE rectus abdominis muscle flap (or TRAM flap) is one of several forms of reconstruction using your own tissue, here using skin, fat and muscle.

WHAT IS IT? A section of skin, fat and muscle from the 'six pack' abdominal muscles is tunnelled under the skin and brought out to the site of the new breast. One end of the tissue remains attached to the original blood supply. Usually there is enough flesh to construct a breast without an implant. The abdominal area is sealed with a 'tummy tuck'.

LENGTH OF OPERATION: 6-9 hours

RECOVERY TIME: Home after one week. Recovery takes about seven weeks, and six months for the stomach to regain full suppleness.

PROS: With no implant, there are none of the risks of rupture or hardening. Completely natural, the breast will age and change size over time in a similar fashion to the normal breast. Has less risk of failing than some types of reconstruction as the original blood supply is kept intact. The additional tummy tuck can be a much-needed confidence boost.

CONS: Taking muscle from the abdomen can cause problems. 'The incidence of abdominal weakness, abdominal bulge and hernia formation are significant,' says Dr Paul Harris, consultant plastic surgeon at the Royal Marsden Hospital, London. 'Most patients have permanent reduction of their abdominal strength.'

The technique also leaves an abdominal scar.

BEST FOR: Those keen to avoid implants.

NOT RECOMMENDED FOR: Women who have had prior abdominal surgery, sporty or very slim women.

FREE TRAM FLAP

RECONSTRUCTION using your own tissue — skin, fat and muscle.

WHAT IS IT? The surgeon uses the same cross-section of tissue as in a TRAM flap, but this time it is detached completely. The surgeon shapes the tissue into the new breast and reconnected it to blood vessels under the armpit or behind the breastbone. A more complex procedure than the usual TRAM flap, it requires microsurgery to connect up the tiny blood vessels to the new breast. The abdominal area is sealed with a 'tummy tuck'.

LENGTH OF OPERATION: 6-9 hours

RECOVERY TIME: Home after one week. Recovery takes about seven weeks, and six months or more for the stomach to regain suppleness.

PROS: There is greater flexibility in shaping the new breast than with a conventional TRAM flap. Less abdominal muscle is taken, so less risk of abdominal weakness.

CONS: A free flap is a longer, more complex operation and requires microsurgery. 'There is a risk, about five per cent or less, of the flap not surviving the transfer due to a blockage of the blood vessels,' says Dr Nduka. 'The tissue can partially die off, shrinking the breast. If it dies off completely, the tissue must be removed in a second operation. Risk of abdominal weakness and hernia remain.'

BEST FOR: Those keen to avoid implants, healthy women able to undergo longer surgery.

NOT RECOMMENDED FOR: Smokers, ex-smokers, those with diabetes

or vascular disease, because they have poorer blood supply.

DIEP FLAP

DEEP inferior epigastric perforator flap (or DIEP flap) uses just skin and fat in the reconstruction. **WHAT IS IT?** This technique is considered by many surgeons to be the 'gold standard'. The DIEP takes abdominal skin and fat only, leaving the muscles largely undisturbed. The flap of skin and fat is detached and joined up to the blood vessels surrounding the new breast area using microsurgery. The abdomen is sealed with a tummy tuck.

LENGTH OF OPERATION: 6-9 hours.

RECOVERY TIME: Home after 10-12 days. Recovery takes 2-3 months.

PROS: Leaving the muscle intact minimises the loss of abdominal wall strength that can occur after TRAM flap surgery.

CONS: A long, complex operation that requires a long recovery time. Like other free flaps, there is a risk that the newly-joined blood vessels will become blocked with clots and cut off the blood supply to the flap, causing it to die off.

This happens in about 3-5 per cent of cases and is a bigger risk for smokers, ex-smokers, those with diabetes and those with vascular disease. As it is not so widely available, patients may need to travel further for their operation.

BEST FOR: Active, sporty women; those in good overall health; bigger-breasted women.

NOT RECOMMENDED FOR: Smokers, ex-smokers, those with diabetes or vascular disease.

FOR a free copy of the Breast Reconstruction for Life DVD, go to www.breastreconstructionforlife.org.uk or call 01342 414 362.

TRUE OR FALSE? Your wallet could give you back pain

TRUE: Keeping your wallet in your back pocket can cause the painful back condition sciatica, scientists at the University of California have warned. Over time, the wallet

presses on the piriformis muscle in the buttocks, which is connected to the sciatic nerve running down the leg. This leads to a radiating pain in the back and hip area.