Breast reconstruction should be considered part of the treatment program for breast cancer patients, not as an optional extra for those who can afford it.
– Survey participant

Introduction

The issue of breast reconstruction following mastectomy for breast cancer has been raised with BCNA by our members over many years. In 2004, at BCNA’s Still Making a Difference Conference, a number of recommendations were made to improve women’s access to breast reconstruction surgery. Current statistics show, however, that only around 12% of Australian women are currently having reconstructions after mastectomies for breast cancer.

For many years, we have heard anecdotal reports from women about long waiting times for breast reconstructions in the public system, and high out-of-pocket costs in the private system. We decided to investigate issues surrounding breast reconstruction through the development of an issues paper and a survey of women.

Our informal discussions with women, and a review of the literature currently available, suggested that the main barriers to breast reconstruction surgery are

• long waiting lists in public hospitals and
• high out-of-pocket costs in private hospitals.

For women in rural areas, the unavailability of specialist reconstructive surgeons in their local area may also restrict their access to breast reconstruction surgery.

We surveyed BCNA members in October 2010 to ask them about their personal experiences with breast reconstruction. Our survey also asked women who had had a breast reconstruction about their satisfaction with the outcome of the surgery.

Emails were sent to 1,089 women, as follows, inviting them to complete an online survey:

• BCNA’s Review & Survey Group (799 women)
• Women who responded to a request in Issue 52 of The Beacon (290 women).

Women did not need to have had a breast reconstruction to be eligible to participate, but must have at least considered reconstruction at some time after their breast cancer diagnosis.

A total of 482 women self-selected as being eligible to participate, and 462 completed the survey. The response rates to different questions may vary slightly, as not all women were required to answer all questions, and for some questions more than one response was permitted.
The survey included quantitative and qualitative questions, so women were able to tell us in their own words about their personal experiences.

*All women should have the right to reconstruction in a reasonable amount of time and for a reasonable cost.*

**Demographics**

![Age range](image)

Women from all age groups under 80 years responded to the survey. All states and territories were represented, with the majority of respondents from New South Wales and Victoria.

![State or territory of residence](image)
Background information

470 respondents told us they had had a diagnosis of early breast cancer, while 12 women had not had a diagnosis.

Figure 3 indicates what sort of breast cancer surgery women had received. Women were able to indicate as many types of surgery as applied to them, so the total figure is more than 482. For example, some women may have initially had breast conserving surgery, and later a full mastectomy.

It is interesting to note that 69 women indicated they had a prophylactic mastectomy, although only 12 told us they had not had a breast cancer diagnosis. It can be assumed that some women diagnosed with breast cancer had a prophylactic mastectomy of the ‘good’ breast in order to reduce their risk of developing breast cancer in that breast.

Survey Results

Breast reconstruction statistics
71 per cent of respondents (341 women) told us they had received a breast reconstruction, while 29 per cent (140 women) had not had reconstruction surgery.

Of the 140 women who had not had a reconstruction:

- 85 women told us they had decided not to have reconstruction surgery or that it was not a priority for them right now
- 47 women indicated they would like reconstruction surgery in the future
- 39 women said they could not afford the cost of having a reconstruction through the private health system
- 36 women were still considering their options for reconstruction surgery, and
- 18 women were currently on a waiting list for surgery through the public system.
I decided against reconstruction because I have had enough of hospitals/surgery etc. With other health problems, I decided to put my energy into getting the most out of my life. My husband is supportive of my decision. At times I wish I had two breasts but I know I won't ever have surgery. We have private health cover so it isn't a matter of the cost of the surgery; it's just the thought of pain and discomfort that puts me off.

The recovery time and surgery is full on and I can't justify more time away from my young family for something not about getting rid of the cancer.

Figure 4 shows the reasons women gave for not having reconstruction surgery. Note that women could select more than one response to this question, so the total number of responses equals more than 140.

<table>
<thead>
<tr>
<th>Reasons for not having reconstruction surgery</th>
<th>Number of women</th>
<th>Percentage of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have decided not to have breast reconstruction surgery</td>
<td>51</td>
<td>36.4%</td>
</tr>
<tr>
<td>I can't afford the cost of having a breast reconstruction</td>
<td>39</td>
<td>27.9%</td>
</tr>
<tr>
<td>I am still considering my options for breast reconstruction</td>
<td>36</td>
<td>25.7%</td>
</tr>
<tr>
<td>It's not a priority for me right now</td>
<td>34</td>
<td>24.3%</td>
</tr>
<tr>
<td>I am currently on a waiting list</td>
<td>18</td>
<td>12.9%</td>
</tr>
<tr>
<td>I was not a candidate for reconstruction surgery because of my breast cancer treatments</td>
<td>10</td>
<td>7.1%</td>
</tr>
<tr>
<td>The waiting lists are too long</td>
<td>8</td>
<td>5.7%</td>
</tr>
<tr>
<td>Breast reconstruction isn't offered in my area</td>
<td>5</td>
<td>3.6%</td>
</tr>
<tr>
<td>My partner and/or family did not want me to have the surgery</td>
<td>3</td>
<td>2.1%</td>
</tr>
<tr>
<td>I wasn't aware I could have a breast reconstruction</td>
<td>3</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

*Figure 4 – Reasons for not having reconstruction surgery*

Going through private insurance was still too expensive.

The type of surgery I need is not offered in my area. I need a tram flap due to having had radiotherapy.

I live in Central Queensland and would have to spend maybe 6 months in Brisbane to have reconstruction surgery. As a single parent with a daughter in her last years at high school, this would be impossible.

**Types of reconstruction**

Of the 341 women who had received a breast reconstruction, 338 told us what sort of reconstruction they had. For the majority, this was either a tissue expander followed by further surgery to replace the expander with an implant (saline or silicone), or a TRAM flap reconstruction, where tissue, fat and muscle is tunnelled under the skin from the abdomen to the chest to form the shape of the new breast.

Some women also reported having surgery on the other breast at the same time as the breast reconstruction – a prophylactic mastectomy and reconstruction, a breast reduction, or breast implant.

(I had a) Latissimus dorsi flap and implant in the right breast (after mastectomy) and an implant in the left breast to attain symmetry.

I currently have a tissue expander in place and implant maybe in the new year, depending on test results. I also had a reduction on the other side.
Figure 5 shows the type of reconstructions women received. No women reported having breast sharing or free gluteal flap reconstructions.

![Bar chart showing types of reconstructions](image)

**Figure 5** – Types of reconstruction women received (L-R as listed below)
- Tissue expander only
- Tissue expander followed by implant (saline or silicone)
- Implant (saline or silicone) only
- TRAM flap (attached flap using tissue, fat, and muscle from the abdomen)
- Latissimus dorsi flap (attached flap using tissue, fat and muscle from the back)
- DIEP flap (free flap using skin and fat from the abdomen)

**Public hospital waiting lists**

*If you are even thinking about having a reconstruction in a public hospital, put your name down (on the waiting list) while you take your time to make your decision.*

Twenty per cent of survey respondents (67 women) told us they had received breast reconstruction surgery through a public hospital in their state or territory. The majority of these, 82 per cent, received their surgery within 12 months of being placed on the waiting list. The longest waiting time was 3-4 years, which was reported by one woman from Tasmania who received her surgery in 2007. Figure 6 shows the length of time women spent on a public hospital waiting list before having their reconstruction surgery.

*Not being able to have it (reconstruction) done in a reasonable time makes it harder to put things behind you and get on with life.*
How long were you on the public hospital waiting list for reconstruction?

<table>
<thead>
<tr>
<th>Time on waiting list</th>
<th>Number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-12 months</td>
<td>55</td>
</tr>
<tr>
<td>1-2 years</td>
<td>8</td>
</tr>
<tr>
<td>2-3 years</td>
<td>3</td>
</tr>
<tr>
<td>3-4 years</td>
<td>1</td>
</tr>
<tr>
<td>More than 4 years</td>
<td>0</td>
</tr>
</tbody>
</table>

**Figure 6** – Length of time on a public hospital waiting list before receiving breast reconstruction surgery

I had heard that it took years through the public system so I was very surprised to have the process started within 6-8 months!

A further 18 women told us they are currently on a waiting list to have breast reconstruction surgery at a public hospital. Figure 7 shows the length of time these women had been on a public hospital waiting list at the time of our survey.

<table>
<thead>
<tr>
<th>Length of time</th>
<th>Number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td>6</td>
</tr>
<tr>
<td>6-12 months</td>
<td>7</td>
</tr>
<tr>
<td>12-18 months</td>
<td>4</td>
</tr>
<tr>
<td>18-24 months</td>
<td>1</td>
</tr>
<tr>
<td>more than 2 years</td>
<td>0</td>
</tr>
</tbody>
</table>

**Figure 7** – Length of time on a waiting list

We were somewhat surprised to find that no-one who responded to our survey had waited more than four years for reconstruction surgery, and that currently no woman has been on a public hospital waiting list for more than 2 years. This does not reflect what we have been told by our members anecdotally in recent months and years. Women have told us of waiting times of up to ten years for reconstruction surgery in public hospitals in some states. We do not know the reason for this discrepancy. However, given that only 20 per cent of our survey respondents had their reconstruction through the public health system, we wonder if our survey may have failed to reach a proportionate number of women who are treated in the public system. Our survey results may not be truly representative of what is happening in the wider community if we failed to reach enough women who receive all their treatment through the public system.
We also wonder if some women choose not to be put on a waiting list because they have heard waiting times can be long. They may decide to forgo breast reconstruction surgery if they believe it is not likely to be available to them for many years, or look for ways to fund it privately.

I had all my breast cancer treatment publicly and was put on the waiting list for reconstruction but was told it was likely to be a 5 year wait even though I’m only 23. I took out private health cover in order to have reconstruction quickly, though even the private surgeon has a 6 month wait. My gap payment is $7000, which I can’t afford right now.

Breast reconstruction in the private health system
All but one woman^{1} who had breast reconstruction surgery through the private health system reported an out-of-pocket cost for their surgery. The out-of-pocket amounts ranged from less than $500 (25 women) to more than $15,000 (9 women). Forty percent of women paid more than $5,000. Figure 8 shows the amounts women were out-of-pocket, after Medicare and private health insurance fund refunds were received, for their reconstruction surgeries.

The out-of-pocket expenses ($6,000-$7,000) for this non-cosmetic procedure are simply unacceptable, especially after the nightmare of actually dealing with the cancer diagnosis. For example, my out-of-pocket expenses for the anaesthetic alone were $1,400 - and my anaesthetist charged the AMA recommended fee. The only reason I could afford this surgery at all was because my husband had lost his job and had a small redundancy payout. I have no money to go back and have ‘revisions’ or surgery to have my nipples rebuilt and tattooed. The gap for the actual implants was $600. I cannot describe how angry, frustrated and disillusioned I am with the private health system and how devastated I am at having every cent I ever had taken by medical costs.

What was the out of pocket amount you paid for your breast reconstruction surgery?

<table>
<thead>
<tr>
<th>Out of pocket cost</th>
<th>Number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $500</td>
<td>25</td>
</tr>
<tr>
<td>$500-$1,000</td>
<td>20</td>
</tr>
<tr>
<td>$1,000-$2,000</td>
<td>25</td>
</tr>
<tr>
<td>$2,000-$3,000</td>
<td>39</td>
</tr>
<tr>
<td>$3,000-$4,000</td>
<td>28</td>
</tr>
<tr>
<td>$4,000-$5,000</td>
<td>28</td>
</tr>
<tr>
<td>$5,000-$6,000</td>
<td>24</td>
</tr>
<tr>
<td>$6,000-$7,000</td>
<td>18</td>
</tr>
<tr>
<td>$7,000-$8,000</td>
<td>13</td>
</tr>
<tr>
<td>$8,000-$9,000</td>
<td>13</td>
</tr>
<tr>
<td>$9,000-$10,000</td>
<td>7</td>
</tr>
<tr>
<td>$10,000-$11,000</td>
<td>5</td>
</tr>
<tr>
<td>$11,000-$12,000</td>
<td>4</td>
</tr>
<tr>
<td>$12,000-$13,000</td>
<td>4</td>
</tr>
<tr>
<td>$13,000-$14,000</td>
<td>4</td>
</tr>
<tr>
<td>$14,000-$15,000</td>
<td>9</td>
</tr>
<tr>
<td>More than $15,000</td>
<td></td>
</tr>
</tbody>
</table>

Figure 8 – Out-of-pocket costs incurred by women who had reconstruction surgery through the private health system

^{1} One woman chose not to answer this question
Satisfaction with breast reconstruction outcomes
We also asked women who had received breast reconstruction surgery how happy they were with the overall result. 328 women answered this question. Most were highly satisfied, with 74 per cent (210 women) rating their level of satisfaction at 8 or more. Eight per cent (23 women) reported being unhappy with the outcome, with a satisfaction level of less than 5. Figure 9 shows women's level of satisfaction with their reconstruction outcome.

![Figure 9 – Levels of satisfaction with breast reconstruction overall outcome](image)

The best and worst of breast reconstruction
We asked women to describe in their own words the best and worst thing about their breast reconstruction surgery.

**The best**
333 women provided an answer to this question. The most common themes amongst these responses were:

- feeling and looking normal again (57 women)
- Not having to use a prosthesis (55 women)
- increased self esteem and confidence (27 women)
- being able to wear normal clothes (11 women)

*It has given me my life back - restored most of my self esteem and confidence as a woman.*

*I’m not reminded about having breast cancer every time I look at my body. It’s helped my emotional recovery significantly.*

*I don’t have to deal with those infernal breast prostheses every morning and every night.*

*Freedom to resume activities such as swimming and gardening without worrying about a prosthesis slipping*

*Never having to wear a bra again!! When dressed, I look good and feel good. At 71, I have a perky pair of breasts like a 17 yr old!*
I can wear anything again, especially swimming costumes. I am much more comfortable and feel normal again.

Women who had prophylactic reconstructions wrote about their relief at reducing their risk of breast cancer developing or recurring, and not having to worry so much about their future.

It (prophylactic reconstruction) has taken away the stress and worry of developing breast cancer. … It’s a great relief for me and my family. My breast cancer risk is now very low.

The worst
330 women responded to the question asking what the worst thing was about their reconstruction. Common themes were:
- Pain associated with the surgery and/or ongoing pain (58 women)
- Long recovery time from surgery (34 women)
- Numbness or loss of sensation in breast and/or abdomen (33 women)
- Nothing (32 women)
- Cost (28 women)
- Scarring (19 women)
- Length of the operation (14 women)
- Outcome of the surgery (12 women)
- Number of operations required (10 women)
- Having to travel for surgery (7 women)
- Long waiting time for surgery (4 women)

It was extremely painful and the scarring is unpleasant. My reconstructed breast does not look or feel normal in any way. It is cold and hard and is an odd shape.

The operation itself was 10 hours and the recovery/healing process took 6 weeks, with 6 drainage tubes - it was a shock.

Long surgery time and slow recovery; loss of feeling in the breast; big scars

It was a huge undertaking and it was hard to make the initial decision. It cost a lot of money and took a lot of time and effort to recover and get through to completion.

The decision making (for a prophylactic reconstruction) was extremely difficult…. It took at least 12-18 months to adjust to the new me and there was very little ongoing support in the post operative phase as I was not diagnosed with breast cancer. I found a lack of information / support of what to expect when I went home and in the following months of ongoing reconstruction.

Nothing… except for having to buy new clothes!!!

I am not as happy with the result as I expected to be. The shape is good; however I always have a feeling of tightness particularly on the side that had the most extensive mastectomy surgery.

Having to travel from rural Victoria to Melbourne because reconstruction is not offered at the time of initial diagnosis/surgery in the regional area where I live and the local surgeons do not work together.
Tips for women considering reconstruction
We asked women what tips they would give other women considering breast reconstruction surgery.

Think carefully as to the reasons why YOU want it done, it's nothing to do with any one else.

Consider it. It helps self esteem and long term mental health. I felt amputated when I had the mastectomy. Having reconstruction surgery makes me feel whole again.

Take your time and do it when you are ready. Keep visiting plastic surgeons and asking questions until you find the surgeon and the approach that is right for you. Be sure to find out the timeline of the whole procedure - many involve several stages - and find out how much time off work is recommended at each stage so you can plan ahead for sick leave or holidays. Find a trusted friend, partner or photographer and have a fun time having photos that celebrate your body just as it is before you have the surgery. Love and accept your body as it is before you have any reconstructive surgery.

Many, many women talked about the importance of doing as much homework or research as you can prior to making a decision about reconstruction, including:

- Asking for referrals to more than one breast reconstructive surgeon so you can ‘shop around’ to find one who suits you
- Getting more than one quote, as charges can vary considerably from surgeon to surgeon
- Choosing a surgeon with whom you feel comfortable and confident
- Considering all the options for reconstruction techniques
- Asking whether an immediate reconstruction (ie at the time of your breast cancer surgery) may be appropriate for you
- Asking lots of questions of the surgeon/s and insisting on answers
- Asking to see photos of the surgeon’s previous breast reconstruction surgeries
- Talking to other women who have had, or have considered, reconstruction
- Talking to other health care professionals, eg a Breast Care Nurse, about breast reconstruction

Do your homework and find out your options (costs, where and when to get the surgery done, which surgeon, etc). Talk with women who've had it done - there are lots of things the surgeons don't tell you!!! It's important that you have realistic expectations.

It is an individual decision. Have a good relationship with your plastic surgeon. Do your research, ask other women. Think about recovery time and what suits your lifestyle when choosing the type of reconstruction you have.

Ask a lot of questions of your doctors and nurses, but also talk to women who have had the operation. Doctors will tell you about the operation itself, but they will miss details like how your body may lose feeling and its natural shape. It is a very major operation and should not be entered into lightly. I sometimes regret having it done.

Women also talked about the importance of having realistic expectations of the possible outcomes of the surgery.

Have realistic expectations and be sure you know what the end result will entail. For example, is it alright with YOU that there will be scars and that the sensation in the breast area may be non-existent.
Don’t expect your new breast/s to look or feel like natural breasts.

Write down what you want before you see the plastic surgeon - so you are clear on your expectations. It’s hard to think about that later when you are going through your diagnosis and are scared and inundated with information about the cancer.

Practical tips offered included:

- If you think you may want to have a reconstruction through the public system, put your name on the waiting list as soon as you can – you can always remove your name from the list later if you decide not to proceed with the surgery.
- Try to be as fit as possible before undergoing your surgery.
- Buy some nighties that open at the front.
- Wear old soft singlets that are comfortable and that won’t matter if they get stained by creams etc.
- If you live alone, have a family member or friend come and stay with you for a few weeks after you are released from hospital.
- See a physiotherapist for some appropriate post-operative exercises.
- Be as well organised as you can before going into hospital for your surgery.

Be organised for when you come home from hospital, eg put everyday items in the shower, pantry etc where you can reach them easily. (You can’t put your arms above your head for a while.)

It was also noted by some women that some private health insurance companies offer hospital plans that will cover you for breast reconstruction as a private patient in a public hospital. These plans are cheaper than the top hospital plans.

My surgeon advised me to upgrade my health insurance to “public hospital, private patient” and wait the necessary 12 months, which I did. It still cost me $5,000 gap overall but it would have cost a lot more without this insurance. I didn’t want to risk a botched job so I paid for an expert. I am not rich but I felt it was worthwhile and I have no regrets.

Many women also advised others to ‘just do it’ or ‘go for it’.

Do it! It’s great for your self esteem.

Go for it. It is not perfect, but you have an approximation of a breast that fits into your bra. For me it has been very worthwhile. Once all the surgery is over you don’t have to think of a prosthesis.

Other issues
A number of women raised other issues in the final question which allowed them to make open-ended comments. These included:

- A lack of information about breast reconstruction, especially at first diagnosis prior to breast cancer surgery.

  I think that there is not enough effort made to educate us about reconstruction prior to mastectomy.

  More information is needed. I never received any info about having reconstruction apart from going to a plastic surgeon, which you need a referral for and it costs you each time, especially if you want a second opinion.
It would be great to be able to access more general information first before consulting a specialist.

During treatment you are totally focused on chemo, radiotherapy, side effects etc. No-one actually discusses with you the possibility of reconstruction and the options. I found it was something I had to ask about myself. I found out a lot from an online forum from women who’d had reconstructions. You are kind of on your own when you go this path.

Finding information is near impossible – I have been researching this for years.

• More government funding for breast reconstruction procedures

I wish the government and Medicare were more supportive and allowed more women to have breast reconstruction. The lack of support from Medicare is ridiculous. IT IS NOT a cosmetic surgery.

Women who didn’t have a reconstruction also took this opportunity to explain some of the reasons for their decision.

I felt there was already too much information to process and so considering a reconstruction at the time (of my diagnosis) was not a possibility.

The longer I don’t have this done the more likely I will be not to. I find that I feel well and healthy now and don’t want to have another surgery which I will have to recover from.

I don’t really want to have to go through another surgery. If I was younger I would consider it.

I feel hesitant to have surgery due to the recovery period, interruption of lifestyle and (my) fear of the outcome.

Conclusion

This survey looked at barriers women face in accessing breast reconstruction surgery in Australia, and women’s satisfaction with the outcome of their surgery.

BCNA had previously received complaints from women about long waiting times for reconstruction surgery in public hospitals (up to ten years), high out-of-pocket costs for surgery through the private health system ($5,000 - $10,000), and feeling dissatisfied with the results of their reconstruction surgery.

462 women completed the survey.

We were surprised to find that no woman reported a waiting time of more than 4 years. The longest waiting time was 3-4 years, reported by a Tasmania woman who had her reconstruction surgery in 2007. Of women currently on a public hospital waiting list, the longest waiting time was 18-24 months, reported by a Queensland woman.

BCNA believes more work needs to be undertaken to determine if our findings accurately represent public hospital waiting times around Australia, given that the results do not reflect what we have been told anecdotally by women, as recently as this year.
We note that only 20 per cent of survey respondents who had received a breast reconstruction had their surgery through the public hospital system. We are concerned that the survey may have failed to reach women who couldn’t afford to pay for a reconstruction and didn’t want to go on a public hospital waiting list. We wonder if women are deterred from going on a waiting list because they are told there may be a long waiting time. Further work needs to be done to investigate whether this is the case, and other reasons women may not be accessing reconstruction through the public health system. It may be, for example, that reconstruction is not always discussed with women who have their breast cancer surgery in the public system and so they are not aware of reconstruction options available to them. Certainly some of our survey respondents told us no-one discussed reconstruction with them, and that they had to raise it with their doctors. Three of our survey respondents said they were unaware they could have reconstruction surgery.

Any assistance to reduce the waiting times in the public system or the expense of reconstruction surgery would be wonderful. In 2009, I was quoted $11,400 for a bilateral free tram flap reconstruction but was told there would be many more expenses to follow. Even with full medical cover I will be out-of-pocket $7,000 to start with. This is difficult when you are just getting yourself back to work.

We are also concerned about the high out-of-pocket costs being incurred by some women, and their families, for reconstruction surgery. Forty per cent of respondents reported an out-of-pocket cost of more than $5,000, with nine women paying more than $15,000. One woman reported a $20,000 out-of-pocket cost.

It should be available in the public hospital as soon as you have a mastectomy. I had to go private and pay over $20,000 to get it done straight away. This is not a choice to have your breasts removed. I don’t think I would have coped knowing there was nothing to replace my breast. Getting on a waiting list for a year or more would have destroyed me. I’m lucky I could find the money, but for women who don’t have an option this is heart breaking. To find out you have cancer is one thing to deal with, but to lose a breast is another.

We were pleased to find that the majority of women who had a breast reconstruction were satisfied with the outcome. While some reported being unhappy with long-term side effects, such as loss of sensation in the reconstructed breast and scarring and tightness in the affected areas, many women reported increased self-esteem and confidence and said they were happy to feel ‘normal’ again.

A number of women commented about the difficulty they had in obtaining information about breast reconstruction, especially in the early weeks following their breast cancer diagnosis, prior to their breast cancer surgery. Women said they would like to be able to access general information about reconstruction options before deciding whether to seek advice from a specialist reconstruction surgeon.

A review of currently available Australian resources has found some useful resources, including the Cancer Council Victoria breast reconstruction booklet (updated in September 2010 with input from BCNA members). BCNA is aware of new resources currently being developed for Australian women, including a comprehensive booklet on breast reconstruction (to which BCNA is contributing) and an online breast reconstruction decision aid to help women through the decision-making process. We hope these resources will be valuable additions to those currently available.

We note that not all women want information about reconstruction prior to their breast cancer surgery. Some women told us they were too overwhelmed by their diagnosis and decisions they needed to make about treatment to consider breast reconstruction at that time. It is important, however, that reliable and useful information is available for women at whatever stage in their journey they are looking for it.
The findings of this survey will be published in the Summer 2010 edition of *The Beacon* magazine and will be used to inform the next phase of BCNA's breast reconstruction project. This is likely to include a further, more comprehensive survey of women about their experiences with breast reconstruction, particularly targeting women who have their breast cancer treatment through the public health system.

I didn't think I needed it (breast reconstruction surgery), but after having it done it definitely made a difference, for the better, to me psychologically.

For further information about this survey or BCNA's breast reconstruction project, please contact Kathy Wells, Senior Policy Officer, Breast Cancer Network Australia at kwells@bcna.org.au or on Freecall 1800 500 258.