

**BREAST  
RECONSTRUCTION  
SURGERY: A REVIEW  
ON INDICATIONS,  
COMPLICATIONS AND  
SURGICAL TECHNIQUES**

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**Introduction:** Breast cancer (BC) is the most common type of cancer and the second leading cause of cancer death in women. Mastectomy is the oncological surgery indicated for the treatment of BC, although it can cause important biopsychosocial damage. Breast reconstruction after mastectomy aims to restore this damage, including the patient's body image, considering that the oncological treatment must precede the reconstructive one. **Objective:** To recognize the indications, complications and techniques of breast reconstruction. **Methodology:** Literature review by searching the MEDLINE database, via PubMed, using the terms: *breast reconstruction surgery and indications and complications and techniques*. The search filters were applied: "free full texts" and "last year". 10 results were found and 05 were included for this study. The eligibility criteria were all articles matching the proposed theme according to the filters and search terms. Five articles were excluded for not meeting the eligible criteria. Data extraction, analysis of results and writing of this review were carried out. **Results:** Breast reconstruction (RM) can be immediate (RI) and occur in the same surgical session of the cancer resection or delayed (RT), being performed in another surgical time. IR prolongs surgical

and anesthetic time, but allows the use of more natural skin with better postoperative results. RT must be considered especially in patients who will undergo adjuvant treatment with radiotherapy or who are uncertain whether they want reconstruction. Short-term complications after MRI are: bleeding, edema, necrosis, pain, breast asymmetry. In the long term after MRI, there may be: loss of sensitivity, fat necrosis, undesirable scarring, hernia in the muscle flap donor area, CM recurrence. Currently, there is a wide variety of techniques for MRI, including the use of local (plug flap) or neighborhood (thoracodorsal) flaps, expanders and prosthesis of alloplastic materials, autologous or microsurgical flaps and combined techniques evaluated for each case. **Conclusions:** Through this literature review, it was possible to recognize the indications, complications and breast reconstruction techniques. It is concluded that there is a diversity of techniques with specific indications for each particular case. The careful evaluation of the plastic surgeon together with the work team, considering the possibilities and the patient's desire, will define the best option for each situation. When choosing the technique used, particularities must be considered in order to avoid complications and achieve a better result.

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