Living Flat

A practical guide to having a mastectomy and living well without reconstruction

Flat Friends

Contents

Introduction	4
Types of mastectomy	5
Surgical options and making an informed decision	6
Flat closure	7
Preparing for your mastectomy	8
After your mastectomy	10
Your new chest	13
Gallery of single mastectomies	14
Gallery of double mastectomies	16
Life after mastectomy	18
Post-surgery bras	22
Breast forms	23
Dressing for your new body shape	25
Glossary	27
Useful Links	28
About Flat Friends	30
How Flat Friends can support you	31

Introduction

This booklet aims to help you understand what options there are when you have been told you need a mastectomy. Whether you are facing a mastectomy to treat breast cancer, or you are considering a risk-reducing mastectomy due to a strong family history or known inherited altered gene, the decision to have reconstruction or not after mastectomy is an extremely personal one. Whilst the views of your health care professionals, family, and friends are important, we think that it is more important that you have the surgery that you want, and which is right for you.

We have brought together patient-centred information and the real experiences of women, to create a practical guide about having a mastectomy and living without reconstruction. Whether you are considering living flat, or are having delayed reconstruction, we hope this booklet will help you weigh up your options, prepare for your mastectomy, and provide advice to support you to live positively without reconstruction.

Gilly Cant

Founder and Ambassador of Flat Friends

Types of Mastectomy

A mastectomy is the surgical removal of a breast. A simple mastectomy is an operation to remove all breast tissue, skin, areola and nipple. You may also have some, or all, lymph nodes from your armpit removed.

A skin-sparing mastectomy is when all the breast tissue and nipple is removed, but most of the skin that covered the breast is left. A skin-sparing mastectomy should only be done if you have discussed breast reconstruction with your surgeon and agreed you may consider this in the future.

A Goldilocks mastectomy involves removing all breast tissue but leaves a layer of fat under the skin which is then folded to create a mound. Your breast care team will explain if they think this type of mastectomy would be suitable for you.

A mastectomy operation can take around 90 minutes.

You may be offered a lumpectomy (wide local excision) which removes the breast cancer and a margin of healthy tissue whilst keeping as much of your breast as possible. You can request a simple mastectomy instead of a lumpectomy if having breast-conserving surgery is not important to you.

> I was relieved to be offered a single mastectomy instead of a lumpectomy. I started reading up about reconstruction and it was then I decided to go flat.
>
> **Nic**

Single or Double?

If you are having a risk reducing mastectomy you will have both breasts removed, known as a double or bilateral mastectomy. If you have cancer in one breast and are at increased risk of developing primary breast cancer again in the future, you may be advised to have your unaffected breast removed too. This is known as contralateral prophylactic mastectomy (CPM).

If you have cancer in one breast it is most likely you will only have that affected breast removed, known as a single or unilateral mastectomy.

Some women who need a single mastectomy may feel that they want their unaffected breast removed too. Research has shown that removing a healthy breast for women with no risk factors (such as no family history or inherited altered gene) does not reduce the risk of them developing primary breast cancer again.

However, if you decide not to have reconstruction and want to achieve symmetry you have the right to ask to have your unaffected breast removed. This is known as a contralateral symmetrising mastectomy (CSM).

Surgical Options and Making an Informed Decision

You should expect to be treated with dignity and respect by your breast care team. You should also be involved in making decisions about your care and treatment, including having time to ask questions and discuss the information that you are given. Your breast care team should support you with this.

> I knew it was my decision, not the consultant's. I felt it would be more distressing for me to look in the mirror at one large breast. Contralateral Symmetrising Mastectomy (CSM) was purely my preference.
>
> **Cara**

> I was told I was limited to the type of reconstruction I could have because of heart issues and I didn't want to risk losing the strength or movement in my back, so I opted to go flat after my prophylactic double mastectomy.
>
> **Sally**

Your surgeon will discuss reconstruction options with you, but this does not mean that this is the surgery you must have. If you are unsure about whether you want to have reconstruction you can delay your decision until later. You can change your mind about any procedures at any time, and your choice should be respected by your team.

Your team may advise you to see a clinical psychologist to discuss your wishes and feelings to make sure that you are making the right decision for you.

The National Institute for Health and Care Excellence (NICE) produce guidelines for the management of diagnosed breast cancer and familial breast cancer. These guidelines aim to 'help healthcare professionals offer the right treatments to people, taking into account the person's individual preferences.'

NICE guidelines are available on their website (see Useful Links)

Breast reconstruction

Visit Keeping Abreast's website for support (see Useful Links).

Flat Closure

There are different phrases you can use to explain to others what you want your chest to look like if you know that you do not want to have reconstruction now or in the future. These include 'Flat', 'Living Flat', and 'Flat Closure'. Whether you are having a single mastectomy or a double mastectomy, 'Flat' describes the space where your breast was. If you tell your surgeon and breast care team that you want flat closure then they should aim to create a smooth chest, without excess skin or tissue.

In all types of surgery, an ideal scar is thin, neat and flat. Your body shape, weight, and the extent of surgery you need will all influence what your mastectomy scar will look like. It is important to discuss your expectations with your surgeon before your surgery. You may want to find images of your ideal mastectomy scars to show to your surgeon. We have a gallery of mastectomies in this booklet and on our website.

Things to consider:

- How you want to look and feel after surgery.
- The different ways breast shape can be created, including with reconstruction, or wearing prostheses under your clothes.
- How long the recovery time will be and the possibility of needing multiple surgeries.
- Possible complications post-surgery.
- If you need to delay reconstruction.
- What your scars will look like, and the implications for your lifestyle and activities.

Questions you may want to ask your breast care team

- Can you show me photos of previous mastectomies done by my surgeon?
- What scars will I have? Where will they be and what size?
- Will you make sure I am not left with excess skin or 'dog ears'?
- Will my wounds be closed with stitches or glue?
- Will I have dressings?
- Will I have drains and, if so, how long will they stay in?
- When will I be able to go home after my surgery?
- How soon after will I be able to have a shower?
- Could I wear a bra afterwards? Do I need a special bra?

Ensure that your surgeon shows you photos of how they are expecting your chest to look so you have discussed your expectations.

Clare

Preparing for your Mastectomy

You may be in hospital overnight depending on what time of day your surgery is, and how you feel afterwards. Most women are able to go home the day after their mastectomy, some are well enough to go home the same day.

It can take 4-6 weeks to recover from mastectomy surgery. During your recovery you may have limited strength and range of movement in your upper body, including your arms. This can impact activities of daily living, for example, driving, washing, dressing, and preparing meals. If you use mobility aids, such as a walking stick or self-propelled wheelchair, ask your breast care team to arrange an assessment with an Occupational Therapist for you to discuss what additional support you may need.

Many women find having a soft pillow against their mastectomy site can be soothing. Some hospitals provide mastectomy pillows for patients, or you can order them online, including from our website.

What to take to hospital
Your hospital will give you information about what preparations you need to make for your operation. However, you may find the following tips helpful.

- Front fastening tops, pull on bottoms, and slip on shoes.
- Baby wipes and dry shampoo.
- Ear plugs, magazines, book, or a tablet.
- Charger for your phone and/or tablet.
- Pillows to prop you up whilst sleeping.
- Seat belt cover or small cushion to prevent rubbing.
- Mastectomy pillows, and drain bags if you are having drains.

If you feel you need to wear a bra in the weeks immediately after your surgery, then your breast care team will be able to advise you on which types are suitable.

After your Mastectomy

Your surgeon will have used surgical stitches or glue to close your wound. Your wounds may be covered by a dressing, and your team will give you advice on whether you can shower, and when any dressings will be removed. If you are in pain, tell your breast care team who can advise you on pain relief. It is normal for the area around your wound to be bruised. You should seek medical advice if your scar becomes red or painful, excessively swollen, of if there is a discharge or odour.

You may feel more tired than usual for a few weeks after your surgery. Make sure you get enough rest but also remain active as gentle activity can decrease the risk of complications such as developing blood clots.

You may develop a seroma (a collection of fluid) or a haematoma (a collection of blood) where your breast was. You may feel the fluid moving under your skin. This is usually reabsorbed by your body over time. Your breast care team may decide to draw off the fluid using a needle and syringe if it is uncomfortable.

You may have wound drains put in place during your operation to help prevent fluid buildup around the wound. These are usually kept in for a few days, your breast care team will advise you on the care and removal of them.

> I had a seroma after mastectomy. It became uncomfortable and looked like my boob had grown back! You could hear the fluid sloshing around. I had it drained three times, which was painless. It settled on its own after that.
>
> **Caroline**

Removal of lymph nodes

Breast cancer can spread to the lymph nodes in the armpit. Before your surgery, or as part of your mastectomy, you may have some of the lymph nodes in your armpit tested to see if they contain breast cancer cells. If you have been diagnosed with invasive breast cancer you will need to have your lymph nodes tested to help your team decide which treatments to offer you.

Lymph nodes may be checked using an ultrasound scan, a fine needle biopsy (FNA) which takes a sample of cells, or sentinel lymph node biopsy which uses radioactive dye injected into the breast to find the nodes closest to the lymph vessels connected to the breast. The closest node/s is then examined under a microscope to see if it contains breast cancer cells. If cancer cells are found in any of the lymph nodes you may need surgery to remove more nodes, or you may be recommended to have radiotherapy to the remaining lymph nodes.

Lymphoedema and Cording

The axillary lymph nodes drain fluid from the arm, so when these are removed it can cause a buildup of fluid and swelling of the arm, shoulder, chest, or hand on the side you have had surgery on. Some women experience a feeling of heaviness, aching, or pins and needles in these areas. When this swelling becomes long-term it is known as lymphoedema. Radiotherapy to lymph nodes can also cause lymphoedema.

Lymphoedema is a long-term condition which can develop soon after surgery, or weeks, months, or years afterwards. It is not known why some women develop lymphoedema and others do not.

Although it cannot be cured, it can be managed with exercises, taking care of your skin, wearing compression sleeves, and massage techniques.

> I have lymphoedema in my hand, arm, and chest. I was in shock when they told me I would need to wear a sleeve, glove, and corset for life, but I have come to terms with it and manage sometimes without them.
>
> **Linda**

Some women who have had lymph nodes removed may develop cording. You may be able to see or feel one or more tight cords in your armpit and down your arm especially when moving your arm. Stretching, physiotherapy and massage can help. With treatment, cording usually gets better over a few months but can last longer.

> I had cording in one arm from my wrist to my elbow. It was quite painful and looked weird. My Breast Care Nurse referred me for physiotherapy and it took about three sessions to sort it out.
>
> **Julie**

If you develop lymphoedema or cording, ask your breast care team or GP to refer you for assessment, advice and treatment. *Contact Lymphoedema Support Network for specialist support (see Useful Links).*

Radiotherapy

If you have breast cancer your team may advise you to have radiotherapy to shrink or kill any remaining cancer cells. Radiotherapy can affect the healing of your mastectomy wounds and can cause redness, your breast care team will advise you on how take care of your skin.

> I used aqueous cream as advised by my team and it worked for me. I was only really sore by my last session.
>
> **Karen**

Exercises
Your breast care team will give you advice on exercises to do after your mastectomy, these can help regain your range of movement, improve the symptoms of tight scars and cording, and reduce the risk of lymphoedema.

I was given a sheet of exercises to do twice a day. I think they were very important and helped me gain more or less full movement of my arm. I could barely lift my arm above a right angle at first but this gradually improved until I could lift it straight up.

Anne

Pathology Report
You can ask your medical team for a copy of your pathology report. The tissue removed at your mastectomy, or biopsies taken when first diagnosed, are analysed in a laboratory. This report will contain information on whether the breast tissue contained cancer cells. If cancer cells are found, they are tested for hormones and proteins. This information helps your team consider which treatments would benefit you, such as chemotherapy, hormone therapy, or immunotherapy.

If you have a family history of breast cancer, you may be offered genetic testing to see if you have inherited a gene that puts you at greater risk of developing breast cancer in the future.

Visit Breast Cancer Now's website for up-to-date information on genetic testing and breast cancer treatments (see Useful Links).

Scars
Your scars should heal within six to eight weeks, although you may still have some swelling after this time. It is normal to experience itching or tingling as your wounds heal. You can use moisturising creams, or scar oil to improve the look of your scars once the wounds are healed. Your mastectomy scars should settle and flatten over the coming months and will continue to fade for up to two years.

Mastectomy scars heal in either a half-moon or horizontal line, depending on which approach your surgeon uses. Your surgeon should have made sure your scars are flat, if this is the result you have asked for. However, you may be left with excess tissue at the ends of your scars, known as 'dog ears'; these can be removed with a minor operation later if they bother you. If you have concave areas (curved inwards or sunken), which bother you, your breast care team may be able to offer fat grafting to make your chest appear more even.

I had revision work done about 1.5 years after my initial mastectomy. My first surgeon had left skin for recon and because I was so disappointed, I found another surgeon who removed it for me.

Clare

Keloid scars
If your mastectomy scar appears raised, hard, and shiny after the wound has fully healed you may have developed a keloid scar. These can be itchy or uncomfortable while they are growing. Your breast care team or GP will be able to recommend treatments to improve how keloid scars look.

Numbness and nerve pain
The areas around your wound, armpit and shoulder blade can all feel numb after a mastectomy whether you have reconstruction or not. This may improve with time as nerves that were damaged during surgery slowly repair themselves. Some areas of numbness may remain long-term, which may be unavoidable.

As nerves repair they can cause shooting pains, tingling, and an itchy sensation. You may experience an itchy sensation where your nipple used to be, sometimes called 'phantom nipple'. If you experience chronic nerve pain, also known as post-mastectomy pain syndrome (PMPS), speak to your team who may prescribe medication to help manage this.

Your New Chest

Your mastectomy may change how you see yourself, or you may have worries about what others might think.

You may feel anxious about looking at your new chest for the first time, and this is normal as you face the visible signs of the surgery you have had. To begin accepting the physical changes to your body it can help to look at yourself in the mirror, building up to looking at your scar in your own time.

> I had a bilateral mastectomy and only occasionally wear prostheses. I sometimes notice people looking, but mostly I don't give a hoot. I feel confident and very happy. I love that I don't have to wear a bra.
>
> **Julie**

The emotional recovery from any mastectomy can take time. Some days may feel better than others.

Talking with those around you, such as friends and family, can help you make sense of how you are feeling.

Talking with others, such as Flat Friends, who have similar experiences to you can also be very important for your mental wellbeing.

Being part of a support group gives you the opportunity to both receive and give support.

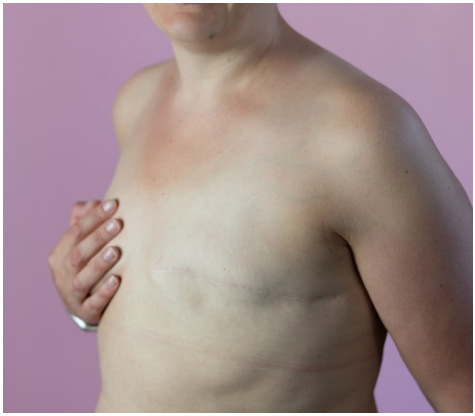
Peer support is important whether you choose talking to others online or in person.

Moving forward, you may want to think about getting back to things you did pre-mastectomy, such as work or hobbies. Or you may want to try something new. Remember that each person's recovery is as individual as they are.

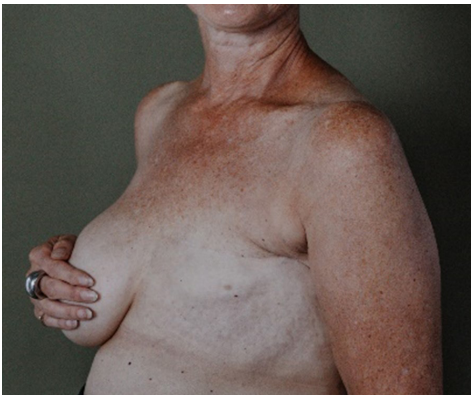
> My surgeon spoke to me about reconstruction. However, once I had the bilateral mastectomy and came to terms with my new body shape I began to like it. I didn't need breasts or unnecessary surgery.
>
> **Julie**

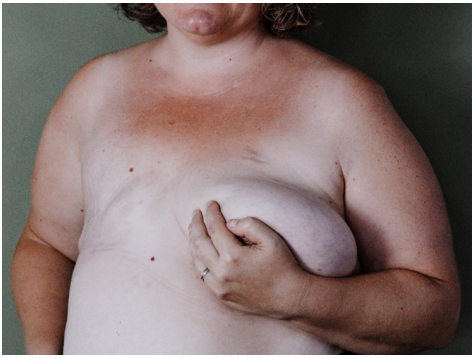
> I asked my surgeon before my surgery to make the scars symmetrical. So, when I first saw my scars and they were symmetrical I was very happy.
>
> **Angelika**

Gallery of Single Mastectomies

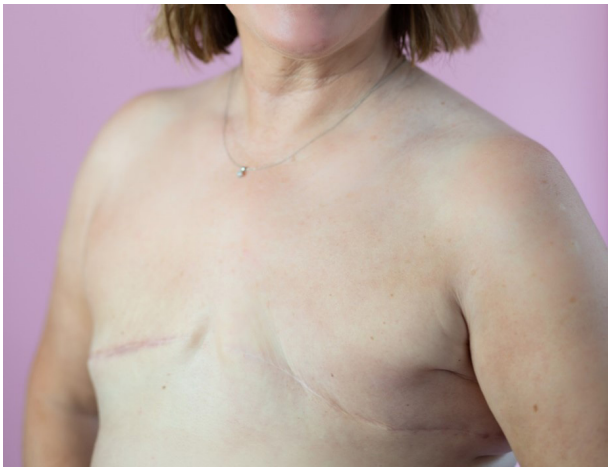


Gallery of Single Mastectomies





Gallery of Double Mastectomies



Gallery of Double Mastectomies

Check Yourself
It is important that you check yourself regularly, even after mastectomy, because during surgery a small amount of breast tissue can unavoidably get left behind. Once your scar/s settle, get to know how your chest now looks and feels. You should look for changes such as a lump, swelling or change in skin appearance from your collarbone all the way across your chest, into the armpit itself.

If you notice any changes you should tell a member of your hospital team or your GP. If they are concerned they will arrange further tests.

You will still be offered regular mammograms if you have a remaining breast.

Further surgery
If you have had a single mastectomy you may feel that you would like surgery to your remaining breast in the future. You have the right to surgery to improve symmetry on the NHS. This could include a breast reduction (making your remaining breast smaller), or a contralateral symmetrising mastectomy (the removal of your remaining breast for symmetry).

If you think you want a second mastectomy you will need to discuss your reasons for wanting symmetry with your surgeon. They will want to be satisfied that you are making an informed decision. It may help to write down your reasons for wanting your remaining breast removed, such as discomfort, difficulty with physical activities, or poor self-esteem.

> I had my healthy breast removed one year after my single mastectomy. It was purely a personal choice as I did not like feeling lopsided. I'm happier now and glad I made the decision.
>
> **Jackie**

Remember that, unless you have inherited a faulty gene, you are not at increased risk of developing a new primary breast cancer in your remaining breast.

> I'm very comfortable being a Uniboober. I can't think of anything it has stopped me doing.
>
> **Alison**

If your surgeon will not agree to perform surgery to your remaining breast, you have the right to be referred to a different surgeon, or different hospital on the NHS. Your hospital's Patient Advice and Liaison Service (PALS) can offer further information, or help to resolve problems you are having using the NHS.

Reconstruction Reversal

Some women experience complications from a breast reconstruction and may later decide to have it reversed. If you have decided to go flat after unsuccessful reconstruction you may find that your scar is not as flat or smooth as it would have been after mastectomy. This will depend on how your skin and muscles settle after your surgeries.

> I removed an immediate reconstruction with implants (both sides) after 10 years. I am happy with my final result and feel better physically and mentally without reconstruction.
>
> **Barbara**

Contact Keeping Abreast and Breast Cancer Now for advice and support with breast reconstruction (see useful links).

Personal relationships
You may be worried about how your partner will feel about you not having two breasts after your surgery; however, your partner is likely to be relieved that you have had the surgery you need, rather than worrying about what you look like. Finding ways for you both to talk about your feelings will help you identify any changes in your relationship, and support each other as you both adjust to life after breast surgery.

When you feel ready to be intimate with your partner again it can be helpful to focus on other areas of your body to begin with; you may discover new pleasures. Some women will feel comfortable sharing their scars with their partner straight away after surgery. Some women choose to wear a bralette or camisole during sex as they build confidence in their new body shape. There is no right way, only what is right for you.

I have a lovely partner who kisses my scars and we have as good a sex life as before. Maybe that's a bit about my own confidence and how they make me feel.

Viv

My husband was shocked about my decision but incredibly supportive all the way through. It doesn't bother him that I have one breast and he supports my decision to have my healthy breast removed.

Lisa

Dating
Having one or no breasts will not stop you from having new intimate relationships or finding 'the one'. Deciding when and how to tell someone new about your surgery is up to you and will probably depend on how you met, how long you have known them, and how you feel about your surgery.

Some women feel more comfortable sharing in a text message or dating app, others prefer to have the conversation face-to-face. Some women want to tell a prospective partner early on, others may wish to wait until they know the other person better.

I was terrified of rejection, but I had positive responses. I wrote something that I would send to them, and after a few times I felt fine. I put myself out there and I was inundated, because I was confident!

Sonia

Children
If you have children, of any age, you know them best. Decide how much they need to know and be as honest as possible. It may help to show them your scars once you have begun to heal, to show them that you are feeling better.

My son was 14 when I was diagnosed. He was very supportive, and I even showed him my scar. He was completely unfazed by it.

Jane

My son was 2 when I had a single mastectomy, I never hid my scars. When he was 4 he asked why I had one boob so I told him it made me poorly and a doctor got rid of it for me. He understands this and is happy with it.

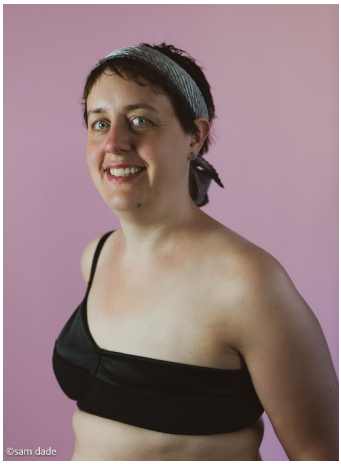
Sally

Breastfeeding
When you have a mastectomy, your surgeon will remove as much breast tissue as possible, including milk ducts and the nipple. If you have a single mastectomy you could breastfeed using your remaining breast. Your Midwife or Health Visitor will be able to support you with advice on breastfeeding, and signpost you to your local support organisations.

Whether you breastfeed or bottle feed you can bond with your baby through skin-to-skin and eye contact.

Post-Surgery Bra

The correct bra and prosthesis can make all the difference to your outline and outlook. Choosing the right bra after breast surgery can be daunting but with a professional fitting it can be an enjoyable experience. It is not necessary to spend lots of money initially as many high street brands and supermarkets now stock post-surgery bras, crop tops and swimsuits.



It is important to choose a comfortable bra which is soft cotton, front fasten initially; with or without pockets. As you progress through your healing stages, go for a good fitting bra that will support the weight of your existing breast and/or prosthesis. Some women have found that it is better to wait until your mastectomy site has settled.

The straps should feel snug, not too tight, and if you have a heavy breast or prosthesis and find your bra digging into your shoulders, choose wider or padded shoulder straps. Your bra should be comfortable, not ride up when you raise your arms, and have generous underarm support.

If you have had a single mastectomy there are one-cup bras and bikinis available to support your breast and embrace your flat side. If you prefer not to wear prostheses, you could choose a stretch crop top, vest, or camisole vest top, some of these have shaped cups which are good if you have concave areas.

> I am very happy to flaunt my flatness in strappy tops and feel more feminine now than I ever have.
>
> **Caroline**

Your bra size can change due to weight gain or loss, age or exercise, so it's important to get measured regularly. There are a couple of ways to find your bra size if you cannot arrange a professional bra and prosthesis fitting:

Band size

Measure around your body underneath your bust in inches; if it's an even number add 4", if it's an odd number add 5". For example, 30" + 4" = 34 band

Cup size

Measure over the fullest part of the remaining breast from the centre of the spine to the centre of the sternum, multiply this number by two, for example, 18" x 2 = 36. You now have the two measurements needed to begin shopping for a post-surgery bra after a single mastectomy. Many retailers will suggest a cup size simply based on how your existing bras fit.

If you have a bilateral mastectomy, measure your band size and just try different cup sizes and prosthesis until you are happy with your size and shape.

Breast Forms

Your breast care nurse will offer you an appointment to be fitted for a breast form, also known as a prosthesis. NHS patients do not have to pay for their prosthesis.

Your prosthesis can be made of silicone, or you could choose a fabric one – known as a 'comfy' or 'softy'.

The NHS will replace your prosthesis when it is damaged or worn out. However, you can ask for a reassessment if your prosthesis is no longer the correct size or a good fit.

There are many prostheses to choose from: micro bead ones which are very light and ideal for swimming; foam ones which come with a removable cover, or silicone ones which are much like a natural breast and are available in different shapes, weights or stick on.

There are different breast prostheses for sale online and in high-street shops. These include those made from silicone or fabric and modern designs in bright colours.

You could try knitted breast forms. These are lightweight, knitted, or crocheted cotton that are soft against scars and breathable. They are made free of charge by the charity, Knitted Knockers (see Useful Links).

Knitted Knockers can be requested in different colours, with or without a nipple.

Many women who wear prostheses have a selection of breast forms for different occasions and activities. It is a matter of finding what feels right for you.

I'm a happy Uniboober, it has taken me a while to find my norm. I have an array of prostheses, a different one for each occasion.

Mary Anne

I always wear prosthetic boobs during the day, but am always glad to take them off at the end of the day.

Tina

Dressing for your new body shape

You have spent most of your life a certain shape. You have been experimenting with clothes; finding styles that suited you, following trends, and reflecting your personality through what you wore. Now you've had a mastectomy, and you may have a new outlook on life. You are faced with a wardrobe of clothes accumulated over many seasons, but do not assume they won't suit you after your mastectomy.

Whilst it may be tempting to donate the contents of your wardrobe to charity as you prepare for your surgery, we recommend waiting. Once your scars have healed and you have your range of movement back, try on everything. You will be surprised what will still suit you and fit your new body.

Depending on your shape, you may find that your breasts had been hiding a tummy and that your tummy is more noticeable after your mastectomy. However, your dress size may not have changed. Shopping for your new body shape can feel daunting but finding clothes that fit well on a single or double flat chest is not that difficult.

Focus on finding clothes that make you feel confident and comfortable in your own skin. Be true to your own taste, but try experimenting with styles you may not have previously chosen. Be creative with different patterns, textures, styles, and accessories until you find the look that reflects your personality, and expresses who you are.

And finally, you may try things on that do not suit you (this is something everyone experiences whether they have breasts or not) but this is what makes finding the perfect item so special!

> Finding clothes that you feel confident in can play a huge part in helping you accept your new body. I love experimenting with different styles I would never have worn before my mastectomy.
>
> **Sarah**

Find inspiration on our website where we have tips, advice, and photos which have been shared by women living flat after single and double mastectomies.

Tips on clothing that flatters single-flat and double-flat chests

Fabrics
Floaty fabrics such as crepe, chiffon and light cotton create movement. Bust darts in light fabrics will still hang properly where you are now flat. Jersey fabric drapes and gathers to create shape. Lace and embroidered fabrics add interest, and textured knits add depth. Layer contrasting textures and colours to add depth and shape.

Shape
To add movement and volume look for:
- A-Line tops and swing dresses which flare gently from the chest
- Bubble hem tops, or dresses with elasticated waistbands
- Off-the-shoulder, halter-necks and boat-necks can all add width across the chest
- Avoid darts and princess seams in heavy fabrics where you are flat, as they may not hang properly.

Detailing
Look for extra features such as: breast pockets, gathered or cowl necklines, frills and pussy bows, pleats and pin tucks, and contrasting sleeves.

Decoration
Be proud of your chest: Decorate it! Look for:
- Patterns to draw the eye around your outfit
- Appliquéd designs such as sequins or beading
- Contrasting patterns on the bib or yoke

Asymmetrical Designs
If you have had a single mastectomy also look out for pleats, draping or frills from one shoulder as well as contrasting panels or bold patterns to decorate your flat side.

Accessories
Scarves worn in various ways are a quick way to do all the above. So, if you do not feel ready to splash out on a bold gingham halterneck top, or bright floral maxi dress, then build your confidence with your new style by decorating plainer outfits with bold accessories. Try patterned scarves, statement necklaces, and bold jackets instead.

Glossary

Bilateral mastectomy (BMX) or double mastectomy (DMX)	Both breasts surgically removed. Also known as being Double-Flat
Breast reduction	An operation to make breasts feel smaller or lighter.
Concave	Curved inwards, appearing hollow or sunken.
Contralateral prophylactic mastectomy (CPM)	Having an unaffected breast removed due to increased risk of developing a primary breast cancer in the future.
Contralateral symmetrising mastectomy (CSM)	Having an unaffected breast removed to achieve symmetry (also known as Flat Symmetry)
Cording	The feeling of a tight cord in your armpit and down your arm
Dog ears	Excess tissue, fat, and skin at the edge of mastectomy scars
Drains	A small plastic tube that is sometimes put inside the chest during a mastectomy to drain excess fluid into a bag outside of your body
Fat grafting	Transferring fat from one area of the body to improve the look of dents or unevenness. Also known as Lipomodelling.
Fine needle aspiration/ biopsy	A sample of cells are taken using a needle and syringe
Flat closure	A mastectomy for someone who has no plans to have reconstruction in the future. A smooth chest, without excess skin or tissue. See also, 'Living Flat'
Flat symmetry	Having both breasts removed so your chest is flat on both sides. Symmetry achieved without breast reconstruction.
Goldilocks mastectomy	A mastectomy where a layer of fat and skin are left to create a mound.
Haematoma	A collection of blood around a wound
Invasive breast cancer	Cancer that shows the potential to spread to other areas of the body.
Keloid scar	A type of scar that looks raised, hard and shiny.
Living Flat	Living without breast reconstruction after either a single or double mastectomy. Applies whether breast prostheses are worn or not.
Lumpectomy	Breast-conserving surgery to remove breast cancer along with a margin of healthy tissue (also known as Wide Local Excision, WLE)

Lymph nodes	Small pea-sized nodes which drain and filter fluid in the body. Nodes in the armpit are known as Axillary lymph nodes.
Lymphoedema	A build-up of fluid causing long-term swelling of the tissues, such as the arm or chest.
Mastectomy	A surgical operation to remove a breast.
Pathology report	The results of tests performed on breast tissue removed during surgery.
Phantom nipple	The sensation that the nipple that has been removed is still there, often feeling itchy.
Post-mastectomy pain syndrome	Chronic nerve pain experienced after mastectomy surgery, also known as PMPS.
Prostheses	Breast forms worn inside bra cups or bra tops to give the illusion of a breast or breasts.
Radiotherapy	A precise dose of radiation, like an x-ray given to the breast area after mastectomy to kill any remaining cancer cells.
Risk reducing mastectomy	A mastectomy for someone who has inherited a faulty gene which increases their risk of developing breast cancer in the future.
Sentinel lymph node biopsy	A surgical biopsy using radioactive dye injected into the breast to identify the node closest to the lymph vessels connected to the breast. This node is then tested to see if it contains cancer cells.
Seroma	A collection of fluid around a wound
Simple mastectomy	An operation to remove all breast tissue, skin, areola and nipple
Skin-sparing mastectomy	A mastectomy where most of the skin that covered the breast is left for future breast reconstruction.
Ultrasound scan	A handheld probe is placed on the skin and using high-frequency sound waves it creates an image of inside of the body.
Unilateral mastectomy or single mastectomy	One breast surgically removed. Also known as being Single-Flat.
Wide local excision (WLE)	Breast-conserving surgery to remove breast cancer along with a margin of healthy tissue (also known as Lumpectomy).

Flat Friends www.flatfriends.org.uk

Flat Friends is a registered charity for women in the UK who have had or may face mastectomy and who live or are considering living without breast reconstruction. We provide information, advice, and raise awareness. We view living flat after a single or double mastectomy, with or without prostheses, as a positive outcome.

We also have a private Facebook support group for women living in, or from, the UK who are living without breast reconstruction or are currently facing that decision. Our Facebook support group has been running since 2014 and has thousands of members.

facebook.com/flatfriendsuk

twitter.com/flatfriends_uk

instagram.com/flatfriendsuk

support@flatfriends.org.uk

After Breast Cancer Diagnosis - www.abcdiagnosis.co.uk
Supporting primary and secondary breast cancer patients make informed choices with information and up to date news on treatments, surgeries, and useful links.

Breast Cancer Now - www.breastcancernow.org
UK charity providing world-class research and life-changing care for people affected by breast cancer.

Keeping Abreast - www.keepingabreast.org.uk
Providing information, support, and practical help and advice for those considering breast reconstruction.

Knitted Knockers - www.knittedknockersuk.com
Providing knitted or crocheted breast prostheses for women that have undergone mastectomy or lumpectomy

Look Good Feel Better - www.lookgoodfeelbetter.co.uk
Free confidence boosting workshops held across the UK for women, men, and young adults undergoing treatment for any type of cancer.

Lymphoedema Support Network - www.lymphoedema.org.uk
A registered charity and the UK's national patient support organisation for those living with or affected by lymphoedema.

Macmillan Cancer Support - www.macmillan.org.uk
Offering practical, medical and financial support to people affected by cancer. Freephone 0808 808 0000

Male Breast Cancer Coalition - www.malebreastcancercoalition.org
Sharing stories from men with breast cancer all over the world, plus resources for men and their families navigating what is usually a women's only club.

NICE - www.nice.org.uk
National Institute for Health and Care Excellence, including their guideline on 'Early and locally advanced breast cancer: diagnosis and management' covers diagnosis and management.

Owise - www.owise.uk
An accredited mobile app and website that provides information as well as support and guidance.

About Flat Friends

Flat Friends (Registered Charity Number 1168730) became a registered charity in 2016 to promote living without breast reconstruction as an equal treatment option to reconstruction. We believe in a more balanced discussion that treats every surgical option equally, and every woman's choice with respect.

Flat Friends is run entirely by our team of Trustees and volunteers, who are all women who are living flat after mastectomy. We are a charity that is for patients, by patients.

We also collaborate with researchers and policy makers.

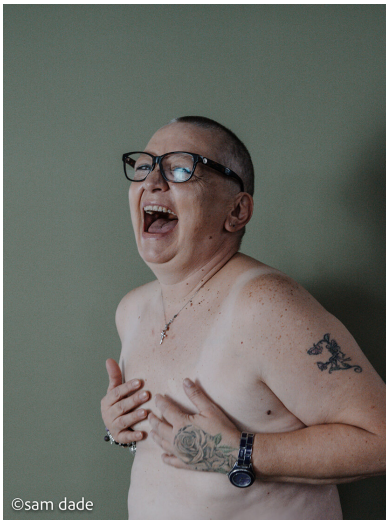
Our charitable purpose is the relief of women in the UK who have had or may face mastectomy and who live or are considering living without breast reconstruction; in particular (but not exclusively) by providing information, advice, and raising awareness among healthcare professionals and the wider public.

Finding this charity has given me a safe space to ask questions, helped me feel empowered, more confident and, most importantly, not alone in this situation.

For more information, visit our website: **www.flatfriends.org.uk**

How Flat Friends can support you

We create safe, friendly environments for women to share experiences, ask advice, and offer support to each other. We support women who live in the UK or British Isles, as well as those who now live abroad. The charity exists for women who are living without reconstruction either through choice, necessity, or whilst awaiting delayed breast reconstruction.



For women who are facing a mastectomy and wish to find out more about their options, we provide a period of access to our private Facebook group. This allows women to speak with others and ask questions. We believe this is a vital element for patients making informed decisions about their surgery.

> Flat Friends has been so useful for fact finding whilst I was trying to decide about surgery. It's brilliant to have found such a supportive and welcoming group. Flat Friends has made my journey so much easier.

Our private Facebook groups have thousands of members who chat honestly and openly about mastectomy surgery and living flat. We also have subgroups for different topics including healthy living, and active treatment. The groups are overseen by a team of moderators to ensure the group is a safe and supportive space.

> The Facebook group has made a huge difference, I read it every day. I feel supported and every question I have is answered. It feels safe, confidential and above all honest.

For those women who do not use Facebook, we provide one-to-one support from one of our trustees or volunteers via email or telephone.

We also run regular, regional face-to-face support groups across the UK and British Isles. These are friendly, relaxed meet-ups hosted by one of our volunteers. For details of where these are, women can join our Facebook group; or patients and their health care professionals can email us directly at support@flatfriends.org.uk

> Thanks to Flat Friends I feel part of a community of amazing women, and therefore never feel alone or different!

Flat Friends

Flat Friends is here for women in the UK who have had or may face mastectomy and who live or are considering living without breast reconstruction. We provide information, advice, and raise awareness. We view living flat after a single or double mastectomy, with or without prostheses, as a positive outcome.

Visit www.flatfriends.org.uk for further advice and support.

© Flat Friends, 2024

Images of Flat Friends are published with kind permission of Sam Dade www.samdade.co.uk

Our thanks to the professionals, and the members and supporters of Flat Friends for their contributions to this publication.