SARATH PALAKODETI
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Comprehensive Breast & Aesthetic Surgery
Elegant · Elevated · Experience

PATIENT DECISION GUIDE

Implant-Based vs. Autologous Reconstruction

A guide to help you understand both reconstructive approaches, what each involves, and what they mean for your recovery and your future options.

EXTERNAL PROSTHETIC

No Surgery Required

- Specialty mastectomy bra and breast form
- No additional surgery or anesthesia
- Reversible at any time
- All surgical options remain available
- Right for patients not ready for or interested in surgery

IMPLANT-BASED

Prosthetic Reconstruction

- Silicone or saline implant with ADM support
- Shorter surgery and recovery than flap
- Can be performed at time of mastectomy — one surgeon, one surgery
- No donor-site scar on another part of the body
- Autologous option fully preserved if ever needed

AUTOLOGOUS (FLAP)

Own-Tissue Reconstruction

- Living tissue from abdomen, back, or thigh
- Result feels natural — no implant
- Preferred after prior chest wall radiation
- Longer, more complex surgery and recovery
- Donor-site tissue cannot be used again

THE KEY CLINICAL INSIGHT

One surgeon. One surgery. Every option preserved.

When Dr. Palakodeti performs your mastectomy, he performs your reconstruction — in the same operation, with the same hands, with the reconstructive outcome already planned before the first incision. No handoff. No coordination gap. One surgeon accountable for the complete result. Beyond that: implant-based reconstruction preserves all future options — if it ever fails, autologous reconstruction remains fully available. The reverse is not equally true, and that is a framework worth understanding before you decide.

FACTORS THAT INFLUENCE THE DECISION

IMPLANT-BASED MAY BE RIGHT IF

- No prior chest wall radiation
- You want immediate reconstruction at time of mastectomy
- You prefer shorter surgery and one combined operation
- Direct-to-implant is feasible based on your tissue quality
- You want to preserve all future reconstructive options

AUTOLOGOUS MAY BE RIGHT IF / PROSTHETIC IF

- You have had or will have chest wall radiation
- Implant-based reconstruction has previously failed
- You prefer a result using only your own tissue
- Your anatomy makes a flap procedure well-suited
- — OR — You prefer no surgery at all: a well-fitted specialty mastectomy bra and breast form is a completely valid choice that leaves every surgical option available for the future

QUESTIONS TO ASK YOUR SURGEON

Bring this list to your surgical consultation. Check off the ones you've discussed.

ABOUT YOUR SITUATION

- Am I a candidate for immediate implant-based reconstruction?
- Does my treatment plan include radiation — and how does that affect my options?
- Is direct-to-implant feasible for me, or will I need tissue expanders?
- Am I a candidate for nipple-sparing mastectomy?

ABOUT THE SURGERY

- What reconstructive technique do you recommend for my anatomy and why?
- Will ADM be used — and what does that mean for my recovery?
- What does the expander-to-implant process look like if needed?
- If implant-based reconstruction fails, what are my next options?

ABOUT AUTOLOGOUS OPTIONS

- Am I a candidate for autologous reconstruction?
- Which donor site would be used and what does that involve?
- If I start with implant-based reconstruction, can I convert to autologous later?
- Who performs autologous reconstruction if that becomes the right path?

ABOUT RECOVERY & LONG-TERM

- What is my expected recovery timeline for each approach?
- How long do implants typically last and what maintenance should I expect?
- What does the final result typically look like for someone with my anatomy?
- What would you recommend for a patient in my exact situation — and why?

MY QUESTIONS & NOTES

Write your own questions and notes below. Bring this page to your appointment.

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