THE CENTRE, P.C.
COMPREHENSIVE PLASTIC SURGERY

YOUR JOURNEY TO RECOVERY

BREAST RECONSTRUCTION
for Breast Cancer Patients

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OPTION 2

Friends & Family,

We would like to thank you for allowing The Centre, P.C. to be part of your reconstructive journey.

We understand patients diagnosed with breast cancer face a difficult time as they restore their health and well-being, and that during this time they will have to make many decisions regarding treatment options.

Our comprehensive, multidisciplinary team has created this booklet as a guide to provide future patients with more in-depth knowledge about their reconstructive options, and to assist them in making informed decisions.

We dedicate this booklet to our patients who have had, or who are considering, breast reconstruction surgery. We are honored to be part of your journey to recovery!

- The Plastic Surgeons & Staff of The Centre, P.C.

MEET OUR STAFF

Our multidisciplinary reconstructive team includes two members of the American Society of Plastic Surgeons who are both board certified in plastic surgery. We continue to work closely with all of the general surgeons and medical oncologists throughout Michiana to coordinate your care in order to to achieve the best possible outcome.

CHOOSING A RECONSTRUCTIVE SURGEON

A plastic surgeon reconstructs or repairs physical defects to restore form and function. During thorough and extensive training, a plastic surgeon gains the specific knowledge and surgical skills to complete a multitude of techniques. The surgeons at The Centre, P.C. are board certified, which means they have completed an extensive residency in the field of plastic surgery. They have passed written and oral examinations given by the American Board of Plastic Surgery through the American Board of Medical Specialties (ABMS) in order to be considered for the distinction of being called “board certified.” It is extremely important when choosing a surgeon to complete your reconstruction, that you choose one who is board certfied in plastic surgery by the ABMS.

TABLE OF CONTENTS

RONALD DOWNS
M.D., F.A.C.S.

Plastic surgeon Ronald K. Downs, M.D., F.A.C.S. is the founder of The Centre, P.C. He completed his plastic surgery training at Rush Medical Center in Chicago and is board certified by the American Board of Plastic Surgery. He is also a fellow of the American College of Surgeons. Although Dr. Downs' board certification and credentials attest to his knowledge, his surgical skills are the basis of his great recognition. He has an excellent reputation and takes pride in helping his patients achieve a natural appearance. Breast reconstruction remains an area of expertise for Dr. Downs, and a main focus of the practice.

Active in local, state and national medical communities, Dr. Downs is a member of the American Society of Plastic Surgeons, American Society for Aesthetic Plastic Surgery, Indiana State Medical Association, Ohio Valley Plastic Surgery Society and Rush Surgical Society. He remains active in breast reconstruction research and has published research regarding alternative techniques for immediate, direct-to-implant breast reconstruction in the Plastic and Reconstructive Surgery - Global Open Journal, a peer reviewed, international publication focusing on global plastic and reconstructive surgery.

RACHEL MACIAS

M.D.

Plastic surgeon Rachel J. Macias, M.D. joined the surgical team in 2021. Dr. Macias is a northern Indiana native and graduate of the Indiana University School of Medicine. The majority of her medical degree was obtained while staying on the campus of the University of Notre Dame, however, she also attended IUSB and IU Indianapolis, graduating in 2015. In recognition of her academic and clinical excellence, she was elected to the prestigious Alpha Omega Alpha Honor Medical Society.

Dr. Macias completed her plastic surgery residency training at Spectrum Health/Michigan State University in Grand Rapids, Michigan, and then became board certified by the American Board of Plastic Surgery (ABPS). Dr. Macias is a member of the American Society of Plastic Surgeons and the American Society for Aesthetic Plastic Surgery. In addition to her comprehensive surgical training, she was also selected to present her surgical research at several regional and national plastic and reconstructive surgery conferences. Dr. Macias enjoys the complexity of surgical procedures and the intricate anatomy which plastic and reconstructive surgery entails. She has a special interest in breast surgery, body contouring, and cancer reconstruction.

BREAST RECONSTRUCTION DEFINED

According to the American Cancer Society, “breast reconstruction is a surgical procedure in which a reconstructive plastic surgeon recreates all or part of a breast after it has been surgically removed or altered.” It is well documented that both immediate and delayed breast reconstruction provide substantial psychosocial benefits for mastectomy patients in the areas of emotional well-being, vitality, general mental health, social functioning, functional well-being, and body image.

You are a candidate for breast reconstruction if you have been diagnosed with breast cancer and have had, or will have, a mastectomy (surgical removal of the breast). Patients who have elected to undergo prophylactic mastectomy due to positive genetic testing are also candidates for breast reconstruction. Additionally, you are a candidate if you have had, or will have, breast conservation surgery, such as a partial mastectomy or lumpectomy.

BREAST CANCER IN MEN

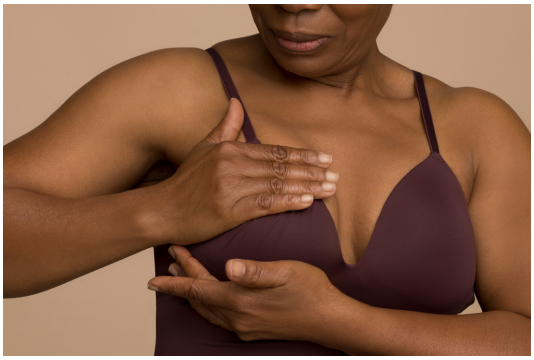
Many people do not realize that men have breast tissue and that they also can develop breast cancer. Male breast cancer is extremely rare and makes up less than 1 % of all breast cancers. The lifetime risk of a male getting breast cancer is 1 in 833. Male breast cancer is most common in older men, though it can occur at any age. Some men inherit abnormal (mutated) genes from their parents that increase the risk of breast cancer. Mutations in one of several genes, especially a gene called BRCA2, put men at greater risk for developing breast and prostate cancers. Men who have a strong family history of cancer, should discuss this with their doctor. *To learn more visit www.mayoclinic.org.*

DELAYED VS. IMMEDIATE RECONSTRUCTION

Most breast reconstruction can be done at the time of the mastectomy, which is called immediate reconstruction. Reconstruction can also be delayed by months or years. Typically, you must wait 3-4 months following a mastectomy in order to have reconstruction if it was not done at the time of the mastectomy. The decision to have immediate or delayed reconstruction is dependent upon several other factors, such as other medical conditions and the need for adjuvant therapies (such as chemotherapy or radiation therapy). The following table illustrates the advantages and disadvantages of immediate and delayed reconstruction.

ADVANTAGES & DISADVANTAGES OF IMMEDIATE & DELAYED RECONSTRUCTION

	ADVANTAGES	DISADVANTAGES
IMMEDIATE RECONSTRUCTION	· Less risk of social or emotional difficulties · Better cosmetic results · Possibly less surgery & lower cost · No difference in the rate of development of local cancer recurrence · No difference in the ability to detect local cancer recurrence · No significant delays in getting other treatments	· Harder to detect mastectomy flap necrosis · Longer time spent recovering than having a mastectomy alone · More possible complications than a mastectomy alone · Possibility of additional surgery
DELAYED RECONSTRUCTION	· Gives patient more time to think about reconstruction options	· Adjuvant therapy may cause problems to the reconstruction site · Mastectomy scar on the chest wall · Requires additional surgery & recovery time · Sometimes harder to reconstruct after scarring occurs and after radiation · Less optimal cosmetic results



BREAST RECONSTRUCTION OPTIONS

The options for reconstruction include direct-to-implant, tissue expander/implant, autologous flap, or a combination of these. The type of reconstruction available to each individual will depend on a number of factors including body shape, current medical conditions, and necessity of adjuvant therapies such as chemotherapy or radiation. We've included a Breast Reconstruction Options chart beginning on page 19 which compares all of the methods of breast reconstruction.

DIRECT-TO-IMPLANT RECONSTRUCTION

Breast reconstruction with a direct-to-implant (or single stage) approach may be considered in a small number of patients. This is most suitable for candidates of nipple sparing mastectomies. A permanent implant, saline or silicone, is inserted immediately following the mastectomy, which eliminates the need for an expander. With the use of an acellular dermal matrix, more women are candidates for direct-to-implant reconstruction.

Having the ability to accurately assess tissue vascular health is critical to reducing complications for our breast reconstruction patients. We proudly use the SPY Elite imaging system to assist our surgeons for the best, most informed outcomes. This vascular imaging technology provides real-time assessment of tissue perfusion that correlates with clinical outcomes, and can be used to guide surgical decision making, such as the need for flap revision, tissue resection, conversion to a tissue expander, or a delayed procedure.

TISSUE EXPANDER / IMPLANT RECONSTRUCTION

With this method, the surgeon will insert a tissue expander in a pocket under the skin that remains after the mastectomy. The tissue expander is filled gradually with sterile saline approximately every two weeks during a simple outpatient procedure in the office. The goal of the expander is to stretch the overlying skin in order to accommodate a future implant. The amount of sterile saline added at each visit may vary according to the individual patient's comfort level. It generally takes 8-12 weeks to complete the expansion process. If you and your surgeon decide to choose the expander approach, you will need to have second stage surgery, during which the tissue expander is exchanged for a permanent implant. The second stage surgery is an outpatient procedure, and you are generally back to normal activity within a week, and strenuous activity within four weeks.

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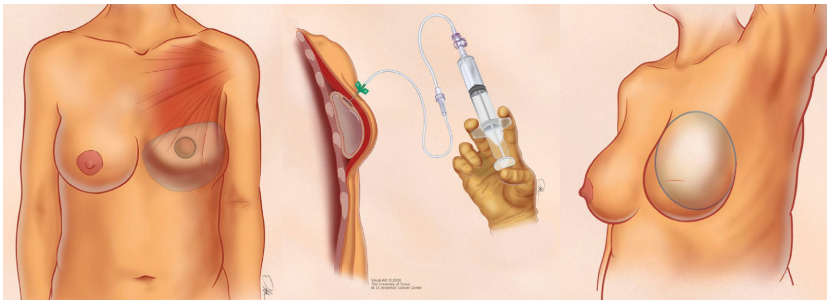

Tissue expander placed under pectoralis major muscle and skin after mastectomy

Expansion process performed in clinic

Final implant after tissue expander removed

AUTOLOGOUS FLAP RECONSTRUCTION

Autologous flap reconstruction uses tissue from another part of your body in order to reconstruct the breast. This tissue generally comes from your abdomen or back. These tissue flaps are connected to their original blood supply and rotated to form a new breast (termed 'pedicle flaps'). These operations leave two surgical sites, which means two areas for scarring and complications. There are more opportunities for complications with this type of procedure, and they are generally reserved for salvage procedures. There is usually a longer stay in the hospital required and a longer recovery time. For these procedures, it is imperative that the tissue flap has a healthy blood supply in order for the skin and tissue to remain viable. Patients with poor wound healing ability due to smoking, diabetes, or other health problems may not be a suitable candidate for these types of procedures.

TRAM FLAP: TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP

TRAM Flap: Pedicle

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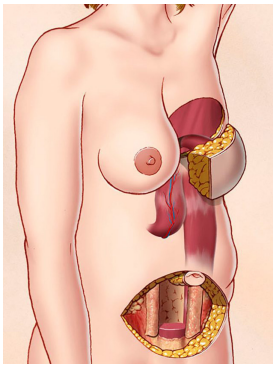
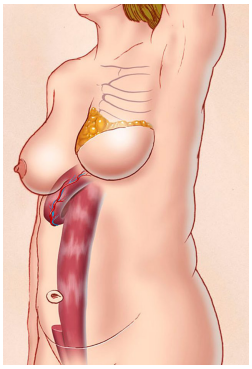


Rectus Abdominus muscle rotated up to chest



Pedicled TRAM flap replacing missing breast

A TRAM flap is breast reconstruction using skin, fat, and muscle from the abdomen. A pedicled TRAM flap reconstruction is performed under general anesthesia and takes 3-5 hours for one breast, and 4-6 hours for both breasts. Patients are hospitalized for 1-2 days and can return to work in 6-12 weeks. Several temporary drain tubes remain in place after surgery for an average of 7-10 days.

While the benefit of the TRAM flap is a natural looking and feeling breast, there are some disadvantages related to the abdominal wall donor site. These include potential abdominal wall weakness, bulging, and hernia. You may not be a candidate for TRAM flap if you do not have enough lower abdominal tissue to create the flaps, a large pannus of abdominal skin/fat, a BMI of 30 or higher, diabetes, are a current or recent smoker, or have had previous abdominal surgeries.

LATISSIMUS DORSI FLAP RECONSTRUCTION

Latissimus Dorsi Myocutaneous (LD) Flap

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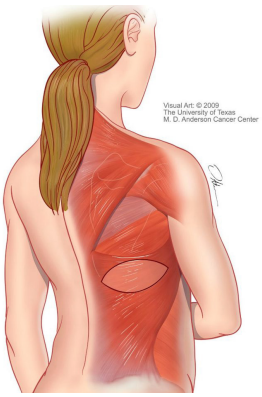
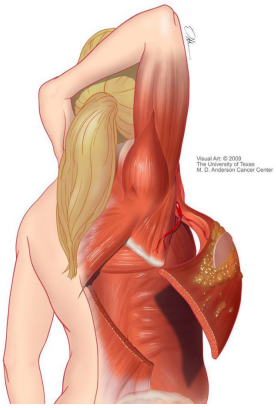
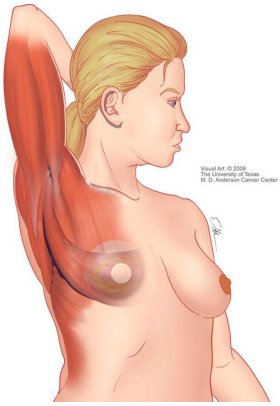


Skin paddle



Latissimus Dorsi muscle
with skin paddle

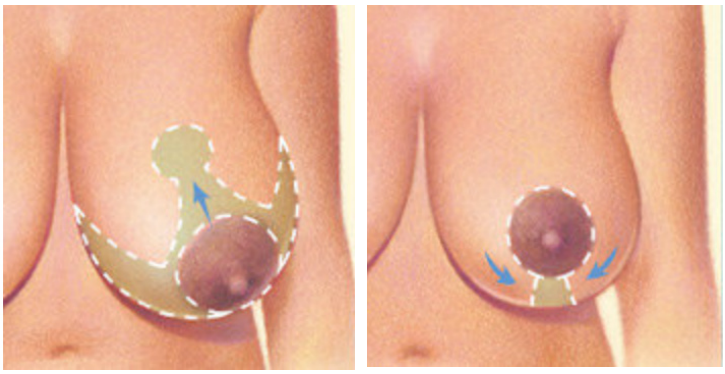


Latissimus Dorsi muscle
with implant underneath

Reconstruction using the latissimus dorsi muscle from your back is another option for autologous flap reconstruction. An ellipse of skin and your latissimus dorsi muscle will be tunneled from your upper back to your mastectomy area to create your reconstructed breast.

The latissimus dorsi flap is most commonly combined with a tissue expander or permanent implant. The latissimus muscle flap is a workhorse flap for salvage of the failed expander/implant reconstructions. The length of surgery for a latissimus dorsi flap breast reconstruction is typically 2-3 hours and may require 1-2 post operative days in the hospital. The initial recovery time is 4-8 weeks.

Like the TRAM flap, ideal candidates for latissimus dorsi flap reconstruction are those who are not candidates for tissue expander/implant reconstruction, such as those who have had previous radiation.



Images obtained from plasticsurgery.org

BREAST CONSERVATION VS. MASTECTOMY

Breast conservation surgery, or lumpectomy, is the removal of the tumor and surrounding breast tissue and preservation of the remaining portion of the breast. The goal of breast conservation surgery is to remove the breast cancer while leaving an adequate portion of breast that is cosmetically acceptable to the patient. It is generally followed by radiation therapy for local control.

Recently, there has been an emergence in the field of oncoplastic surgery which has led to advances in breast conservation treatment. You may not be a candidate for breast conservation surgery if you have small breasts; advanced ptosis; large body habitus; large tumor size; central, medial, or lower quadrant tumor location; segmental or multifocal tumor distribution. The procedure involves removing the breast tissue containing the mass and then repositioning and reshaping the remaining breast tissue. The nipple and areola remain attached, unless the breasts are extremely large and pendulous.

ADDRESSING SYMMETRY

If you are having a unilateral mastectomy, it is important to consider your other breast when planning your reconstruction. This can mean that you may need to have a procedure on your non-affected breast, such as augmentation with an implant, mastopexy (breast lift), reduction or a combination of procedures. Typically, this is done at the same time as your mastectomy or with the second stage surgery. These procedures typically do not add any recovery time to your reconstruction. The goal of breast reconstruction is to create breasts that are as symmetrical as possible.

NIPPLE RECONSTRUCTION

Once you have healed from your breast reconstruction and you are satisfied with the size and shape of your breasts, the final stage is nipple and areola reconstruction. Typically, this occurs about three months following your surgery. A reconstructed nipple does not have feeling, nor does it react to stimulus the way a natural nipple would. There are many techniques used to recreate nipples. Most involve using the skin from your reconstructed breast and rotating a skin flap. Another technique is to take a portion of your natural nipple from the opposite side and graft it to your reconstructed breast. This is performed in the office, taking up to 30 minutes per side.

MICROPIGMENTATION

The areola, or colored portion around the nipple, is created using micropigmentation, or tattoo ink. Once you have healed from your nipple reconstruction, typically after 6-8 weeks, you will see a licensed medical professional for color matching and tattooing. You may also elect to have micropigmentation without the nipple reconstruction. If 3D tattooing is something you are interested in, we would be happy to refer you to a medical professional that has experience with reconstructed breasts.

continues on page 13

continued from page 12

Tattooing is generally painless, but a local anesthetic can be used if necessary. The procedure typically takes approximately 45 minutes per side, and you will be given complete care instructions following the procedure.

REVISION OF PREVIOUSLY RECONSTRUCTED BREAST

Patients with significant deformity or disproportion of the reconstructed breasts may require a revision surgery. If the first operation did not bring satisfactory results, a revision procedure may be necessary to achieve a more acceptable aesthetic result. Breast reconstruction revisions may be needed to improve the size and shape of the breast, reduce excess tissue, correct cosmetic defects caused by a lumpectomy or to revise scars.

FAT GRAFTING

Fat grafting is a procedure which uses a patient's own subcutaneous fat cells to augment and reshape imperfections in the reconstructed breast. Fat grafting is typically used for making revisions to a reconstructed breast that needs additional contouring. Fat grafting is a simple and safe treatment option that is typically done on an outpatient basis. Fat is removed from a donor site, such as the abdomen or flanks. The harvested fat is then placed in a centrifuge to remove the serum before injecting it into the area which requires correction.

RISKS & COMPLICATIONS

As with any surgery, there are risks and complications, including: bleeding, loss of sensation, failure or loss of implants, implant rippling, fluid accumulation (seroma or hematoma), hernia (associated with autologous flap procedures), infection, asymmetry of the breasts, pain, partial or complete loss of the flaps, poor cosmetic results, scarring and wound healing problems.

ADJUVANT THERAPIES

Breast reconstruction has not been shown in current research to delay the administration of adjuvant therapies such as chemotherapy and radiation. If your oncologist has recommended chemotherapy, he or she will often wait until you have healed from your mastectomy and reconstruction. If you have wound healing issues or infection, chemotherapy may be delayed. However, research has shown that in order for chemotherapy to be most effective, it should be delivered between 4-12 weeks from your initial surgery.

If you had tissue expander/implant reconstruction, you can safely receive chemotherapy throughout the expansion process. If you are already undergoing chemotherapy before your reconstruction, your surgeon will typically wait four weeks from the completion of your chemotherapy before doing your reconstruction. If you are undergoing radiation therapy, your surgeon will typically wait three months following the completion of radiation before performing your reconstruction. Reconstructive surgery has not been shown to increase the risk of cancer returning, or to make it harder to detect if cancer does return.

POST-OPERATIVE CARE

After you leave the hospital following your reconstructive surgery, you will be in a compression wrap or post-operative bra. You will also likely have one or more bulb suction-type drains in place when you are sent home, and will be provided with a form to record the amount of drainage. You will strip and empty the drain 2-3 times daily (or more often if the bulb becomes full) and record it on your log. This will be demonstrated for you before you leave the hospital.

You may be restricted from showering for 24 hours after the drains are removed. You may not swim, bathe, sit in a hot tub, or use lotions or creams on the breast for 2-4 weeks following surgery, or until the incisions have healed completely.

continues on page 15

continued from page 14

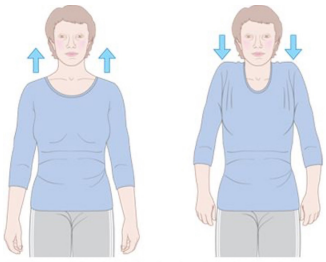
Pain medication should be taken as prescribed. This medication should be gradually tapered or reduced to a point at which narcotics are used only for pain relief during the night. We also recommend that you use a stool softener while taking pain medication to counteract the side effects of constipation. Over-the-counter anti-inflammatories, such as Advil, Aleve and aspirin, may be used at the discretion of your provider.

You may resume light activities the day after surgery. This includes activities which encourage range of motion of the shoulder, such as washing or brushing your hair. You will be encouraged to begin arm exercises once the drains have been removed, 3-4 times per day. (Refer to page 16 for therapeutic exercises.) You should be able to fully raise your arms over your head within a week of surgery.

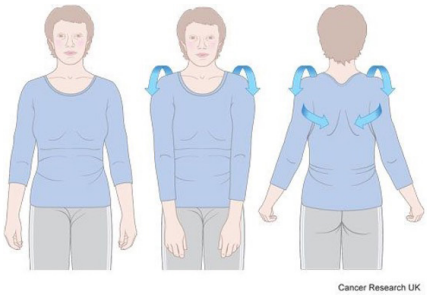
You may also be referred to Occupational Therapy if you and your surgeon determine it is necessary. Certified therapists are specially trained in the latest techniques, specifically designed to assist women who have undergone breast reconstruction surgery following a mastectomy. Therapy serves to expedite and improve recovery after breast reconstruction surgery by preventing increased formation of scar tissue, remodeling existing scar tissue, preventing capsular contracture, maintaing shoulder mobility, decreasing and managing edema, and promoting lymphatic drainage.

THERAPEUTIC EXERCISES

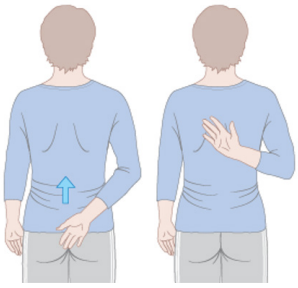
SHOULDER SHRUGS



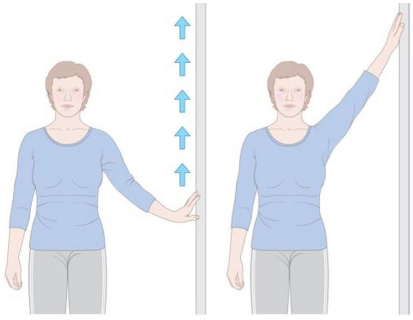
SHOULDER ROLLS



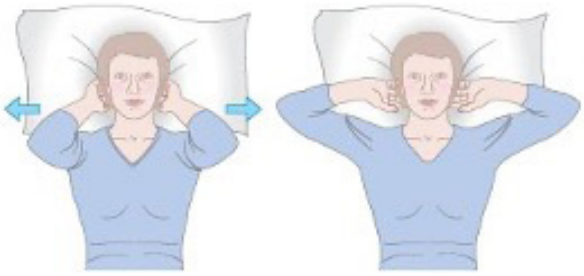
BACK SCRATCH



WALL CRAWL



BUTTERFLIES



Images obtained from www.cancerresearchuk.org

TIMELINE FOR RECONSTRUCTION

The timeline for completion of reconstruction varies from patient to patient:

1. **Initial Consultation (typically 30-45 minutes)**
   - Meet the board-certified plastic surgeon and complete an in-depth history
   - Reconstructive options will be discussed, and a treatment recommendation will be made based upon your individual needs
     - If you are having immediate reconstruction, this will be coordinated with your general surgeon
     - Plans will be initiated for scheduling surgery
     - The need for lab and radiology tests will be determined

2. **Pre-Op "Inform & Consent" Appointment (typically 1 hour)**
   - Detailed review of the surgical plan, including Inform & Consent packet, and all additional questions are answered
   - Clinical photos are obtained

3. **Surgery Day**

   (You will receive directions and check in instructions prior)
   - Your plastic surgeon will apply any pre-operative markings as necessary to your skin and take you to the surgical suite
   - Family members receive waiting room instructions
   - Immediately following surgery, you will be taken to the recovery room for approximately one hour
   - Most reconstructive surgeries are done as an outpatient surgery, however, this can change based on the particular surgery you will be having

4. 1st Post-Op Office Visit @ 1 Week (typically 30 minutes)

- Incisions will be examined and you'll be asked to provide the record of your drain output since surgery. Drains are typically removed in 7-10 days post-op or when drains have slowed to less than 25-30cc in a 24-48 hour period
- You will receive instructions for wound care and activity. If you were not placed in a compression garment post-operatively, it is typically done at your 1st post-op visit

5. 2nd Post-Op Office Visit @ 1 Month (typically 30 minutes)

- Incisions will be examined, and if indicated the expansion process will begin at this time. Patients are typically expanded with 100cc sterile saline approximately every 2 weeks until fully expanded
- Any adjuvant therapies may begin (barring any complications)
- A referral for occupational or physical therapy can be made at this time if you and your physician feel it is necessary

6. 8 Weeks Post-Op

If you had a tissue expander/implant reconstruction, your second stage surgery is generally performed 8-12 weeks following first stage surgery, once you are fully expanded. It may be delayed until chemotherapy or radition is completed. Nipple reconstruction may be performed at this time if you do not require revision surgery

7. 6-8 Weeks Following Nipple Reconstruction

You may be seen by a licensed medical professional for color matching in preparation for tattooing. A licensed professional will guide you on color choice and discuss treatments if the scar is not mature enough to accept pigment. Expect 30-45 minutes per side

8. Final Follow-Up Assessment @ 6 Weeks Post-Nipple Appointment

Final check-up and clinical photos are obtained

BREAST RECONSTRUCTION OPTIONS CHART

CONSIDERATION	DIRECT-TO-IMPLANT	TISSUE EXPANDER/ IMPLANT
What Is Done?	Surgeon inserts a permanent implant in a "pocket" created after mastectomy.	Surgeon inserts a tissue expander in a "pocket" under the remaining mastectomy skin. After the tissue has been expanded, a second stage surgery is performed and the tissue expanders are replaced with permanent implants.
Ideal Candidate	· Has not received radiation and does not have plans for radiation. · Is a candidate for nipple and skin sparing mastectomy. · Prefers a single stage surgery and does not desire an autologous flap reconstruction. · Plans for bilateral reconstruction. · Does not use nicotine products and has good overall health. · Does not have ptosis, or drooping, of the breasts. · Is of reasonable body weight and size.	· Has not received radiation. · Has a good condition of skin for expansion. · Prefers shorter surgery and recovery time. · Plans for unilateral reconstruction.
Advantages	· Provides patients with a "one-step," or single stage operation for breast reconstruction.	· Shorter surgery and recovery time.
Disadvantages	· There is greater risk of complications such as partial or complete loss of the flap. · Possible need for a secondary surgery. · Possible need to replace implants over the course of patient's lifetime.	· Many appointments for the expansion process. · Need for a second stage surgery. · Possible need to replace implants over the course of patient's lifetime.

BREAST RECONSTRUCTION OPTIONS CHART

TRAM FLAP RECONSTRUCTION	LATISSIMUS FLAP RECONSTRUCTION	BREAST CONSERVATION
Tissue and muscle is taken from the abdomen to create a breast mound.	Tissue and muscle is taken from the back to create a breast mound. The tissue may be used alone or overlying an implant.	Breast conservation surgery, or lumpectomy, is the removal of the tumor and surrounding breast tissue and preservation of the remaining portion of the breast.
· Is healthy enough to undergo a lengthy operation. · Does not use nicotine products and has good overall health. · Has had previous radiation. · Has a BMI less than 30. · Has not had any other surgeries to the abdominal area (not including C-sections). · Does not have abdominal hernia.	· Is healthy enough to undergo a lengthy operation. · Has had previous radiation. · Does not use nicotine products and has good overall health. · Prefers a more natural appearing reconstruction. · Is not a candidate for other types of reconstruction.	· Has a larger breast size. · Is of reasonable body weight and size. · Prefers a more natural appearing reconstruction. · Does not use nicotine products and has good overall health.
· Use of one's native tissue reconstruction. · Good option for patients with prior radiation. · No need for an implant.	· Good option for patient with prior radiation. · More natural appearing reconstructed breast.	· No need for implant. · Single staged surgery.
· Longer surgery and recovery time. · Will leave additional scar on the abdomen. · Risk of hernias and bulges on the abdomen. · Risk of partial or complete flap loss. · Muscle weakness in the abdomen.	· Most women will need an implant under the tissue for projection and size. · Risks of complications and scar on the back. · Muscle weakness in the back.	· Will most likely require radiation therapy for local control.

BREAST RECONSTRUCTION OPTIONS CHART

CONSIDERATION	DIRECT-TO-IMPLANT	TISSUE EXPANDER/ IMPLANT
Final Results	· More natural appearing breast with better symmetry. · May require additional surgeries due to implant related changes.	· Soft, natural appearing breast. · May require additional surgeries due to implant related changes.
Permanence	Periodic adjustments and possible replacement of implant.	Periodic adjustments and possible replacement of implant.
Surgery Length (not including mastectomy)	60 to 90 minutes	60 to 90 minutes
Hospital Stay	Outpatient procedure	Outpatient procedure
Recovery	4 to 6 weeks	4 weeks
Additional Surgery for Symmetry	Yes	Yes
Radiation Treatment	Avoid	Avoid
Artificial Implant	Used	Used
Options	· Saline implants · Silicone gel implants Both types are safe for reconstruction and come in many shapes, sizes and profiles.	· Saline implants · Silicone gel implants Both types are safe for reconstruction and come in many shapes, sizes and profiles.

BREAST RECONSTRUCTION OPTIONS CHART

TRAM FLAP RECONSTRUCTION	LATISSIMUS FLAP RECONSTRUCTION	BREAST CONSERVATION
· Soft, natural appearing breast. · Ages naturally. · May improve abdominal shape.	· Results are good to excellent. · Muscle will thin over time. · May have fullness under arm where flap was rotated.	· Soft, natural appearing breast. · Ages naturally and size fluctuates along with fluctuations in body weight.
Most permanent.	Periodic adjustments and possible replacement of implant.	May require adjustments following radiation therapy as this can be somewhat unpredictable.
It takes 3 to 5 hours for one breast, and 4 to 6 hours for both breasts.	2 to 3 hours	Approximately 2 ½ hours
1 to 2 days	1 to 2 days	Outpatient procedure
6 to 12 weeks	4 to 8 weeks	2 to 4 weeks
Yes	Yes	Yes
Okay if before reconstruction.	Yes	Yes
Rare	Used	Not used
· Pedicled TRAM Flap	· Latissimus Dorsi Flap	N/A

PAYING FOR BREAST RECONSTRUCTION

In October 1998, Congress passed the Women's Health and Cancer Rights Act, which requires group health and invidual health insurance coverage for reconstructive surgery following a mastectomy. The federal law requires coverage for reconstruction of the affected breast as well as surgery and reconstruction of the other breast for symmetry. This law also states that the prosthesis must be covered as well as any treatment of physical complications at all stages of the process.

cms.gov

SUPPORT SERVICES

The American Cancer Society

The ACS is a voluntary national health organization with local offices around the country. The ACS supports research, provides information about cancer, and offers many programs and services to patients and their families, including the Reach to Recovery Volunteers. The Reach to Recovery Volunteers are breast cancer survivors who give patients and family members an opportunity to express feelings, talk about fears and concerns, and ask questions of someone who has been through the process.

800.ACS.2345 or cancer.org

RiverBend Cancer Services

RiverBend Cancer Services is a locally operated warm and welcoming place with helpful people and programs for cancer survivors, as well as families in our community who are living with a cancer diagnosis. RiverBend offers financial assistance, counseling and support services, nutritional programs, complimentary bra fitting, and a wig salon.

1.574.287.4197 or riverbendcancerservices.org

INFORMATION & RESOURCES

The American Society of Plastic Surgeons
The Patients and Consumers section of the ASPS website provides Before & After photos, frequently asked questions, and other educational information on breast reconstruction surgery.
plasticsurgery.org

Mentor Corporation
This website offers educational materials regarding reconstruction options along with Before & After photos and patient testimonials. You can also find information regarding the safety of implants.
yourbreastoptions.com

Breast Cancer Stages
A multilingual (English & Spanish) guide to educate breast cancer patints and their caregivers about all stages of the disease.
breastcancer.org

GRANTS

BRA Public Awareness Grants - **thepsf.org**

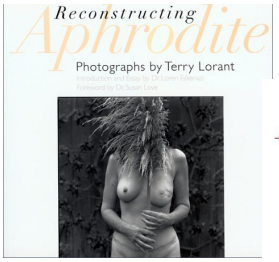
Indiana Women In Need - **IWINfoundation.org**

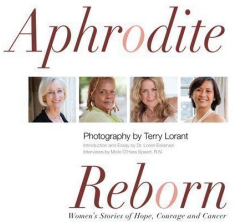
RECOMMENDED READING

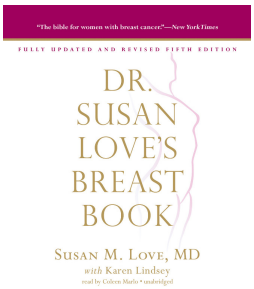
Reconstructing Aphrodite and Aphrodite Reborn
Terry Lorant

These two books are a collection of stories from women who have undergone reconstructive surgery following breast cancer. The women's stories are accompanied by portraits done by photographer Terry Lorant.

reconstructingaphrodite.com







Dr. Susan Love's Breast Book
Susan M. Love M.D.

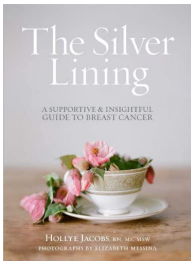
Otherwise known as the "bible of women with breast cancer", Dr. Susan Love's Breast Book encompasses every aspect of the breast including breast care, screening, diagnosis, treatment, research, genetics, reconstruction & implants.

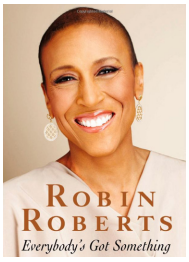
drsusanloveresearch.org

The Silver Lining: A Supportive & Insightful Guide to Breast Cancer
Hollye Jacobs

Looking for and finding silver linings buoyed 39 year old nurse and mother Hollye as she worked through her double mastectomy and recovery.

lbbc.org





Everybody's Got Something
Robin Roberts

In this recent memoir, Robin recounts the incredible journey of her life, and the lessons she's learned along the way. With grace, humor and heart, she writes about overcoming breast cancer.

rocknrobin.tv

CENTRE YOURSELF™ MEDICAL SPA
SKIN AND HAIR CONCERNS

We're here to see you through your total journey at The Centre, P.C. We offer our reconstructive patients the opportunity to take advantage of our medical spa. We understand your skin and hair concerns may vary during and after treatments, and that's where we can help!

Our skilled team of licensed aestheticians and medical spa providers can assist in finding the right products and services to address your needs. These experts will work with you to find products which are safe to use while in treatment. We can develop a post op plan for a variety of services or recommend a series of products for your skin requirements.

Our goal is to come alongside you and see you through the healing process. If you're interested in speaking with our medical spa professionals, the consultation fee will be waived. We hope you choose to rejuvenate with us here at the Centre Yourself™ Medical Spa.
Give us a call today for details!

574.968.3510

YOUR JOURNEY TO RECOVERY

by **Kellee M Hedges, FNP-BC, CPSN, CANS, ABAAHP**

in conjunction with **The Centre, P.C. for Comprehensive Plastic Surgery**

adopted in part from "Reshaping You - Breast Reconstruction for Breast Cancer Patients" by Univ. of Texas MD Anderson Cancer Center

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