

Understanding Your Options and Road to Recovery

This whitepaper is presented by M. Azhar Ali, M.D. F.A.C.S., of Amae Plastic Surgery Center in Bloomfield Hills, Michigan. The following information about [breast reconstruction](#) is intended to be informational and introductory. We strongly advise that anyone looking to have reconstructive, cosmetic or plastic surgery schedules a professional consultation with a plastic surgeon that is board-certified by the [American Society of Plastic Surgeons](#).

About Dr. Ali

Dr. Ali is a board-certified [Michigan plastic surgeon](#). Through his private practice in Michigan, Amae Plastic Surgery Center, he has helped thousands of patients achieve a more satisfying profile and boost self-confidence.

Powerfully motivated to help breast cancer survivors restore their self-confidence, emotional health, and beauty, he has followed his dream and successfully pursued the art of breast reconstruction and post mastectomy procedures.

Dr. Ali has established a distinguished career in the field. Following his medical schooling, he completed 11 years of additional training including fellowship training in Aesthetic and Reconstructive Breast Surgery at Women's College Hospital in Toronto. In addition to his fellowship training, Dr. Ali has completed:

- Fellowship in Microsurgery and Trauma at St. Michael's Hospital in Toronto
- 1 year fellowship at Children's Hospital in Toronto for Pediatric Surgery
- 2 years of plastic surgery at Providence Hospital
- 5 years of general surgery training at Providence and North Oakland hospitals in Michigan
- 1 year pediatric internship in New York

Dr. Ali also belongs to numerous professional organizations within the plastic surgery field including the American College of Surgeons, American Society of Plastic Surgeons, American Medical Society, Michigan State Medical Society, and Oakland County Medical Society.

What is Breast Reconstruction?

Breast reconstruction is a plastic surgery procedure that can reconstruct the breast after a mastectomy. A mastectomy is the surgical removal of one or both breasts and is most often done as a way to treat breast cancer. When performing a mastectomy, depending on the size, location and characteristics of the tumor, a surgeon may partially or completely remove the breast. When part of the breast is removed versus the full breast being removed, this is called a lumpectomy or breast conservation surgery. Not all lumpectomy patients may want or need breast reconstruction.

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Breast reconstruction restores the breast(s) as closely as possible to its original appearance and size. The nipple and the darker area around the nipple (called the areola) can also be restored or added to the new breast. Although this surgery most often follows a mastectomy as the result of a breast cancer diagnosis, breast reconstruction surgeries may also follow mastectomies performed for other medical purposes such as the prevention of disease or the correction of a genetic mutation.

Breast reconstruction should only be performed by a board-certified plastic surgeon experienced in breast reconstruction. If you are thinking about having reconstructive surgery, it is recommended you talk about it with your mastectomy surgeon and your plastic surgeon *before* your mastectomy operation.

Post-Mastectomy Cosmetic Expectations

Breast cancer is the most prevalent cancer among women today. According to the American Cancer Society, the chance of a woman having invasive breast cancer at some point during her life is just slightly less than 1 in 8.

A breast cancer diagnosis often results in fear and concern for the future. With so many treatment decisions to make, it is often very difficult for a patient to digest all of the information and map out a personal road to recovery, let alone consider the cosmetic options to follow.

Many breast cancer patients focus on survival first and foremost, and a mastectomy may be part of the treatment. Following a mastectomy, many patients wish to rebuild their breasts to restore emotional health and well-being. Learning about breast reconstruction and its variables *prior* to a mastectomy can help you determine the appropriate course of action and set realistic expectations following your mastectomy.

Although breast reconstruction attempts to restore the breast as best as possible to its original shape, appearance and size, the results are not the same as that of a breast augmentation surgery. A breast reconstruction patient will not have the same sensations they experienced pre-mastectomy. And while incision lines can be lightened and improved upon, they will always exist, from both the mastectomy and the reconstruction.

If only one breast undergoes a mastectomy, only one breast will be reconstructed. However, a breast reduction, lift or augmentation may be necessary on the other breast to accomplish symmetry. As we'll touch upon later, many of these procedures are covered by insurance through the Women's Health and Cancer Rights Act (WHCRA), including the surgery of the non-affected breast, as surgery may be required to ensure both breasts look symmetrical and balanced.

Why Choose Breast Reconstruction?

After going through a difficult yet courageous battle with cancer, undergoing a cosmetic surgery procedure may not be the first thing on your mind. But with time, many women choose to restore their

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breasts. Tens of thousands of breast cancer survivors have elected this surgery and have done so for very practical reasons:

- To restore self-confidence
- To overcome psychosocial difficulties including anxiety, depression or altered body image
- To improve the body's image
- To improve vitality and well-being
- To restore sexuality and sexual function
- The gain freedom from wardrobe restrictions and to be able to wear light, fitted clothing again (breast prosthesis are often hot, heavy, and uncomfortable and do not work well with bathing suits or undergarments)
- To increase the patient's overall quality of life

Breast reconstruction is not necessary from a medical standpoint, but from the emotional and personal standpoint of the patient, many breast cancer survivors feel that it is necessary. The benefits to patients who have undergone the procedure have been well established, and breast reconstruction is becoming a more popular option (versus the traditional prosthesis) due to significant medical advancements that have been made in technology and surgical techniques.

Many patients describe the procedure as a "new start" or a "reverse mastectomy" because breast reconstruction restores much of what the patient had (physically and emotionally) prior to the mastectomy.

Breast Reconstruction is a Multiple Stage Procedure

In the past few years, great strides have been made in the art of breast reconstruction. Although the total number of operations necessary in the reconstructive process has decreased, breast reconstruction is rarely a single-stage surgery. Most often, multiple stages are needed to complete the reconstruction and achieve the desired outcome.

There are different options for breast reconstruction surgery, and selection of the appropriate procedure depends upon numerous variables such as the patient's medical history, physical characteristics, lifestyle, and the plastic surgeon's experience. The most common reconstruction methods utilize breast implants, or involve a flap surgery. Surgeons will occasionally use a combination of both procedures to achieve the desired results.

Breast Reconstruction Using Implants

Breast reconstruction using an implant is a multiple stage procedure and typically requires two operations, as well as several visits to your board-certified plastic surgeon. Your surgeon will utilize implants to reshape your breasts and restore your breast's silhouette.

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Breast implants are available in different sizes and shapes and women now have the option to choose between saline or silicone breast implants. During the first phase of implant reconstruction, a tissue expander is inserted under the chest muscle. Patients are often admitted to the hospital for a day or two to minimize the pain.

The patient will then need to return to the plastic surgeon's office several times to gradually fill the device with saline. This gradual process stretches the muscle and helps create a pocket for the permanent implant to reside.

Once the desired breast size is achieved the expander is left in place for 6 to 8 weeks. This allows the scar tissue to mature around the implant. During the second operation the tissue expander is replaced with a permanent breast implant.

Recent advancements in implant reconstruction have tremendously reduced the time between the first and second stages. This is mainly due to a new product called AlloDerm. In a select and limited group of patients, it is now possible to insert the implant during the first stage, thus eliminating the expansion phase.

There are some important factors for you to keep in mind if you are considering reconstructive surgery using implants, and your plastic surgeon will help you determine which method is the best for you. Implants do not always last a lifetime and you may need an additional surgery to remove and/or replace your implant in the future.

Breast Reconstruction Using Flap Surgery

Some breast cancer survivors prefer to use their own tissue for breast reconstruction. These "tissue flap procedures" use tissue from the patient's tummy, back, thighs, or buttocks in order to rebuild and restore the breast.

For these patients, the TRAM flap (transverse rectus abdominis muscle flap) is one of the most common donor site choices on the body. The TRAM flap procedure uses tissue from the lower tummy area to reconstruct the breast.

In order to keep these tissues alive it is necessary to sacrifice part of the abdominal muscle which supplies blood to these tissues. Although many patients like the thought of using their own tissue for reconstruction versus a foreign implant, the TRAM flap procedure, as well as other tissue flap procedures, require longer operation times, longer hospital stays and longer recovery periods.

Not every patient is a candidate for TRAM flap surgery. The main determining factors are the medical history and physical attributes of the patient. Because healthy blood vessels are needed for the tissue's blood supply, TRAM flap procedures may not be possible, or offered, to women who smoke, or women with diabetes or connective tissue diseases.

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Another common donor site for breast reconstruction is the LD flap, which stands for latissimus dorsi muscle flap. In this tissue flap procedure the muscle from the back of chest is transferred to the front and an implant is inserted to complete the breast reconstruction.

Both of these tissue flap procedures will result in two surgical sites and two sets of scars: one from the donor site where the tissue was taken and one on the reconstructed breast. Scars will fade over time, but they will never go away completely.

Healing & Recovery

Despite numerous medical advancements surrounding techniques and technology, the reconstructed breast will always feel different and lack sensation. Still, this surgery profoundly affects the breast cancer survivor's self-esteem and confidence, and is one of the most rewarding plastic surgery procedures.

Breast reconstruction patients that have opted for implants are likely to feel tired and uncomfortable for 1-2 weeks. Patients who undergo a tissue flap procedure will take longer to resume normal activity. Breast reconstruction patients may be discharged from the surgery center with one or more drains in place. A drain is not uncommon and is simply a small tube that is left in place to remove extra fluid from the surgery site.

One of the main concerns of patients who are planning to have reconstructive surgery is the management of pain. Amae Plastic Surgery Center has made great efforts to address this issue and has designed a pain management program in collaboration with our anesthesiologists to make our patient's recovery phases as pain-free as possible.

Prior to any surgery, our first step is to analyze the site. We then plan the injection of long-term local anesthetic into these areas. As expected, when local anesthetic solution is meticulously injected into specific areas at the end of surgery, a drastic reduction in pain is the result. For patients who have a history of feeling sick after anesthesia, we also prescribe a medication which keeps their stomach calm for several days after the procedure.

Risk

As with any plastic surgery procedure, breast reconstruction poses possible health risks. For reconstruction patients that have had implants, implant risks include infection, scar tissue formation, and implant deflation.

Scarring is the natural outcome of both implant surgeries and tissue flap surgeries, but cell death is possible when undergoing a tissue flap reconstructive surgery. Cell death of the skin surrounding the new breast, the flap, or the transplanted fat can occur. If this does happen, corrective surgery may be required.

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Risks associated with tissue flap reconstruction also include infection of the breast or the donor site and bruising. Donor sites used for TRAM flap procedures may also experience problems such as abdominal hernias or muscle weakness.

While this is not a health risk, and much more of a caution, patients are reminded that in general, tissue flaps used in tissue flap procedures will behave more like the rest of your body tissue, and will shrink or enlarge as you lose or gain weight. Implant patients do not need to worry about this, although they may need to consider replacement of the implant in the future.

Insurance and Costs of Breast Reconstruction

Since 1998, the Women's Health and Cancer Rights Act (WHCRA) has helped women with breast cancer who wish to have breast reconstruction surgery following a mastectomy. The US Departments of Labor and Health and Human Services oversee this law, and it was established in part due to the quality of life benefits associated with breast reconstruction.

The WHCRA mandates that insurance companies that offer mastectomy coverage must also cover: reconstruction of the breast(s) on which the mastectomy was performed, reconstruction of the other breast to produce a symmetrical appearance (if only one breast underwent a mastectomy) and the actual breast implant(s) used in the reconstruction of the breast.

WHCRA applies to group health plans for plan years starting on or after October 1, 1998, when the WHCRA was passed. However, the WHCRA is a complex law. It does not apply to Medicare and Medicaid, and several states have their own laws surrounding health plans and mandated coverage for mastectomies and reconstructive surgery.

It is recommended that you contact your state's insurance department or the [US Department of Labor](#) for all questions and concerns.

Early Selection and Consultation (Pre-Mastectomy)

You can start talking about reconstruction as soon as you have been diagnosed with breast cancer and as soon as you feel comfortable. You will want your mastectomy surgeon and your plastic surgeon to work closely with one another to come up with the best possible plan for reconstruction.

Be sure to ask your plastic surgeon the following questions:

- Am I a candidate for breast reconstruction?
- If so, what method of breast reconstruction surgery will work best for me?
- When can I have the reconstruction done?
- What is the cost of the procedure and what is the likelihood that my insurance will cover the procedure (be sure to get in touch with your insurance company as well)?
- Will the other breast need to be augmented to accomplish symmetry?

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- Will reconstruction interfere with chemotherapy or radiation therapy?
- What results should I expect?
- What are all possible risks?
- How long will I need to stay in the hospital?
- How much assistance (if any) will I need at home following the breast reconstruction surgery?

Selecting Your Board-Certified Plastic Surgeon

Not every board-certified plastic surgeon has expertise in breast reconstruction. It is crucial you make sure you are receiving reconstructive surgery from a qualified plastic surgeon who meets the following criteria:

Qualifications

- Is the plastic surgeon board-certified *in plastic surgery*?
- Does the doctor have a board certification document? If so, they will be happy to share it with you!
- Has the Doctor had fellowship training? The best reconstructive or post mastectomy surgeons have accomplished fellowship training *specifically for breast reconstruction*. For example, Dr. Ali has completed fellowship training in Aesthetic and Reconstructive Breast Surgery at Women's College Hospital in Toronto.

Experience & Track Record

- How long has the doctor been in practice?
- How many breast reconstruction surgeries have been performed?
- Do they have [before and after pictures of breast reconstruction surgeries](#) they have done?
- Do they have previous breast reconstruction patients you can speak with?

Hospital Privileges

Which hospital is the board-certified plastic surgeon affiliated with? In the event of an emergency, it is critical that the plastic surgeon is affiliated with a hospital and can take care of you in that hospital. In some unfortunate cases, doctors without hospital privileges have been forced to turn their patient over to the emergency room staff because they have no relationship with a suitable hospital.

Medical Organization/Continual Involvement

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Is your plastic surgeon part of an accredited medical organization? Surgeons that are members of medical organizations tend to be more qualified, because such organizations typically require that the surgeon meet stringent and ongoing qualifications when it comes to being approved as a member.

Dr. Ali is a member of the American Society of Plastic Surgeons (ASPS), which is recognized by the American Board of Plastic Surgery (the highest governing board in plastic surgery). As a member of the ASPS, Dr. Ali is held accountable for meeting stringent qualifications, including:

- At least 6 years of training and experience in surgery with at least 3 years of plastic surgery experience
- Certification by The American Board of Plastic Surgery or The Royal College of Physicians and Surgeons of Canada
- Operates only in accredited medical facilities
- Adheres to a strict code of ethics
- Fulfills continuing education requirements including patient safety techniques
- Acts as your partner to work with you to achieve your goals

A Note from Dr. Ali

The choice to have breast reconstruction surgery is yours to make. While this white paper may serve as an introduction to and overview of breast reconstruction, no amount of research is a substitute for a professional consultation with a plastic surgeon who is certified by the American Board of Plastic Surgeons. We hope this introduction to breast reconstruction has better informed you, and perhaps even helped you and your loved ones in making decisions.

The American Cancer Society has a wonderful program in place called the [Reach to Recovery](#). Through this program, breast cancer survivors are trained to respond to you and your family's concerns when you face the diagnosis, treatment, and effects of breast cancer. In many of their locations, these breast cancer survivors have undergone breast reconstruction and can serve as an emotional and educational support system. These calls or visits on behalf of the American Cancer Society are always free of charge.

If you decide that breast reconstruction is right for you, or are simply considering your options, please feel free to call us at Amae Plastic Surgery Center in Michigan for an initial consultation. I will educate you much further on your specific options, as it relates to you, an individual and unique patient.

Every individual is different, and requires special attention. As a board-certified plastic surgeon, I will ask as many questions as possible in our initial visit to grasp a full understanding of what you are looking to achieve, and to help you determine your best options.

This paper was published by
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