

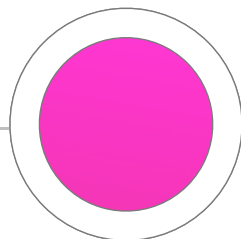


*Your Personal Guide to
Breast Reconstruction*

ALDONA J. SPIEGEL MD

Advanced Breast Reconstructive Surgeon & Microsurgeon

www.breastrestoration.com

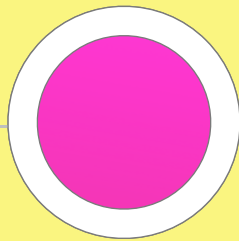


Copyright

©Copyright, Legal Notice and Disclaimer:

All rights reserved. No part of this document or the related files may be reproduced or transmitted in any form, by any means (electronic, photocopying, recording, or otherwise) without prior written permission.

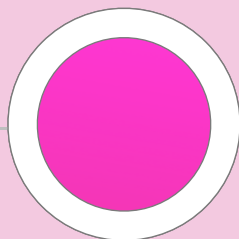
The information included in this guide is for education purposes only. All contents copyright C 2002-2014 by Dr. Aldona Spiegel.



Begin Your Journey with Me

As a breast reconstruction surgeon, I have dedicated my career to helping patients along their personal journey to reclaiming a sense of femininity and wellbeing. Over the years I have gathered many of the most common questions and concerns that patients have expressed during their treatment process. The following guide was created with my patients in mind, to provide additional information and support as they embark on this new stage in their life. I hope that the information here will help ease your fears and inspire confidence that you will not only get through this, but will emerge feeling beautiful and whole again.

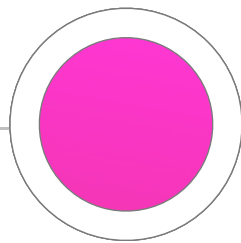




Information about Breast Cancer

When faced with surgery for treatment or prevention of breast cancer it is important for you to educate yourself so that you can make the best informed decisions about what path you will choose in your breast reconstruction journey.





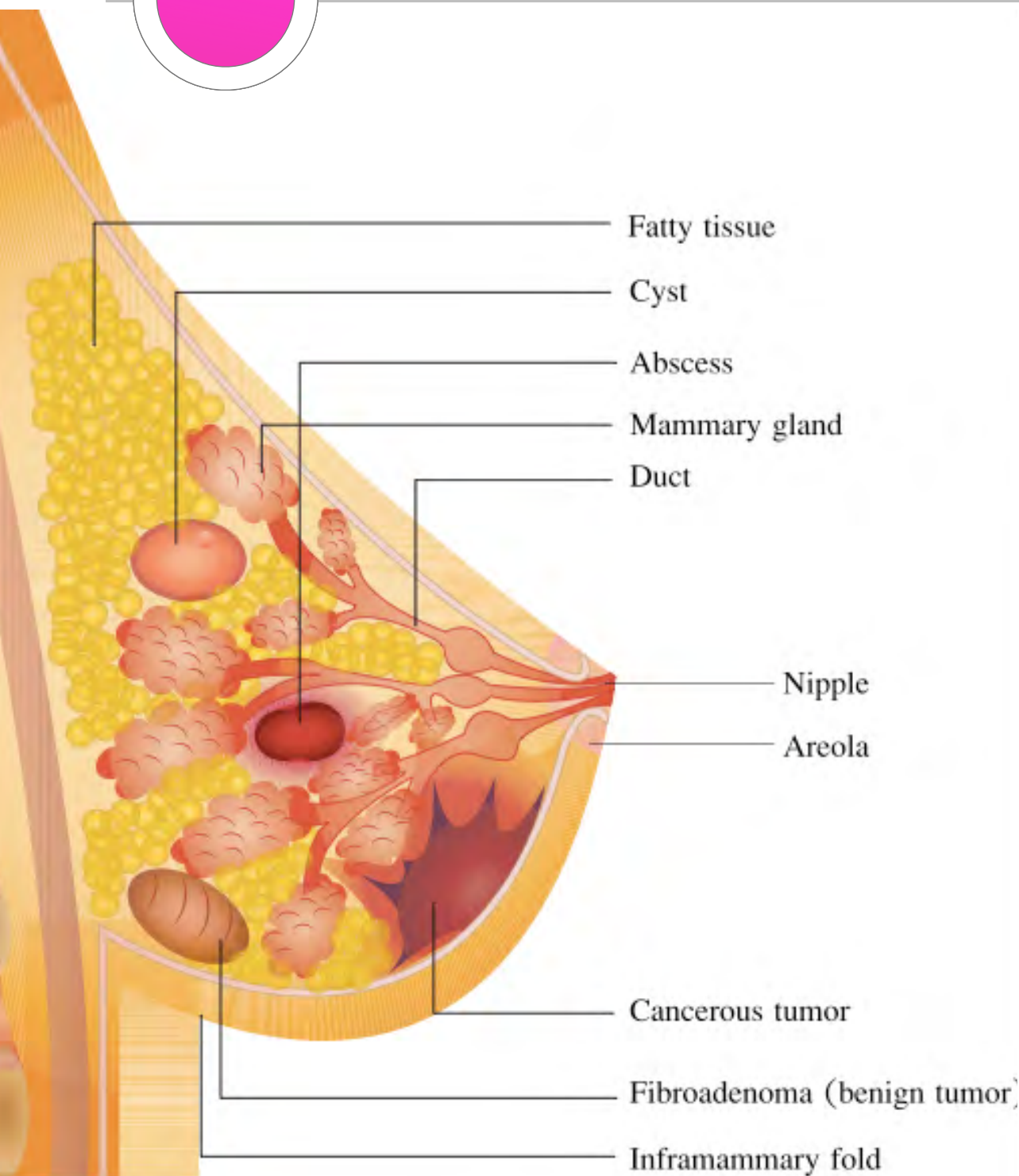
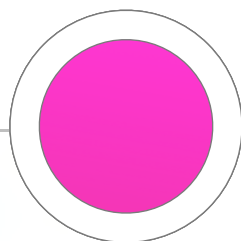
I have breast cancer, now what?

Receiving a breast cancer diagnosis can be an overwhelming and frightening experience. Many emotions and issues can arise at this time. Thoughts about mortality, femininity, family dynamics, support and work concerns all play a role. In many cases, the diagnosis comes out of the blue and coping with it often resembles the common stages experienced with loss - denial, anger, bargaining, depression and finally acceptance. Amidst this roller coaster of emotions, major decisions about the treatment plan and the type of reconstruction procedure have to be made. Keep in mind that making these decisions and getting prepared for surgery takes some time. We are here to help guide you through this process, so that when surgery time arrives, you will have reached acceptance and will be ready to start the reconstructive phase with positive energy.



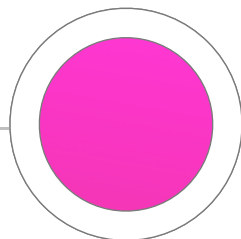
Breast cancer

Breast cancer
of malignant cells in the
Every woman is at risk to
early detection and medi
screening mammogram.



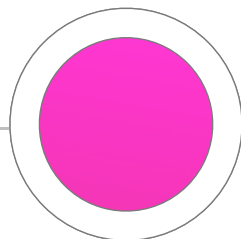
What are the types of breast cancer?

The breast is made of three major components; the mammary glands known as *lobules* (where milk is produced), the *ducts* (through which milk is expelled) and *fatty tissue*. Breast cancer can arise both in the lobules and in the ducts. Ductal Cancer is more common, and can be present at various stages. “Ductal Carcinoma in situ” means that the tumor is confined to the duct and has not spread into the rest of the breast tissue. Once the tumor is more advanced, it can spread to the lymph nodes under the arm. The tumor is classified according to a staging system depending on the extent of involvement, which is important in determining what type of treatment program would be most effective.



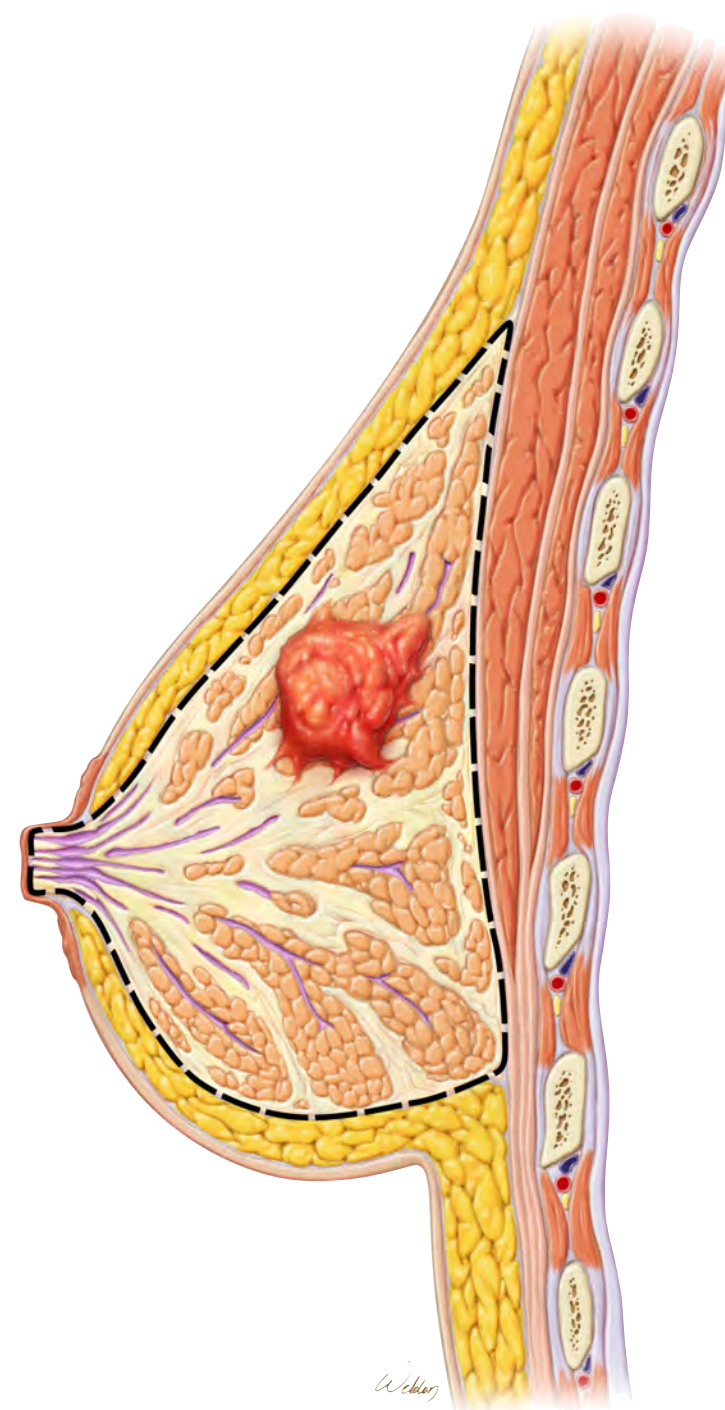
Mastectomy Types

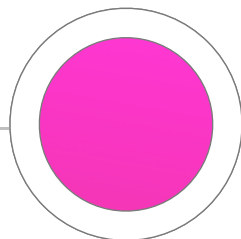
- **Total (modified radical) Mastectomy**- the entire breast including skin is removed
- **Skin-Sparing Mastectomy**-the nipple and areola are removed with the breast tissue
- **Areolar-Sparing Mastectomy**-the nipple is removed with the breast tissue
- **Nipple-Sparing Mastectomy** -the breast tissue is removed, the outer skin and nipple-areolar complex are preserved



What is removed with a mastectomy?

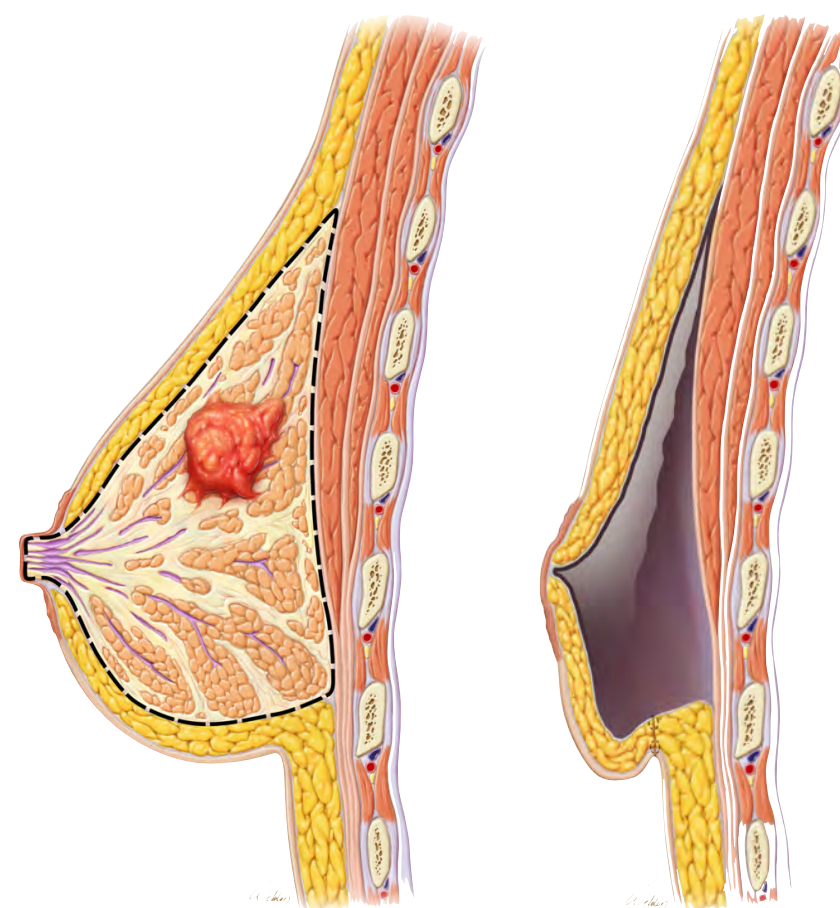
The goal of a mastectomy is to remove all the breast tissue as well as any tissue affected by the tumor. The skin of the breast can usually be preserved unless the cancer is more advanced. In some cases the areola (the pigmented area around the nipple) can be preserved which allows the retention of the natural color. Recently nipple sparing mastectomy has become more accepted and popular. This is an option for patients seeking a preventive or prophylactic mastectomy. The nipple sparing mastectomy is also for a group of qualified patients that includes having their tumor more than 2 cm away from the nipple. Both your oncologist and general surgeon can help you determine the mastectomy that is best for you.



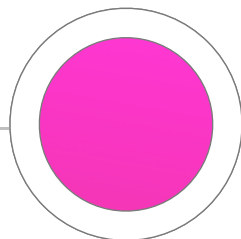


What parts of the breast need to be restored?

The parts of the breast that need to be restored depend on the type of mastectomy that is performed. With a nipple sparing mastectomy, only the internal volume of the breast needs replacement since the outer skin envelope is maintained. With skin sparing mastectomy, the breast tissue as well as the nipple areola are removed, therefore the internal volume and a part of the outer breast envelope need restoration. After a total mastectomy, all the parts of the breast need to be reconstructed, which include the entire breast skin and breast volume as well as the nipple areola.



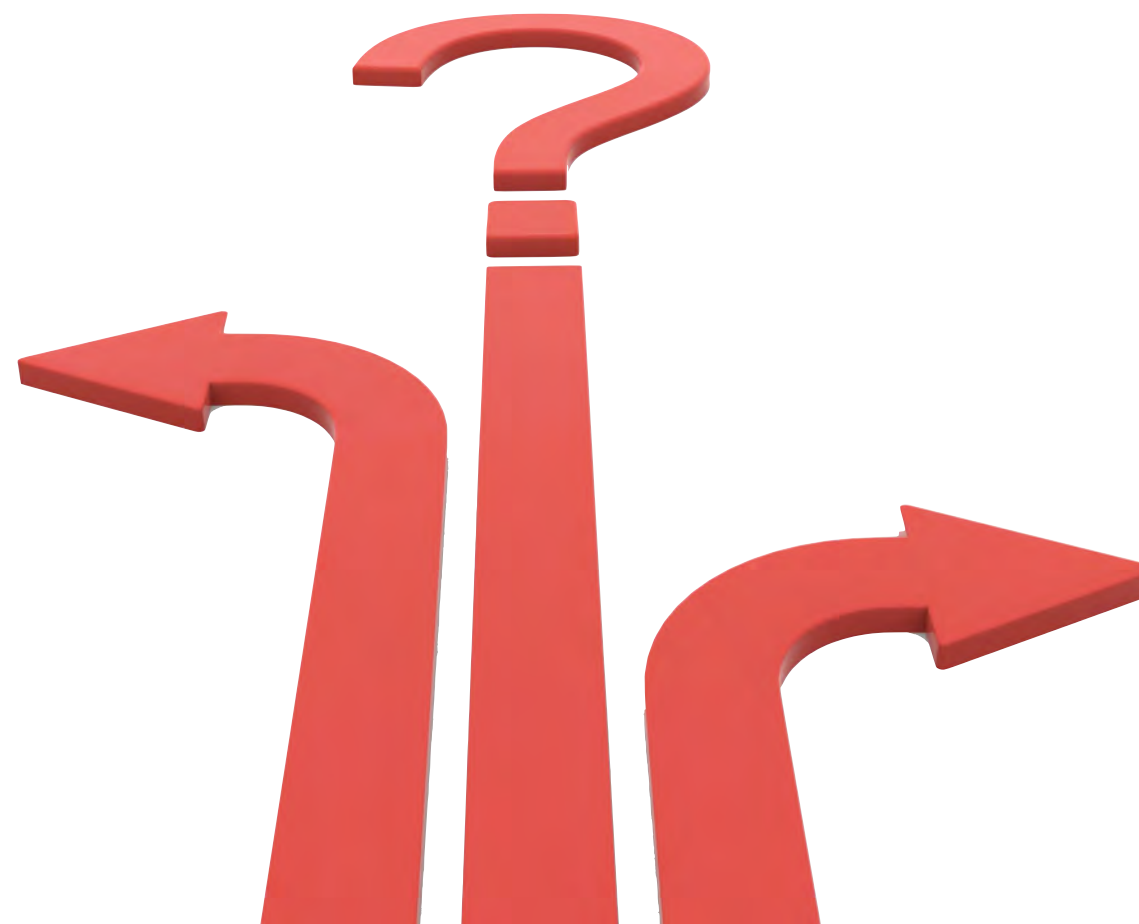
After Nipple Sparing Mastectomy



What are the main breast reconstruction options?

There are three main groups of reconstruction procedures:

1. Implant Based Breast Reconstruction
2. Flap based Breast Reconstruction
3. Combination of Flap and Implant Reconstruction





What are My Breast Reconstruction Options?

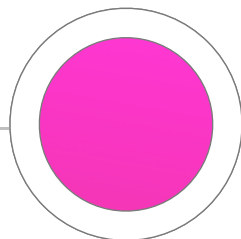
There are many breast reconstruction procedure options available. Here is some valuable information so that you may decide which option is best for you.



ALDONA J. SPIEGEL MD

Advanced Breast Reconstructive Surgeon & Microsurgeon

www.breastrestoration.com



What is a successful breast reconstruction?

Mirror, mirror on the wall....

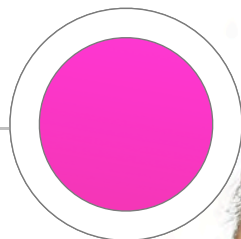
There are many opinions on this subject, but we feel that the patient is the ultimate judge of her breast reconstruction... not her surgeon or even significant other. After all, you are the one that sees yourself in the mirror everyday and it is important that you feel confident and like what you see in your reflection. When we talk during your consultation, we will consider various types of reconstructions to determine which one is best for you.



ALDONA J. SPIEGEL MD

Advanced Breast Reconstructive Surgeon & Microsurgeon

www.breastrestoration.com



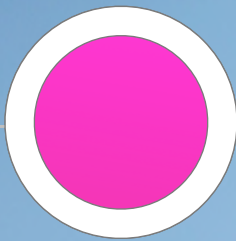
What type of breast reconstruction is best for me?

There are several types of breast reconstruction procedures ranging from flaps to implant reconstruction. We specialize in all types of advanced breast reconstruction procedures. We hope to educate you about the pros and cons of each to make sure that you choose the option best suited for you. Using your own tissue is considered the gold standard because you are replacing “like with like”. However, this requires longer recovery than implant only reconstruction, where the prosthetic is placed “off the shelf.” The type of reconstruction possible also depends on what tissue is missing. A patient after nipple-sparing mastectomy has many more options, since only the volume of the breast tissue needs to be replaced. Other patients who had to undergo removal of some of their breast skin and/or radiation would be candidates for flaps since skin has to be replaced.

ALDONA J. SPIEGEL MD

Advanced Breast Reconstructive Surgeon & Microsurgeon

www.breastrestoration.com



What is a "flap"?

This is a type of a plastic surgery procedure where tissue is moved from a donor site (where there is adequate excess) to a recipient site (area to be reconstructed). The key is the blood supply of the tissue, which can either stay attached and the tissue is moved locally, or the blood supply can be detached and transplanted to a distant area. The re-connection of the blood vessels is called microsurgery, as these structures are small and a microscope is used during these procedures.

-from the back

- **Latissimus** (Latissimus Dorsi Flap): from below the shoulder blade
- **TAP** (Thoracodorsal Artery Perforator Flap): the roll on the side of the breast

-from the buttocks

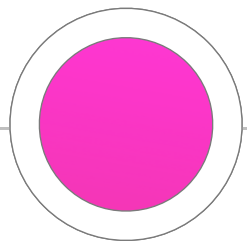
- **IGAP** (Inferior Gluteal Artery Perforator Flap): from the lower buttock
- **SGAP** (Superior Gluteal Artery Perforator Flap): from the upper buttock

-from the thigh

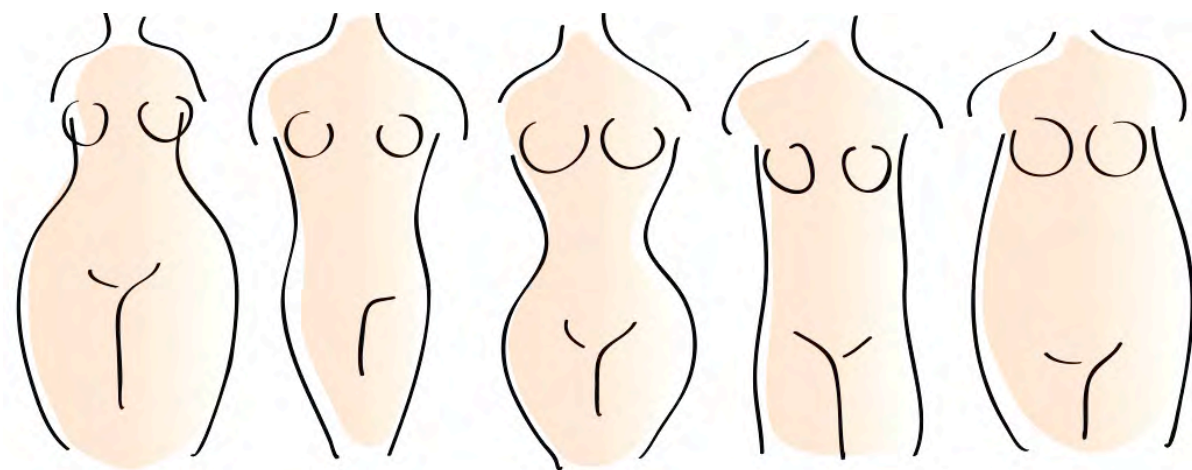
- **TUG** (Transverse Upper Gluteal Flap): from the inner thigh
- **PAP** (Profunda Artery Perforator Flap): from the back thigh

-from the abdomen

- **DIEP** (Deep Inferior Epigastric Perforator Flap) :includes the lower abdomen
- **SIEA** (Superficial Inferior Epigastric Flap): includes the lower abdomen



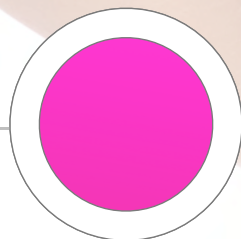
Can I use my own tissue for reconstruction?



Women come in different shapes and sizes...

U

Using your own tissue is considered the optimal type of breast reconstruction since the breast tissue that is removed with the mastectomy is replaced with your own tissue. Once this tissue heals, it becomes incorporated in its new location and behaves naturally. The tissue will age (meaning it is affected by gravity like a normal breast) and its size will change with your weight fluctuations. When considering this option we do an examination looking for areas that can be used ... or “spare parts.” Most often, in women, this area is the abdomen, especially if they went through a pregnancy, and would be similar to removing tissue with a “tummy tuck.” However, women who are thin or had previous cosmetic abdominal surgery may not be candidates for this option, so we look at areas such as the buttock, inner thighs or the back. We have made significant advancements in plastic surgery allowing us to tailor the breast reconstructive process to the individual woman.



Am I a candidate for a DIEP flap?

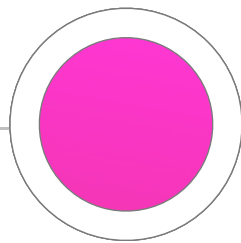
I would like to have reconstruction using my tummy tissue....

Most women who have had a full term pregnancy have enough abdominal laxity to use their tummy tissue. The amount of volume that can be achieved in the reconstructed breast(s) depends on the thickness of the fat layer in this area. In many women, a proportional reconstruction of one or both breasts can be performed. If there is enough laxity but not enough volume to reach the desired breast size, then an implant can be used under the flap during a second stage symmetry surgery.

ALDONA J. SPIEGEL MD

Advanced Breast Reconstructive Surgeon & Microsurgeon

www.breastrestoration.com



What if I do not have enough excess tissue?

When considering your choices for breast restoration and using your own tissue is not possible, we can perform implant only reconstruction. This is best in cases where very little or no skin is removed with the mastectomy, such as in *nipple-sparing* mastectomy because all that has to be replaced is the volume of the breast tissue which can be carried out with an implant. This is usually a two stage procedure with a *tissue expander* as the first stage, placed at the time of the mastectomy and the second stage of reconstruction consisting of exchanging the *tissue expander* for an *implant*.





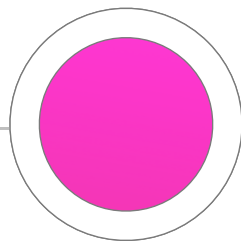
Breast Reconstruction Procedures

*Reconstruction can be a winding road...but it
is amazingly worth it at the end...*

ALDONA J. SPIEGEL MD

Advanced Breast Reconstructive Surgeon & Microsurgeon

www.breastrestoration.com

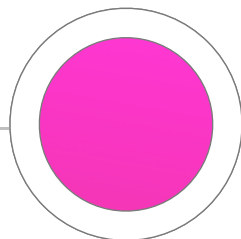


How long does the reconstruction process take?

At this point, you have gone through a lot, both emotionally and physically. It is understandable to want to hurry up and cross that finish line. The length of the entire reconstruction process varies depending on the type of procedure you choose. Generally, it takes between six to eight months to complete the process, but may take longer if you have to undergo chemotherapy or radiation therapy. Reconstruction is an important part of the healing process that helps a woman normalize her life after breast cancer treatment. It is the light at the end of the tunnel that restores your sense of confidence and wellbeing.

There is a light at the end of the tunnel...





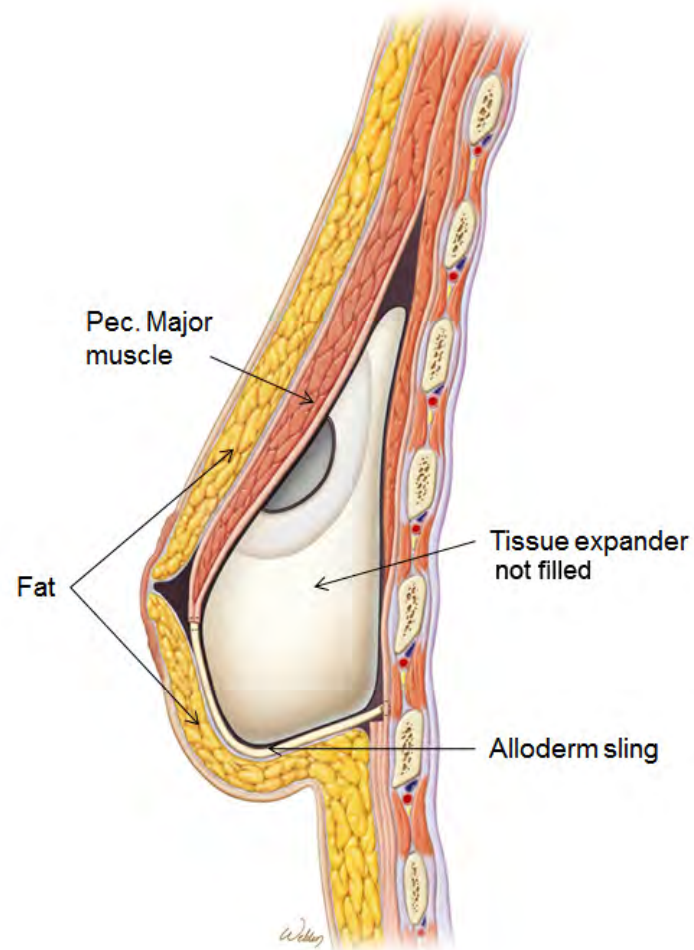
What are the stages of Implant Reconstruction?

STEPS IN IMPLANT BASED BREAST RECONSTRUCTION

1. Tissue Expander placed under the Pectoralis muscle and Collagen at the time of mastectomy
2. Serial injections of Tissue Expanders with saline solution in the office
3. Implant exchange may be combined with additional symmetry procedure and fat grafting if desired
4. Nipple Reconstruction if necessary
5. Nipple Areola Tattooing if necessary

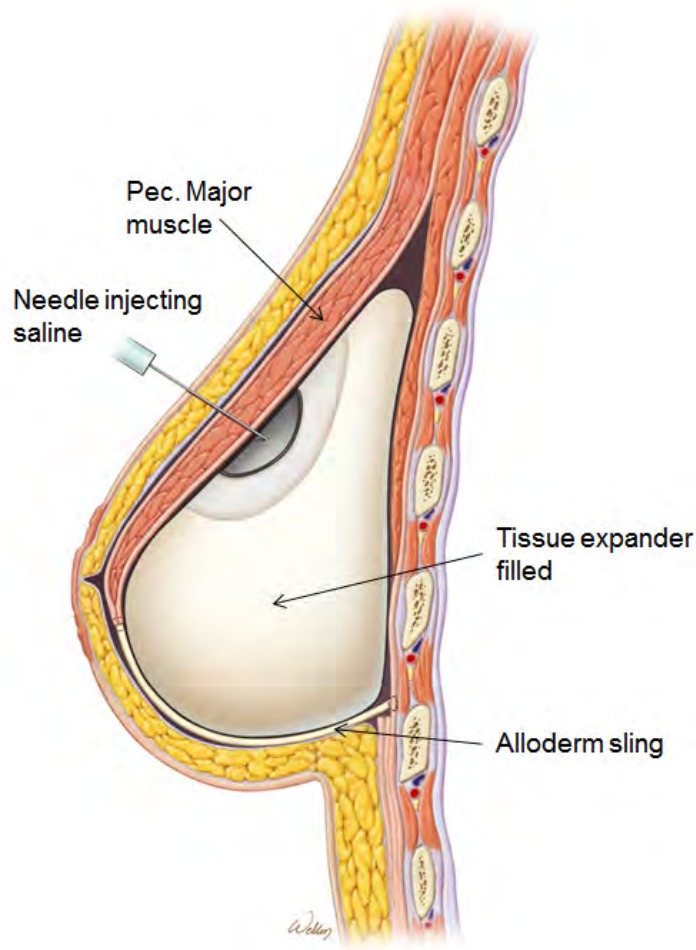
Implant based breast reconstruction generally involves two main surgical procedures. In the first stage, a tissue expander is placed at the time of the mastectomy and positioned under the pectoralis muscle (which only covers the top half) and a layer of collagen (that covers the bottom half) and serves as a “hammock” for support. The hospital stay is usually overnight and recovery time is two weeks. Initially, the expander volume will only be approximately half of the final volume, in order to decrease the tension on the mastectomy skin and maximize its healing. Over the course of several office visits, the expander is gradually filled with saline to expand the collagen layer (as the breast skin is mostly preserved) which is not painful. This allows the patient to have control of her ultimate breast size. After expansion is completed, measurements are taken to help choose an appropriate implant size. The second stage of reconstruction consists of exchanging the tissue expander for an implant. This may be combined with other symmetry procedures and fat grafting if desired. The procedure is an outpatient surgery and recovery time is usually one to two weeks. Nipple reconstruction (if necessary) can then be performed as an office procedure and sometimes can be combined with the symmetry surgery. After about six to eight weeks nipple tattooing may be performed if desired.

Stage 1: Tissue Expander



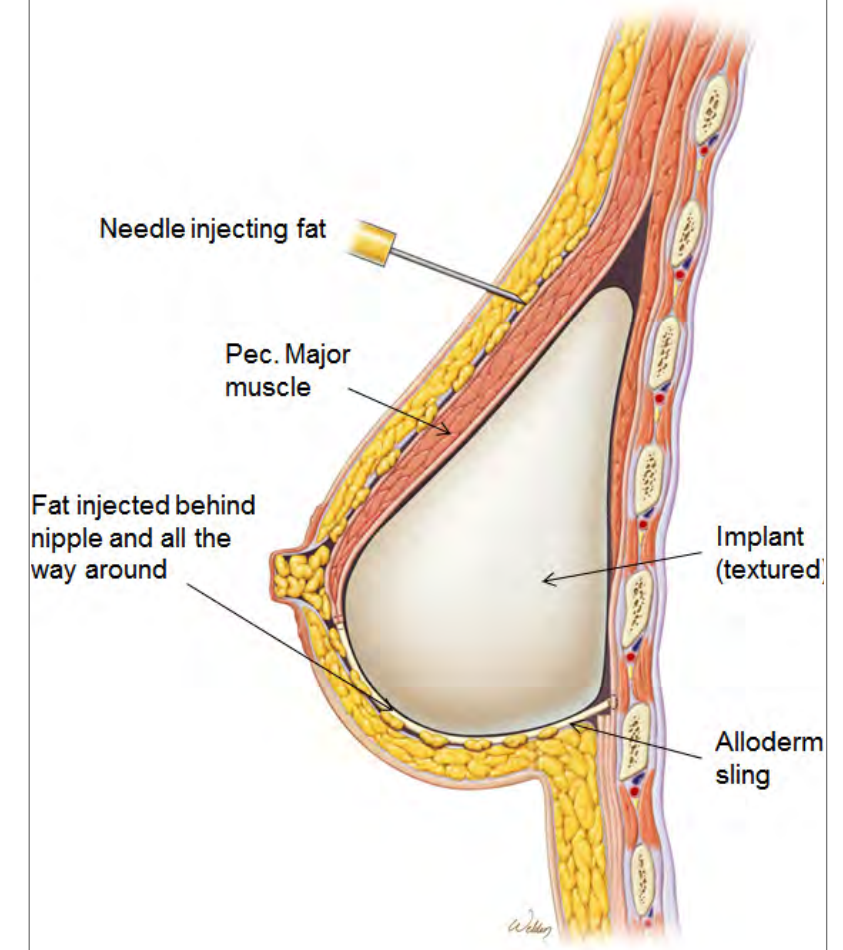
At the time of mastectomy, the tissue expander is placed under the Pectoralis muscle and the collagen (Alloderm) sling. It is left underfilled to give the mastectomy skin the best chance of healing. The collagen sling is the main part that needs to be expanded.

After Stage 1: Expansion

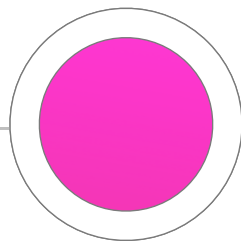


The tissue expander has a metal port at its top portion, which is used for injections of saline. The breast skin has decreased sensation after mastectomy and with the additional placement of numbing cream this is a comfortable procedure.

Stage 2: Implant



The tissue expander is removed and replaced with an implant. In addition, fat grafting or “liposculpting” may be performed to even out irregularities and provide more “padding” over the implant.

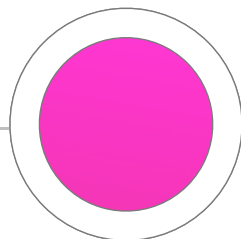


Before and After Photo Gallery Implant Reconstruction



Implant Only Reconstruction





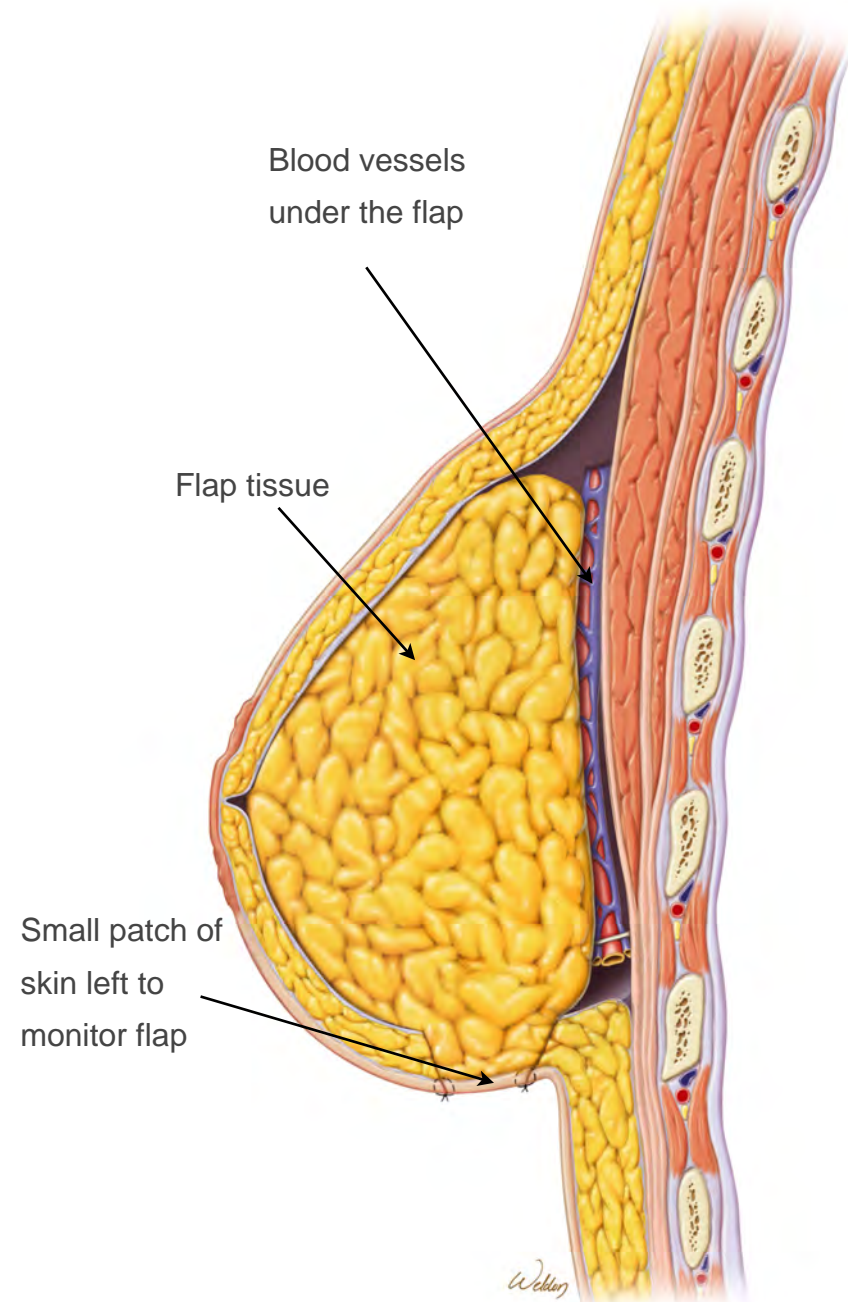
What are the stages of Flap Reconstruction?

STEPS IN FLAP BASED BREAST RECONSTRUCTION

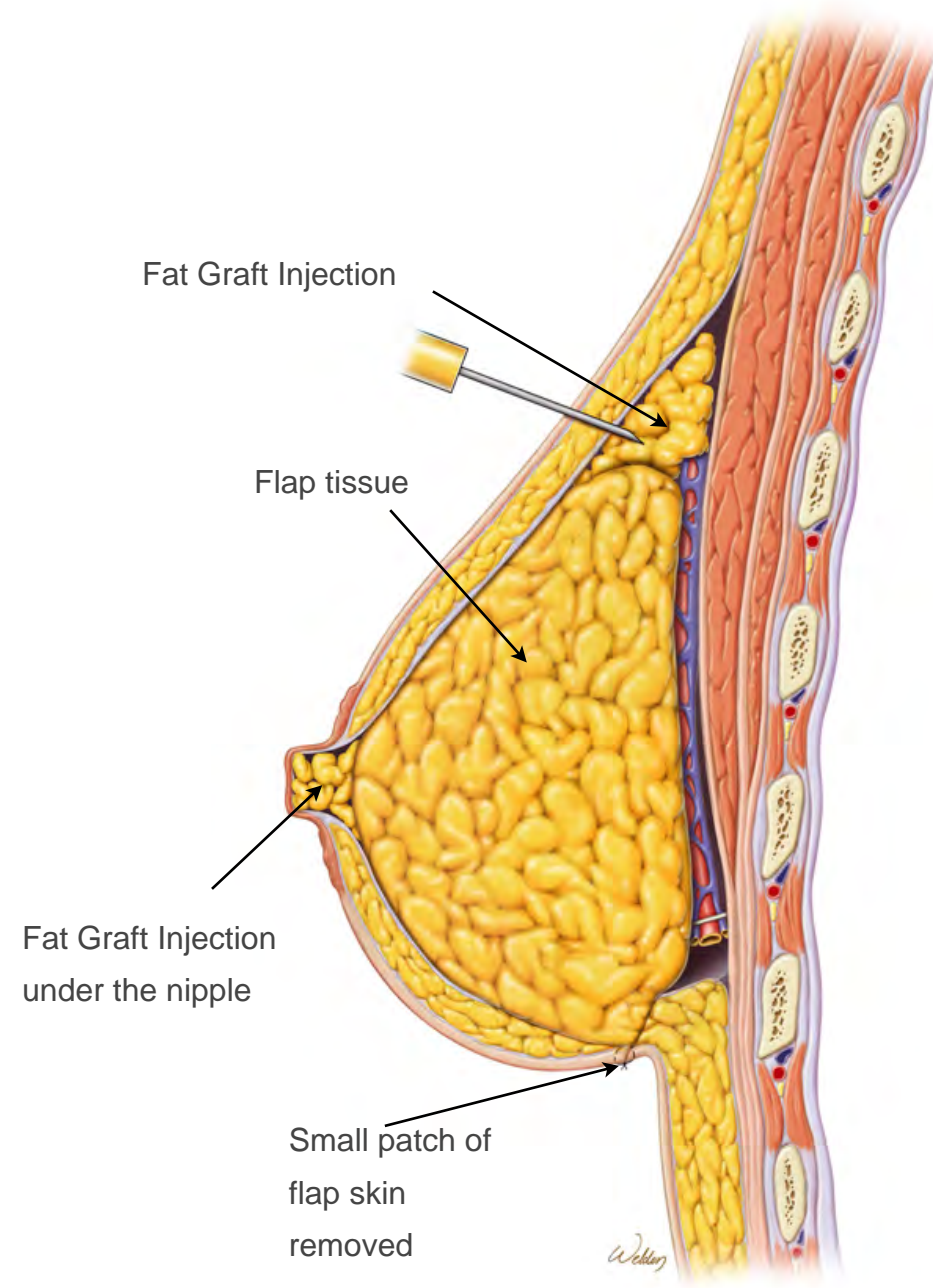
1. Donor tissue (Flap) is transferred to the restore the breast
2. Symmetry procedure is performed which may include revision, lifting, and fat grafting if desired
3. Nipple Reconstruction (if necessary) is performed as an office procedure or may be combined with the symmetry procedure
4. Nipple Areola Tattooing if necessary

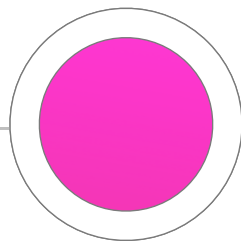
Flap based breast reconstruction generally consists of two main surgical procedures. The first step is the transfer of donor tissue (flap) for restoration of the mound of the breast. In many cases this is performed immediately at the time of mastectomy. However, if you already had a mastectomy or required radiation, reconstruction can still be performed at a later date, in a “delayed” fashion. This stage in flap reconstruction is more involved and can be a longer procedure because it is intricate, frequently requiring microsurgery to reconnect the small blood vessels of the transplanted tissue. The hospital stay is between two to four days, recovery period is around 4 weeks to return to a desk job, and 6 weeks to gradually start resuming sports activities. The main focus of the first stage is to replace the breast with like tissue and then to give the reconstructed breast time to heal and settle. After three months we have a follow-up consultation to discuss the second stage surgery. This is a short outpatient procedure where we concentrate more on the cosmetic aspects including shape, symmetry, and volume. We may decide that a lift, reduction, or augmentation with an implant is necessary to obtain the optimal result. We may perform fat grafting, or “liposculpting” to fill in any irregularities from the mastectomy. If a nipple reconstruction is required, it may be performed at this stage, or later as a simple office procedure with tattooing of the areola to follow at around 6 weeks.

Stage 1: Flap Procedure



Stage 2: Symmetry Procedure



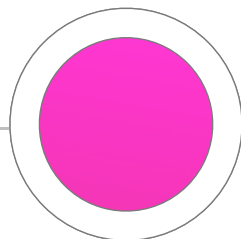


Before and After Photo Gallery Flap Reconstruction



Bilateral immediate reconstruction with DIEP free flaps only and nipple sparing mastectomies.

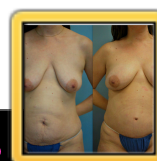


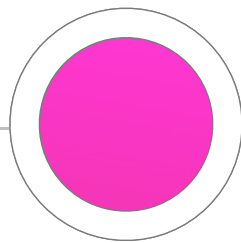


Before and After Photo Gallery Flap Reconstruction

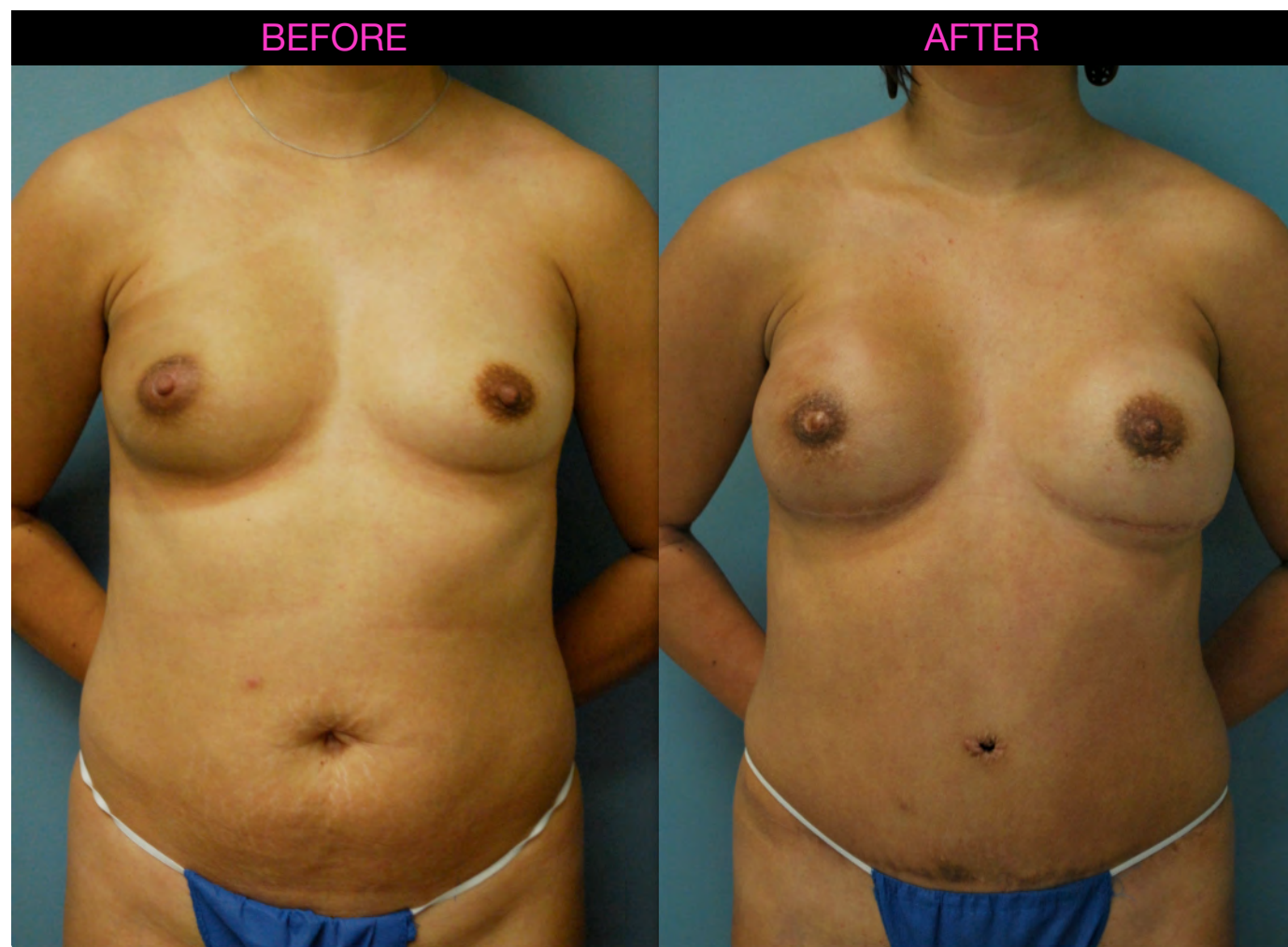


Bilateral immediate reconstruction with DIEP free flaps only and nipple sparing mastectomies.



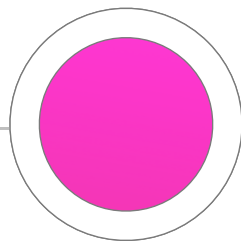


Before and After Photo Gallery Flap Reconstruction



Bilateral immediate breast reconstruction with DIEP free flaps and implants for projection. Bilateral nipple sparing mastectomies.



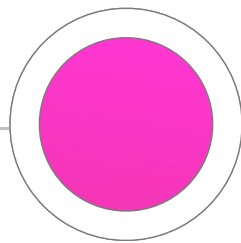


Before and After Photo Gallery Flap Reconstruction

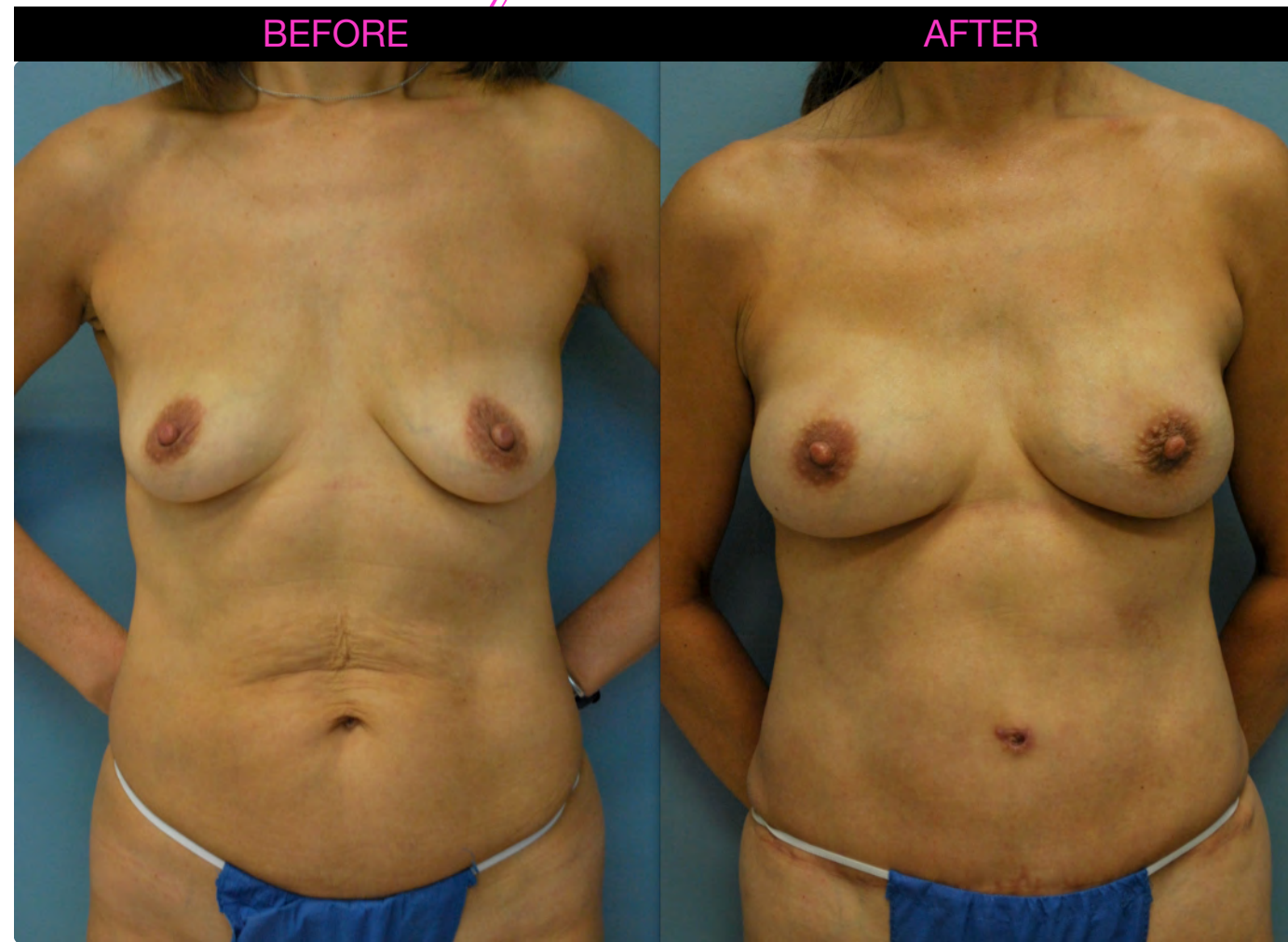


Bilateral immediate reconstruction with DIEP free flaps only. Bilateral skin sparing mastectomies, nipple reconstruction and tattooing of the nipple areolar complex.



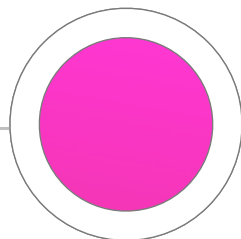


*Before and After Photo Gallery Flap
and Implant Combination*



*Bilateral immediate breast reconstruction with DIEP flaps and implants for projection.
Bilateral nipple sparing mastectomies.*





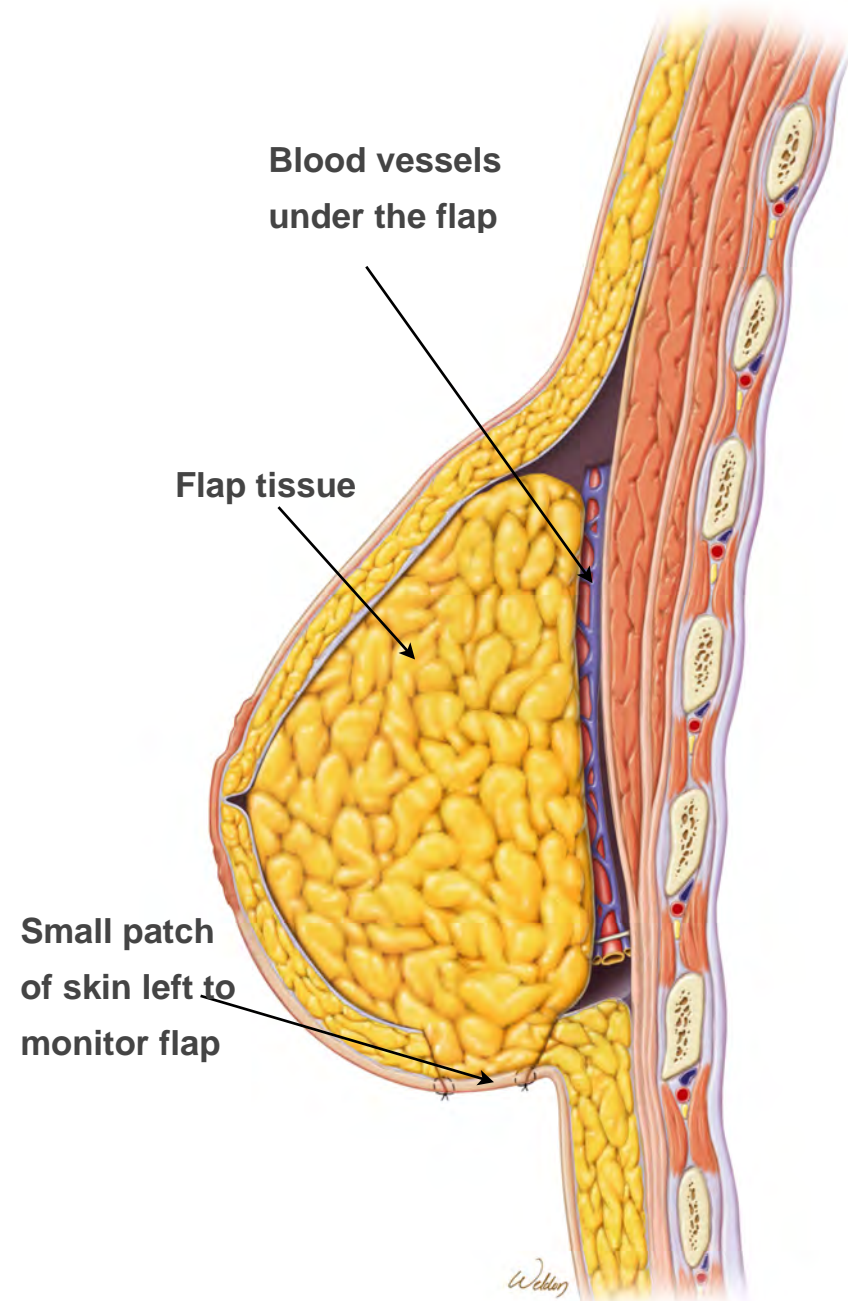
What are the stages of Flap and Implant Combination?

STEPS IN FLAP COMBINED WITH IMPLANT BREAST RECONSTRUCTION

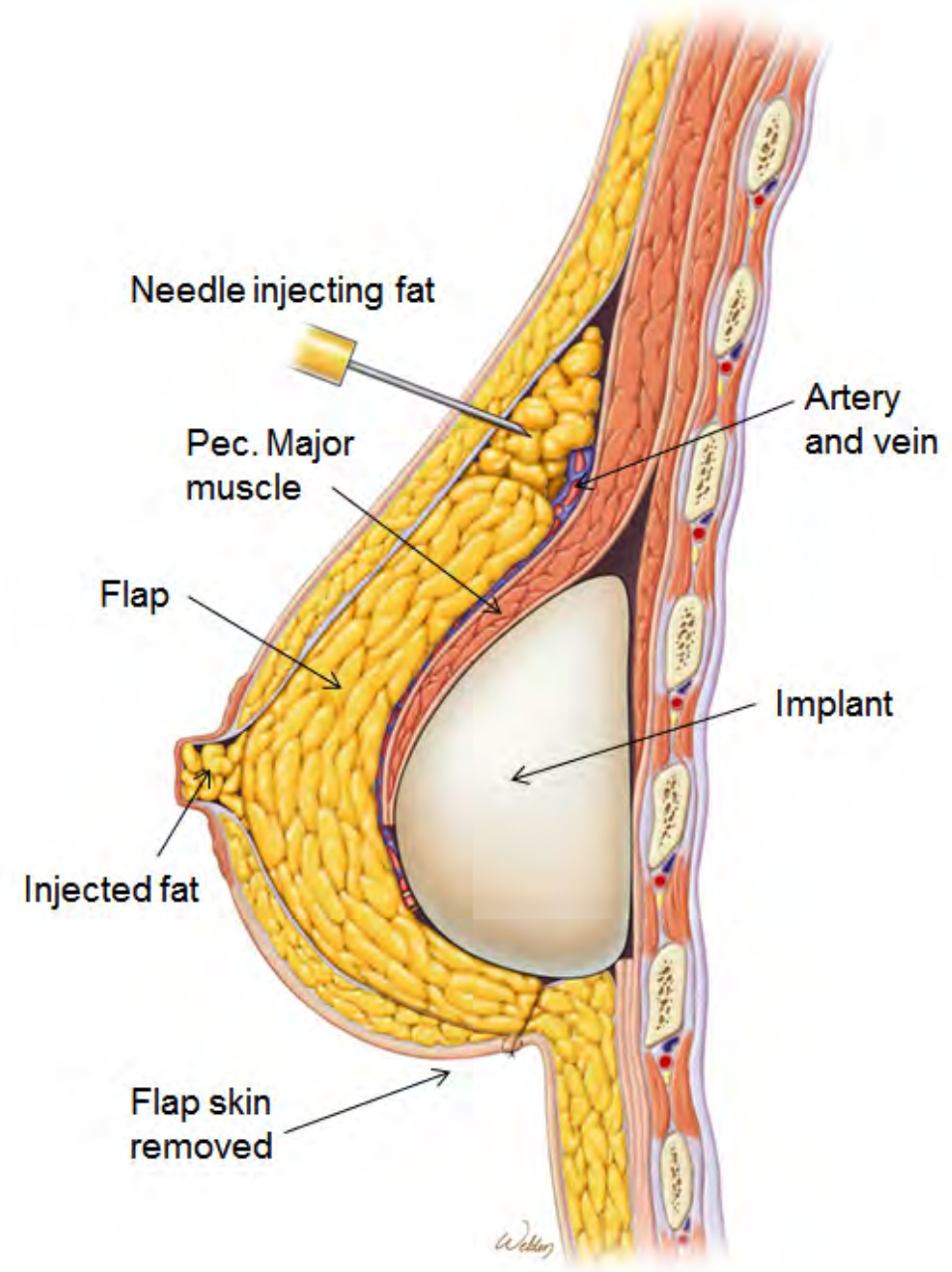
1. **Donor tissue (Flap)** is transferred to the restore the breast
2. **Symmetry procedure** is performed where the implant is placed and which may include revision, lifting, and fat grafting if desired
3. **Nipple Reconstruction** (if necessary) is performed as an office procedure or may be combined with the symmetry procedure
4. **Nipple Areola Tattooing** if necessary

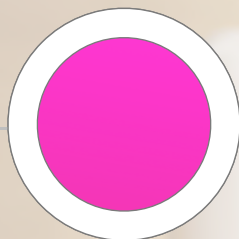
Flaps may be combined with implants to give the best aesthetic result in breast reconstruction. This process generally consists of two main surgical procedures. The first step is the same as in the “flap only” reconstruction, where the donor tissue is transferred to make the breast mound. After adequate time is given for the tissue to settle and heal, we have a follow-up consultation to discuss the whether the need for the addition of an implant to the second stage surgery is required. We look at the breast size and shape to determine whether the flap reconstruction achieved the desired effect. Sometimes, we use the implant to provide additional cup size to the breast reconstruction if the flap was not sufficient. Other times, the flap size is adequate, but the breast shape is too flat, so we use a small implant under the central part of the breast to give it a more natural appearance. We may decide that a lift, or fat grafting would also be beneficial. If a nipple reconstruction is required, it may be performed at this stage, or later as a simple office procedure with tattooing of the areola to follow at around 6 weeks.

Stage 1: Flap Procedure



Stage 2: Symmetry Procedure





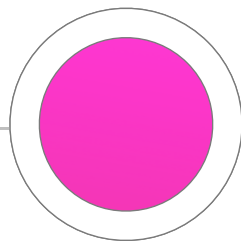
Implant Information

We have gathered some information to help you answer questions about the implants that are currently available.

ALDONA J. SPIEGEL MD

Advanced Breast Reconstructive Surgeon & Microsurgeon

www.breastrestoration.com



What are my Implant choices?

The shape of things to come...

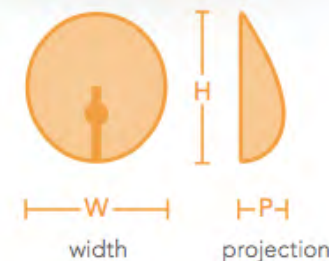
Recently, the FDA has approved new implants for use in breast reconstruction and augmentation which offers more choices. The new silicone implants are “shaped” (meaning a tear drop not round) and textured (so they stay in place). Their textured surface allows them to anchor to the surrounding tissue minimizing their movement, which would be problematic since they are shaped. Round implants can be smooth, since they are spherical and can turn in the breast pocket without altering the breast shape. When choosing the optimal implant we look at the projection, the width and height of the implant. We also consider the symmetry to determine which implant would work best for each patient.

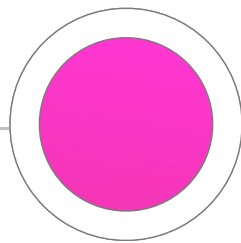


Smooth Round Implant



Textured Shaped Implant

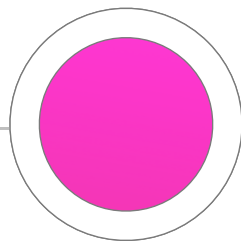




What does implant projection mean?



There are different shapes of implants to choose from depending on what is required. Presently, there are four styles of round implants to choose from, each having a different height compared to their width. Depending on the type of reconstruction we are using the implant with, whether it is implant only reconstruction, or if we are using the implant to augment the volume of a flap (your own tissue) reconstruction, we may need different shaped implants. During the preoperative appointment we will discuss these questions and measure to determine what range of implants will be most appropriate. In the operating room, individual sizers are placed to choose the final implant size.



What are gummy bear implants?

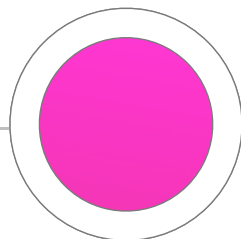


Gummy bear implants are a relatively new type of implant made of a high-strength silicone gel. Unlike liquid-filled implants, gummy bear implants have a distinct shape as the filling is mostly solid. Since the fill does not shift, gummy bear implants offer potential advantages over their liquid-filled counterparts. It is possible that gummy bear implants will hold their original shape for much longer than silicone or saline implants. This is because other types of implants are subject

to the forces of gravity and the patient's own breast shape. Therefore, over time liquid-filled implants will take on the shape that these forces impart on it. Gummy bear implants on the other hand, due to their material, impart their shape upon the breast. This means that over time, the breast will maintain the original shape it had when the implant was initially placed.

Another advantage of this type of implant is that folds, rippling and leakage are not likely to occur. Typically when leakage occurs, it is because the shell breaks, allowing the liquid to leak out. This is usually not a concern with gummy bear implants because they usually will not develop fold lines, and if the shell were to break, it would not leak because the filling is mostly solid.





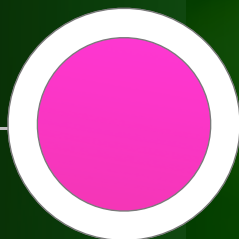
What are cohesive gel implants?

Click on the movie to see how cohesive gel works in an implant



Cohesive gel implants have been widely used for many years and all silicone implants currently approved in the US are filled with cohesive silicone gel. The silicone implants of the past were quite problematic due to their thin shells and liquid silicone filling. Over time, these implants would frequently break or leak causing troubling results such as pain, hardness or capsular contraction.

In the early 90s, the cohesive gel implant was developed to address these issues. The silicone gel was altered to make it more cohesive (or firmer). When these implants are cut, there is no oozing of the gel and the implant maintains its shape, preventing the silicone from spreading outside the implant shell and into other areas of the body. Cohesive gel implants come in a number of different shapes and there are different grades of cohesiveness. Cohesive gel implants of lower levels of cohesiveness can be round or smooth, since they are a bit softer than gummy bear implants, and will adjust form within the body.



Common Questions

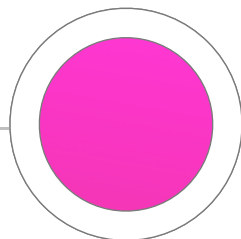
We have gathered some common questions that our patients have asked over the years. These are sometimes not addressed in the medical information given out, but we have found them very important for planning and decision making.



ALDONA J. SPIEGEL MD

Advanced Breast Reconstructive Surgeon & Microsurgeon

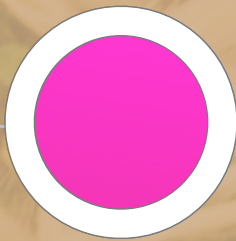
www.breastrestoration.com



What if I need radiation treatment?

Depending on the stage of the breast cancer, radiation therapy sometimes needs to be added to maximize the outcome of breast cancer treatment. Radiation tends to have a significant effect on the skin of the breast, decreasing its elasticity and wound healing, increasing fibrosis, and making it more susceptible to infection. For this reason, we tend not to perform immediate flap reconstruction at the time of mastectomy if we know that there is a medium to high risk of radiation therapy. In these cases, we may elect to place a temporary tissue expander, allow for radiation to be completed, and perform flap reconstruction at about six to eight months after radiation, allowing time for tissue inflammation to subside.





What breast size should I be?

Every cloud has a silver lining....

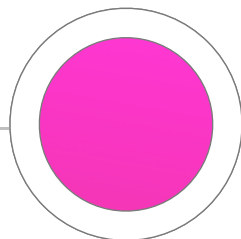
Most women have an image in their mind of what their dream breast size is. Sometimes patients are very aware of this and know this size immediately. Other times, this answer takes some thinking and consideration. As we help patients arrive at this answer we take into consideration their breast size history, breadth of the shoulders and the hips, body proportions and personal wishes. Going through the breast reconstruction journey is difficult enough, at least having the breast size you have always dreamed of, can serve as the silver lining.



ALDONA J. SPIEGEL MD

Advanced Breast Reconstructive Surgeon & Microsurgeon

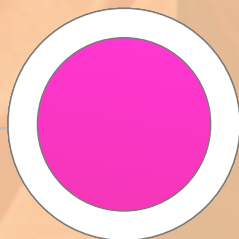
www.breastrestoration.com



Should I consider a preventive mastectomy?

When the diagnosis of breast cancer is made on one breast, most patients have to make a decision about the management of the other healthy breast. Some patients prefer to keep the unaffected breast, knowing that they will continue to have mammograms and close radiological followup. Other patients have anxiety related to having to get periodic screening and prefer to undergo a preventive mastectomy. This decision is individual, and there is no “right answer.” Talking to your general surgeon and oncologist can help you with this decision. We usually recommend having a thorough screening, possibly with an MRI, to evaluate the other breast. This is particularly important when performing an abdominal flap reconstruction since this can only be performed once.





What about breast sensation?

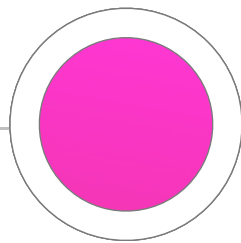
Breast Sensation is important to many women. After mastectomy there will be loss of some sensation, the extent varies from patient to patient. If you are having flap reconstruction, it may be possible to reconnect some of the sensory nerves to improve the chances for regaining sensation. This may reestablish temperature and pain sensation. However, sexual sensitivity is not usually restored.



ALDONA J. SPIEGEL MD

Advanced Breast Reconstructive Surgeon & Microsurgeon

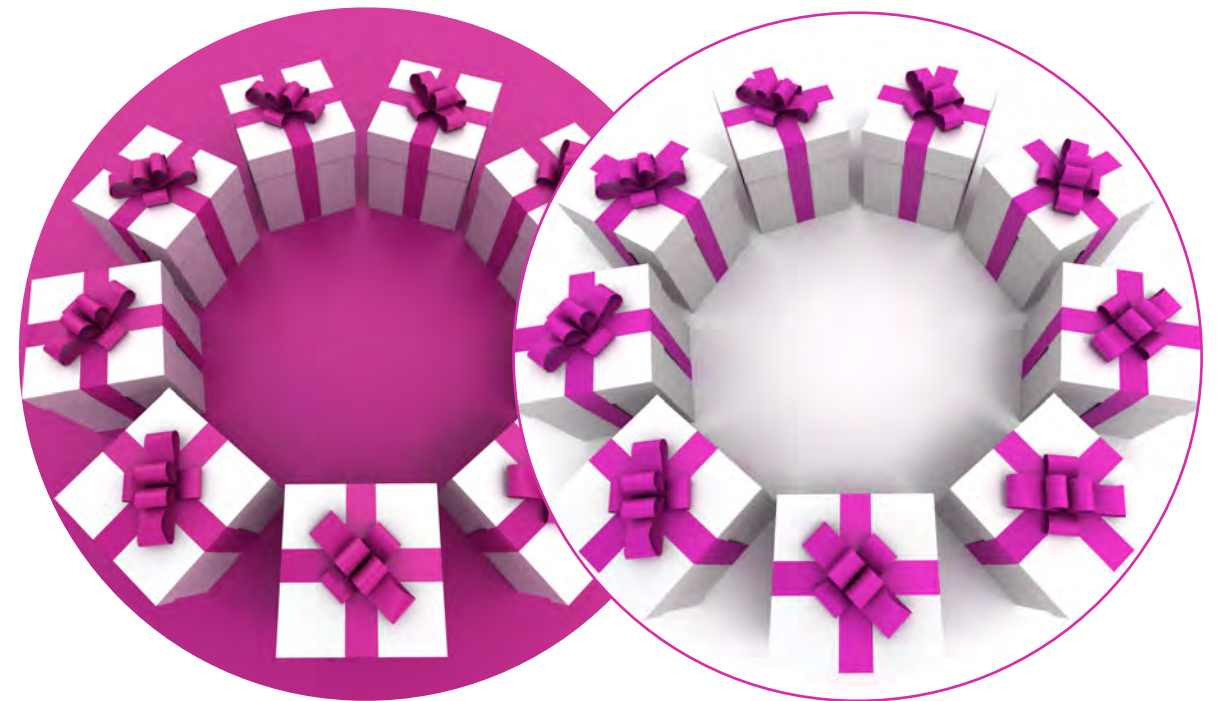
www.breastrestoration.com



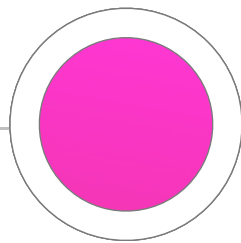
Do I really need a Nipple Reconstruction?

Many patients who had to have their nipple removed with their mastectomy wonder if they really need a nipple reconstruction. Sometimes, if the nipple reconstruction requires an additional procedure, going through another step seems laborious and feelings of doubt creep up.

Do I really need to do this? The nipple reconstruction is performed using the local breast tissue, so no other donor site is required. It is a simple procedure that results in a nipple with a moderate amount of projection, so no need to worry about “Torpedo nipples!” This step really does make the breast reconstruction look more natural and complete.



The Nipple is like a bow on a present... a breast is not a complete package without it!

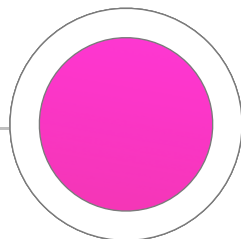


What about tattooing?

If a nipple reconstruction is necessary, tattooing is done six to eight weeks later to complete the color of the areola. It is:

- ☼ Performed in the office by a licensed medical aesthetician
- ☼ Color matched to preoperative areola color
- ☼ Made slightly darker initially because the pigment tends to fade with time.
- ☼ Not painful, and if necessary a numbing cream or numbing injection can be done to keep you comfortable
- ☼ May need to be repeated after a few years





When can I wear a pretty bra?

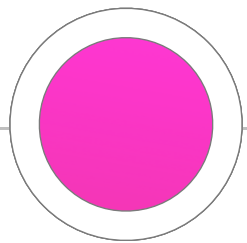
After surgery we provide a surgical bra which is:

- Comfortable
- Non Constrictive
- Opens in the front
- Made of Cotton/Lycra
- Soft band

Depending on the type of procedure we recommend, this type of bra should be worn for two to four weeks. At this point you will receive a prescription (since your insurance will usually cover it) for a bra that has medium support.



Approximately three months after your final surgery, you will be ready to get that pretty bra you have been wanting. Just make sure to check the underwire since it may pinch the breast on the side in an area where you may have decreased sensation.



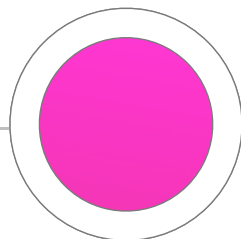
How will my scars look?



**Scars are like wine...they get better
with age!**

Scarless surgery is not yet within our reach, so most procedures will involve a scar to some extent. We use plastic surgery techniques when suturing the incisions and use absorbable sutures maximizing our efforts to minimize the scar. Initially, the scar will usually be red as the site is healing. Fortunately, scars are like wine... they get better with age. One to two years after surgery the redness disappears and the scars become less visible. Also, most scars are strategically designed to be hidden under a bikini, so you can still enjoy the pool without revealing any scars.

Some women are prone to making thick ropey scars. This also occurs in areas where there is a lot of tension and pulling on the skin which tends to make scars wider or thicker. To decrease the tension we may recommend that you tape your scar to protect it from pulling. We also recommend using high SPF sunblock to protect the scar from sunburn if you plan to be exposed to the sun. Many patients ask about scar creams. We do have some recommended creams so please ask us for information when in the office.

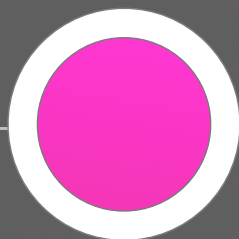


Do I still need to do a self breast exam?

Self breast exams after reconstruction continue to be an important part of ongoing breast care post treatment. Understandably, many women wonder how the self-examination process changes after breast reconstruction surgery. The answer is that while the reconstructed breast is different, the approach to self-exams remains the same. Of course, it may take some time before you can do a good, thorough breast exam as recovery will be your first priority immediately after breast reconstruction. The reconstructed tissue can take months to heal completely and your arm range of motion will be limited at the beginning.

Check both the remaining breast and the reconstructed breast to learn what feels normal. This will help you more easily discern any changes in the future. Your doctor or nurse will also help you understand what is normal after reconstruction and can advise you on the best ways to perform breast self-examination following mastectomy.





Will I need future Mammograms?

Many women experience anxiety around having to get a mammogram, particularly if they have already had a lesion found on this test. Naturally, it is important to consider how this issue will be managed after breast reconstruction.

Mammograms are not necessary after a skin sparing mastectomy regardless of what type of reconstruction is chosen. If the nipple is preserved, some surgeons and oncologists may want to have their patients continue to get mammograms to examine the area under the nipple.



**Mammograms can
be very anxiety
provoking...**

ALDONA J. SPIEGEL MD

Advanced Breast Reconstructive Surgeon & Microsurgeon

www.breastrestoration.com



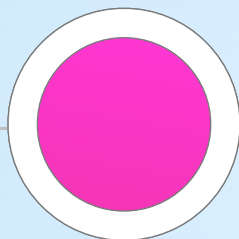
After Breast Reconstruction

You have completed your journey through breast reconstruction, now what?

ALDONA J. SPIEGEL MD

Advanced Breast Reconstructive Surgeon & Microsurgeon

www.breastrestoration.com



Is this the end of my journey?

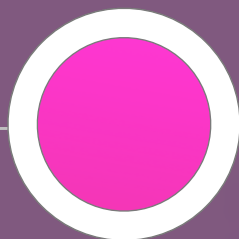
Congratulations on completing your journey through breast reconstruction! Some of you battled breast cancer, while others have chosen to prevent it. Either way, each of you have experienced personal growth, empowerment and a sense of community. Some of you encountered personal battles in addition to survivorship but found an inner strength that surprised even you! You have forged friendships and established bonds with others you may have never met otherwise. You inspired others along the way and will continue to touch other's lives without ever knowing you have done so. We hope you continue to thrive in your new found strength and that you continue to empower others with your story. The journey through the rest of your life awaits and we are always here to encourage and support you. As you continue to change with the upcoming years, we will be here to help you find your inner Pink Sister.



ALDONA J. SPIEGEL MD

Advanced Breast Reconstructive Surgeon & Microsurgeon

www.breastrestoration.com



I completed the journey, can I help others?

Pay it forward...join our Pink Sisters Support Group!

Having a strong support network to rely on during this process can also provide a great deal of relief and comfort. The emotional support of friends and family is essential during this time, but it can also be tremendously beneficial to connect with other women who have already been through the things you're experiencing and who can offer clear information and knowledgeable advice.

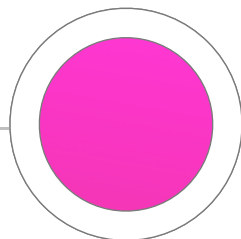
Pink Sisters is a support group made up of women just like you who have already gone through the same fear, uncertainty, isolation and resentment that can often pervade throughout the breast cancer treatment journey. They are dedicated to helping women get through this experience step-by-step with a sense of clarity and empowerment. Pink Sisters members are there for you to answer questions, provide guidance or just be a friend who can relate to your experiences.



ALDONA J. SPIEGEL MD

Advanced Breast Reconstructive Surgeon & Microsurgeon

www.breastrestoration.com



Thank You

We hope that this information was helpful for you in your breast reconstruction journey. If you would like more information or would like to contact us please visit our website

www.breastrestoration.com