

STATE-OF-THE-ART BREAST RESTORATION: THE DIEP FLAP OFFERS WOMEN AN ADVANCED TISSUE-ONLY OPTION



Because of the procedure's complexity, only a handful of breast centers across the country offer reconstruction following mastectomy using the muscle-sparing DIEP flap. The revolutionary surgery is now available at Memorial Hermann The Woodlands Hospital.

Janet Mills wants everyone to know about DIEP flap breast reconstruction. Diagnosed with invasive lobular carcinoma at the age of 47, Mills was the first patient to have the revolutionary procedure performed at Memorial Hermann The Woodlands. The date was August 12, 2008, and her surgeons were Bob Basu, M.D., M.P.H., F.A.C.S., and Sugene Kim, M.D., who specialize in advanced tissue-only breast reconstruction using the muscle-sparing DIEP flap.

Mills, who has no family history of cancer, found the lump in her right breast in February 2007. She'd had her annual physical and mammogram just two months earlier. "I assumed that if you had a tumor, it would show up on a mammogram," she says. "But lobular carcinoma is an exception."

Her family physician referred her to the Breast and Bone Health Center at nearby Memorial Hermann The Woodlands, where breast radiologist Stephen Rose, M.D., located two tumors with ultrasound. He removed three tissue samples in an ultrasound-guided biopsy; the pathology report showed lobular carcinoma at all three sites. For Mills, the long road to recovery had begun.

Her treatment team included medical oncologist Giuseppe Fraschini, M.D., radiation oncologist Noushin Izadifar Hart, M.D., and breast surgeon Alan Hubbard, M.D., all affiliated with Memorial Hermann The Woodlands. Based on her care team's recommendations, Mills completed a four-and-a-half month chemotherapy cycle before undergoing a right-breast mastectomy in October 2007. She met with board-certified plastic and reconstructive surgeon Dr. Basu immediately to discuss her options and learned she was a candidate for DIEP flap reconstruction, an advanced microsurgical tissue transplantation of excess lower abdominal skin and fat to the chest wall to create a breast mound. Named for the blood vessels that feed the tissue – the deep inferior epigastric perforators – the procedure spares abdominal wall muscles, minimizing the potential for abdominal weakness and discomfort and decreasing the risk of hernia associated with the traditional TRAM (transverse rectus abdominus muscle) flap.

"The DIEP flap is an excellent option for women seeking a reconstructed breast using their own tissue without an implant," says Dr. Basu, who now performs at least one DIEP flap procedure a week at Memorial Hermann The Woodlands with plastic surgery colleague Dr. Kim. "It's an advance beyond