



the traditional TRAM flap in which you harvest excess skin and fat from the belly button to the bikini line, taking abdominal wall muscle and tunneling the excess skin-fat-muscle unit under the skin to bring it to the chest wall to create the breast. The TRAM flap is a good procedure and commonly available. The DIEP flap takes only the excess skin and fat and spares the abdominal wall muscles. For women who are active and want to maintain abdominal wall strength, or those undergoing bilateral reconstruction, the DIEP flap is a great option.”

To perform the surgery, an incision is made along the bikini line, much like the incision used for a cosmetic tummy tuck. The necessary skin, soft tissue and feeding blood vessels are removed, then reattached under a microscope to new blood vessels from the chest wall at the mastectomy site.

Three days after Janet Mills’ surgery, on August 15, 2008, the surgeons performed a bilateral DIEP flap reconstruction on physical therapist Katy Flagge at Memorial Hermann The Woodlands. Like Mills, Flagge had two tumors. Her physician discovered one lump during a physical exam; it was later diagnosed as Stage 1 ductal carcinoma. The second, an invasive lobular carcinoma, was found on ultrasound. Both were in her left breast. She underwent a lumpectomy in December 2007.

“When my pathology report came back after surgery, there were no clear margins,” she says. “My doctors were also concerned about the growth pattern of the lobular tumor. When they recommended a

mastectomy, I said, ‘Take both of them.’ I was 48 at the time and didn’t want to worry about a recurrence.”

Flagge went through chemotherapy from January through April 2008, followed by a bilateral mastectomy on May 12, 2008. Like Mills, she had consulted Dr. Basu before her surgery.

“We talked about my options,” Flagge says. “Some women who choose saline or silicone gel implants for breast reconstruction need revision surgery down the road. Then we talked about DIEP flaps. You have to have enough belly fat. You generally have to be healthy. Scarring from previous surgery can interfere with the transplant, so you can’t have had major abdominal surgery in the area where they’ll harvest the tissue. Because I was having a bilateral reconstruction, I was glad I was a candidate for the procedure. I’m a physical therapist, so my abdominal strength is critical to my job. I’ve treated several women who’ve had the TRAM flap, and their abdominal strength is never quite the same.”

At the Center for Advanced Breast Restoration, Drs. Basu and Kim work with women and their physicians to determine a reconstructive plan that aligns with each woman’s needs based on her goals, body type and cancer treatment plan. In addition to tissue-only reconstruction, they perform reconstructions with new-generation silicone gel implants and also work with breast surgeons and oncologists using onco-plastic techniques to restore a woman’s breast following lumpectomy.