

Options for treatment and the surgery itself vary from one person to the next, and there are pros and cons associated with each procedure. “Implant reconstruction involves a series of smaller interventions over time,” Dr. Basu says. “Some breast surgeons perform a skin-sparing mastectomy. If there’s a skin envelope left, we can place a temporary implant and gradually expand the fluid volume in the implant over a short period of time to stretch the skin to achieve the patients’ desired breast size. Once that’s done, we take the expander out and place the actual implant. But if the tumor is really close to the skin or if the patient is an active smoker, a skin-sparing mastectomy may not be possible.

“Both saline and silicone implants are safe medical devices, but no medical device lasts forever,” he says. “You have the potential risks of implant rupture, scar formation and infection because it’s a foreign body. Women undergoing chemotherapy are immunocompromised so the risk of infection may be higher. When you choose implants, you’re accepting a degree of risk that you may need revision surgery down the road. The exact level of risk is hard to pinpoint and controversial in the literature.”

With autologous reconstruction, patients have a fringe benefit: they get a tummy tuck along with the reconstruction. “But it’s also a more involved surgery,” Dr. Basu says. “DIEP flap reconstruction of one breast normally takes six to eight hours. Bilateral reconstruction requires eight to 10 hours. With the DIEP flap you have a longer recovery time than with implant reconstruction. There’s a small risk – less than 2 percent – that part or all of the tissue transplantation won’t be successful.”

To minimize that risk, patients who undergo autologous transplant reconstruction spend two days in intensive care with hourly Doppler monitoring of tissue vascularization. Once the critical revascularization phase is over, recovery is consistent with that of a tummy tuck.

For Janet Mills and Katy Flagge, the choice was clear: DIEP flap reconstruction offered them the post-op experience they wanted. On October 15, 2008, Mills had the second phase of her reconstruction, which

included a left breast lift for symmetry. In November, Dr. Basu used “tissue origami” to form a nipple and tattooing to create the look of an areola. All procedures related to reconstruction are covered by insurance.

“The hardest part of recovery from the DIEP flap is abdominal,” Mills says. “You’re much sorer from the tummy tuck than from the breast reconstruction. But it’s an experience we can live through and go on with life. It’s important that women know they may have this option following mastectomy and that it’s available close to home. We’re fortunate to have the doctors we have in The Woodlands.”

“My patients in The Woodlands and surrounding areas are happy that they have access to state-of-the-art restorations that were formerly available only at the Texas Medical Center,” Dr. Basu says. “For the DIEP flap you need advanced microsurgical technology and a skilled OR staff, and the post-op nursing care is very important. The nursing care is excellent at Memorial Hermann The Woodlands. They’re excited about their patients and monitor them like a hawk.”

Flagge was back to normal six weeks after her DIEP flap reconstruction. “I love that hospital,” she says. “The nurses took great care of me, and I’m very happy with the result of my surgery. My breasts feel like normal soft tissue, and my tummy looks fabulous. What a perk!”

Plastic and reconstructive surgeons Bob Basu, M.D., M.P.H., F.A.C.S., and Sugene Kim, M.D., of the Center for Advanced Breast Restoration are affiliated with Memorial Hermann-Texas Medical Center and Memorial Hermann The Woodlands Hospital. For more information or to refer a patient, contact Dr. Basu at 713.799.2278 or Dr. Kim at 281.363.4546 or visit their Web site at www.breastrestoration.net.