

Breast Reconstruction Surgery – Additional Questions and Answers

1. Q. What are some reasons a patient might want to spare nipples?
A. *Some patients feel that preserving the nipple is important to preserving their breast aesthetic. Even if we are able to spare the nipples, after a mastectomy the nipples will be insensate (no feeling) so that is NOT a reason to try to keep them.*
2. Q. Would someone with Paget's disease benefit from reconstruction?
A. *Sometimes. It depends on what the breast surgeon is doing for treating the Paget's disease. If they need to remove the nipple and breast gland behind the nipple, we can reconstruct the nipple and tattoo the areola.*
3. Q. How have the options for reconstruction changed over the last decade or so based on new breast cancer research/treatments?
A. *Nipple sparing mastectomies are relatively "new" – the first one was done in 2001 and it was slow to gain acceptance due to concerns about continued risk for breast cancer. Also, the perforators are all new techniques – with more and more being developed each year!*
4. Q. Do implants cause any other health problems?
A. *Beyond the ALCL (acute large cell lymphoma) rarely associated with some textured implants... There is something called "breast implant related illness". This is not a hard diagnosis but more of a general description of ailments that some patients believe are due to their implants. Headaches, depression, autoimmune disorders, global aches/pains, etc. have been described and it is very rare.*
5. Q. Does any area of breast reconstruction ever cross paths with bariatrics?
A. *Yes! Bariatric patients get breast cancer as much as any other. Also, breast lift/reduction techniques can help patients who have breast shape/size changes after massive weight loss.*
6. Q. Would a TRAM flap be possible on someone who is very thin or more athletic?
A. *You need to have some extra fat in the lower abdomen to be a good candidate, so the thinner you are, the more unlikely it is to be a good candidate for a TRAM.*
7. Q. What are some complications that can be seen with the DIEP procedure?
A. *The biggest risk is in the microsurgery portion of the procedure. Sometimes a blood clot can form where we sew the small vessels together and the blood supply is disrupted. This is an emergency and requires an urgent operation to try to fix it.*
8. Q. Have you ever experienced any complications or challenges in surgery, and if so could you please share one?
A. *Yes, many many times. My biggest challenges are when the patient's anatomy ends up being different than usual. I have to adjust my procedures to accommodate. That's when the engineering background comes in handy.*

9. Q. When you have to see breast implants after 10-15 years is that part of the payment or separate?
A. *Breast reconstruction and the post-operative care is covered for life for most insurance plans. Patients often have a co-pay for their annual visits but that's it.*
10. Q. Can you speak to any advances in mammography and a more comfortable testing technique?
A. *Mammograms aren't really my area. Sorry! I wish they were more comfortable.*

