



Lowe Plastic Surgery (LPS)

Dr. Lowe's Facts about Staged Breast Reconstruction

How do I get started?

It is important prior to surgery for patients to educate themselves about the pros and cons of breast reconstruction. Although patients who undergo breast reconstruction surgery are typically happy, this operation is not for everybody. The big risks of surgery are infection, bleeding, delayed healing, delayed wound healing, poor aesthetic results, and scarring. Patients should read the educational materials provided or on our website including consents prior to surgery. Patients should make sure that the surgeon is Board Certified by the American Board of Plastic Surgery, and is a member of the American Society of Plastic Surgeons (ASPS) and American Society for Aesthetic Plastic Surgery (ASAPS). Please check out websites and links at: www.drjlowe.com

Is my Breast Reconstruction covered by health insurance?

Breast reconstruction for breast cancer is covered by most insurance plans. However, breast reconstruction for birth defects, benign breast disease, asymmetry, or previous breast implantation often requires an out-of-pocket expense. Patients are encouraged to call their provider regarding coverage. Always forward or bring medical records for review. Dr. Lowe tries to determine eligibility based on cancer history, type of implant, date of surgery, MRI analysis, and clinical history. If Dr. Lowe feels the surgery is cosmetic he will not submit to your insurance provider. If Dr. Lowe feels that the surgery is medical but the provider refuses to pay before or after surgery the patient is expected to pay outstanding fees.

Most breast reconstruction for cancer is covered by law by insurance. This includes all stages required to complete the operation now or in the future. That does not mean that the surgery does not require approval in advance. Patients are encouraged to contact their provider but should avoid using the term cosmetic. Many patients require symmetry procedures to the opposite breast that are covered as well when indicated. It is best to allow your plastic surgeon to communicate with insurance before getting involved with the process. Understanding the terminology and policies of each insurance plan requires a good amount of medical knowledge. Dr. Lowe is your best advocate with your insurance regarding breast reconstruction. Let our practice do the leg work and provide us with any communications regarding coverage as soon as possible. Patients are encouraged to look at photos of breast reconstruction online or in our office before scheduling surgery. Dr. Lowe will discuss these issues during the consultation and consent process.

Why do insurance companies argue so much?

Insurance companies often dispute breast reconstruction because of ignorance. Many insurance representatives are not fully trained in this area. Patients undergoing immediate reconstruction are anxious to undergo the cancer operation as soon as possible. Sometimes it is not possible to fully complete the reconstructive approval process prior to the planned oncologic surgical date. Dr. Lowe will make every effort to be compliant with insurance policies and procedures while expediting care. An open communication based on the clinical situation and indications for surgery is the best way to avoid arguments. Most misunderstandings can be work out over time.

Should the cancer operation be the first priority?

Patients with breast cancer should always place the surgical procedure and cure ahead of the reconstruction. It is of no value to reconstruct a breast at the compromise of a remission or cure. Each patient must decide on the cancer operation best for them and then match the reconstruction best in that situation. The surgical oncologist or general surgeons have a good idea about post-operative treatment, but if it was absolutely clear the pathology and other studies would not be necessary. If radiation or chemotherapy is required, planned or unplanned, they must be done. The plastic surgeon will continue the breast reconstruction within the clinical limits. Breast reconstruction may need to be delayed, discontinued, or aborted in some situations. Dr. Lowe has learned to expect the unexpected in breast reconstruction.

What is a mastectomy?

A mastectomy involves the removal of the breast tissue either partial or complete. Mastectomy usually involves the resection of breast tissue (mound) and nipple complex with preservation of part of the overlying skin (breast flaps). It is like removing the orange and then leaving the outer orange peel. The problem following mastectomy is rarely the lack of skin over the breast, but a lack of healthy skin over the breast and breast tissue underneath the skin. The residual breast skin or flap is significantly compromised, lacks blood flow, and is quite thin. Plastic surgeons often are left with sick breast skin that cannot tolerate

stretch or expansion and is in some cases burned. The limitations in the breast envelope are what mandate multiple surgical stages.

Why is breast reconstruction staged?

Rome was not built in a day! A pretty breast can rarely be reconstructed in one day and takes time. Most breast reconstruction requires 3-5 stages several months apart depending on the type of surgery, cancer, and anatomy. The first stage of breast reconstruction involves creating a breast mound. Future stages involve scar revision, nipple creation, size modifications, and symmetry procedures. Each patient determines how many stages are right for them based on their expectations, health, or clinical situation. Some patients want to look good in cloths and other patients want to look good unclothed. Patients undergoing breast reconstruction will never feel or look completely normal again. The goal is to individualize breast reconstruction to optimize results and limit the number of complications and surgeries. Dr. Lowe reviews the process with patients during the course of their consultation.

What do you mean I will not be the same?

Some patients actually look better after breast reconstruction. Often the reconstructed breast is fuller, tighter, and more youthful. There is a misconception that if breast augmentation looks good, why cannot breast reconstruction. Simply said it is totally different. Cosmetic breast enhancement involves placing implants under a health breast with good padding and overlying skin. Reconstructed breast usually have no breast tissue, nipple complex, and healthy skin. The two operations are polar opposites regarding time commitment and outcomes. Normal is often a state of mind. Woman with real breasts are no more beautiful inside or outside than those without. Patients with big breast want them smaller, and patients with small breast want them bigger. The struggle for all plastic surgery patients is to be as normal as they want to be when they want to be it. Although patients rarely feel completely whole after mastectomy, reconstruction usually makes them feel better. Breast cancer patients carry the wounds for life, but the mental and physical wounds are usually diminished with reconstruction.

Breast reconstruction is a choice. When given a choice patients overwhelmingly choose breast reconstruction. Patients may do breast reconstruction now or later. They may do a little or a lot. Doing something at some time is better than doing nothing in most cases. A consultation with a board certified plastics surgeon involves a frank discussion regarding physical and emotional expectations. These issues are often not fully addressed at the first consultation but rather over time or in the future.

Why do I need a plastic and reconstructive surgeon?

Breast reconstruction is hard. If the surgery was simple it would not require the expertise of a board certified plastic surgeon. One in four patients undergoing staged breast reconstruction will experience a complication that will delay or change plans. Remember, surgical oncologists remove breasts, and the plastic surgeons recreate breasts. Plastic surgeons do not remove or cure breast cancer. Although most board certified plastics surgeons are boarded in general surgery there role is focused foremost on reconstruction. This allows the patient to have a surgeon who does not take but rather recreates. Plastic surgeons expect and need patients and their consultants to keep them informed about cancer treatments in the present and future.

In most cases, plastic surgeons allow the dust to settle and then proceeds methodically with the breast reconstruction. Patients should educate themselves regarding the risks and potential complications of breast reconstruction to be sure that it is right for them. Patients spend months and sometimes years undergoing breast reconstruction. Plastic surgeons care for patients long after other doctors and consultants are gone. It is important patients feel comfortable with their plastic surgeon not just in the short term but in the long term. Dr. Lowe never tries to sell breast reconstruction because he believes the operation with its risks and time commitment should sell itself. He does encourage patients to finish what they start. Patients should not allow small setbacks to get in the way of the best clinical results.

Why are the complications for breast reconstruction so high?

Breast reconstruction is complicated because the options are limited and deformity significant. Mastectomy results in bacterial contamination and skin compromise making reconstruction difficult. These issues can be more challenging based on the patient's clinical history, lifestyle, and expectations. Patients who smoke are guaranteed to experience complications. Some operations are not predictable and there is variability in patient anatomy. The preoperative, inter-operative, or post-operative treatment of breast cancer may compromises reconstruction. Chemotherapy and radiation have a negative impact on present and future breast reconstruction. Breast radiation, past or present, can prevent reconstruction all together. The timing

of breast reconstruction can also determine the surgical risk and outcome. Dr. Lowe discusses the timing, physical limitations, risks and benefits of reconstruction based on each patient's situation.

What is the difference in immediate versus delayed reconstruction?

Immediate breast reconstruction is performed at the same time as mastectomy. Delayed reconstruction is performed after the recovery from the mastectomy. In most cases, it is best to perform breast reconstruction at the time of mastectomy to decrease the number of operations and improve outcomes. However, immediate reconstruction has the risk of increased wound complications and unknown cancer related treatments. Tissue margins and lymph node status following mastectomy can result in unanticipated surgical revision, radiation, and chemotherapy. Delayed reconstruction allows the plastic surgeon to know margins are clear and treatments are complete. The best option for breast reconstruction timing usually requires consultation with a board certified plastic surgeon. Plastic surgeons prefer to avoid risks in risky operations, and when possible do not want to burn any reconstructive bridges. Dr. Lowe covers these issues during the course of your consultation.

What are the main options available?

Breast reconstruction uses a patient's own tissue (autologous), tissue with implant (autologous/non-autologous), or implant alone (non-autologous). There are pros and cons to the all techniques based on the clinical situation. Reconstructive options may be limited based on surgeon preference, experience, skill, and support. The approach to breast reconstruction is at the heart of the true art of plastic surgery. The type of reconstruction chosen to recreate a breast mound and overlying skin is in many ways the same and different. Dr. Lowe only performs breast reconstruction procedures that he feels comfortable with and has a good experience.

There are three main techniques to recreate a breast: tissue expansion, back muscle with implant (Latissimus Dorsi flap), and abdominal tissue (TRAM flap). These options may be broken down and staged in a variety of ways based on the clinical situation and patient desires. Some patients lack tissue, have previous scars or radiation, or are too heavy to be candidates for certain reconstructions. Flap reconstruction was invented because breast reconstruction with implants alone was disappointing. Placing implants under the skin without overlying padding can result in rippling, asymmetry, discomfort, and visible scarring. However, moving tissue from one area to reconstruct the breast is not without risk or cost. Plastic surgeons often "rob from Peter to pay Paul." Patients may not want to sacrifice one area of their body to improve another area even if it is the breast. Some patients believe excellent results are possible without sacrifice. Dr. Lowe hopes cancer patients will not struggle with breast reconstruction in the same way as cancer treatment. Nevertheless, the rule of "no pain, no gain" usually applies in breast reconstruction. The best option is usually obvious at consultation and examination. Patient satisfaction is dependent on an understanding of the effects of breast cancer treatment balanced with the limits of reconstruction. Please check out websites and links at: www.drjlowe.com

Is it just as easy to reconstruct one breast as two?

It is almost always harder to reconstruct two breasts than it is to reconstruct one. If a patient decides to undergo a bilateral mastectomy their reconstructive options are more limited. Most patients undergo different cancer operations on one side than the other. The cancer side is usually more difficult to reconstruct and issues of asymmetry need to be addressed over time. Patients undergoing bilateral mastectomy need to understand the reconstructive options or results are impacted. A bilateral mastectomy almost always requires greater risks and complications. These patients usually require implants and twice the number of stages. Patients should openly discuss and decide with their surgical oncologist or general surgeon the best cancer surgery and treatment prior to plastic surgery consultation. Dr. Lowe also likes to have a referral note from the physicians involved in patient's treatment prior to the consultation. Plastic surgery consultations are clearer when patients have determined the cancer operation or other treatments in advance.

What if my breasts are not even after reconstruction?

Many patients undergoing unilateral breast reconstruction require a breast lift or implant on the opposite breast. Patients who have had major weight changes, breast feed, or over 40 years of age may be candidates for breast reduction or lift (mastopexy) to obtain symmetry. Almost every patient with an implant on one side will need an implant with a breast lift on the other. Most breast cancer patients are older and have some breast sag. Reconstructed breasts, regardless of the technique, do not sag thereby requiring an opposite lift to match. In most cases, the need for breast lift or implant is obvious, but in other

cases it may not be clear. Patients often discuss these issues during consultation with a board certified plastic surgeon.

Do details really matter in breast reconstruction?

Plastic surgeons think details matters. Successful breast reconstruction requires patience and persistence on the part of the patient and plastic surgeon. The complexity of stage reconstruction requires patient compliance and attention to detail. The surgical plans may need to be modified based on a variety of factors. Delays can result in adjuvant treatments, complications, surgeon preference, and patient physical and emotional stability. The only thing for sure in breast reconstruction is it is not totally predictable. Ever patient who chooses to undergo stage breast reconstruction should have an idea in advance of what is involved to make an informed decision. Over 15% of patients seen in consultation will decide breast reconstruction is not the right thing for them at that time. Dr. Lowe believes detailed patient education along with hard work and patience ensures the best clinical results.

How long will I need a plastic surgeon?

Patients usually require a plastics surgeon intermittently over the course of their lives. The surgical oncologist will typically provide care for a limited time. Patients with invasive breast cancer are followed by an oncologist for life. Plastic surgeons typically complete stage reconstruction over a 1-2 year period and then follow intermittently thereafter. Most breast cancer patients require evaluation with a plastic surgeon every 5-10 years. It is important that patients maintain a copy of all relevant reconstructive records including implant cards. Breast implants last about 10 years and yearly screening for implant rupture is recommended. Dr. Lowe provides details related to breast reconstruction follow-up and maintenance.

How long will breast reconstruction take?

The amount of time for breast reconstruction is different for different patients. In most cases, the number of stages can be predicted to within several months. Some patients do less stages, and others do more stages. Other patients simply want a break and resume reconstruction later. Younger patients have higher expectations and complete breast reconstruction when given the opportunity. Older patients often simply want to look good in clothes and get on with life. The only thing for sure is every patient is different. The plastic surgeons role in reconstruction is to help patients do what is best for them at the right time. Most patients require 2 months between stages and complete reconstruction within 16 months. In some ways, breast reconstruction is never truly over. As patients age so do the implants, flaps, and the skin envelope. Most patients undergo revision surgery every 8-10 years depending on presentation and health.

Can I change my mind in the future?

Breast reconstruction is all about rolling with the punches. Most changes in breast reconstruction have to do with adjuvant treatments or complications. If one stage is unsuccessful then the plans change. Chemotherapy and radiation often interrupt breast reconstruction, but breast reconstruction at times can interrupt these treatments as well. Patients should always be prepared to make changes to reconstruction based on the clinical situation and personal preference. Dr. Lowe changes his plans on occasion and reconstructive patients have the same right.

Breast reconstruction is an artistic undertaking that takes time and commitment to complete. Patients often change their minds due to the timing or complexity. Patients should do their best to formulate a good overall plan early in the process. Patients should weigh options carefully with each stage to ensure a timely and successful outcome. Breast reconstruction is lengthy and significantly delays can result from patient indecision or lack of preparation. Your plastic surgeon will formulate both a short term and long term plan that is best for you. Dr. Lowe tries to prepare patients for future stages in advance. Asking questions and reviewing options over time is the best way to prepare for the reconstruction as a whole. Breast reconstruction requires operational codes that must be scheduled and approved a long time in advance of surgery.

What is a breast tissue expander?

Tissue expanders are used to slowly stretch or maintain the breast envelope following mastectomy. Tissue expanders are usually placed high on the chest and under the muscle to prevent complications. Implants or flaps are then repositioned later for the best aesthetic results. Patients undergoing tissue expansion require implant expansion in the office through a port underneath the skin. This port is identified with a magnet and accessed sterilely about a month after surgery. Tissue expansion is one of the most common techniques used in breast reconstruction. The technique also affords patients time to figure out what their next step will be. Unfortunately, tissue expansion is associated with the risk of infection, fluid collection,

failure, and exposure. Dr. Lowe reminds patients that tissue expansion is a quick procedure taking less than an hour with a limited recovery. If the expander fails, reconstruction can usually be resumed within several months. Tissue expanders do not provide a pleasing breast mound immediately. The goal of expansion is to allow future placement of long term gel or saline implant.

Are breast implants safe, and what is the difference between saline and gel?

One of the biggest concerns for patients considering breast reconstruction with breast implants in the future is choosing saline vs. gel. The choice is simple in most cases based on the physical exam but there are often other issues to consider. Is the patient scared of gel implants? Scared patients should get saline implants and not worry. Is the patient planning to follow the FDA gel implant guidelines? Simply said, gel breast implants look and feel better (a lot better) particularly in breast reconstruction. Gel implants scar more (capsular contracture), rupture is silent, and safety concerns exist. Saline implants do not look and feel as good as gels. Saline implants deflate more often, ripple more, and safety is not a concern. It is best to have implants placed long term under the chest muscle to decrease implant scarring, infection, and visible rippling. The surgical incisions are usually placed in previous mastectomy scar. Dr. Lowe does his very best to limit scars. Options are reviewed at consultation with a board certified Plastic Surgeon. For further information please go to: www.breastimplantsafety.org

What are the differences in the inner parts of current implants?

There are a number of different types of implants produced by several different manufactures. Most surgeons stick with one manufacture to ensure the best service. Special implant request are available in most cases. Each patient is encouraged to research in advance and discuss these issues during consultation. The implant outer shell can be either textured or smooth. Textured implants may stick better and scar less. Smooth implants stick less and scar more, but in some cases appear more natural. Many issues related to the outer shell are irrelevant with the current generation of implants. Implants may be high or low profile meaning they project more or less. Some implants have a round shape and others have a more anatomical shape. The best option relates to patients anatomy and preference. Gel implants may be more or less cohesive. More cohesive will be stiffer but may be safer. Most patients undergoing breast reconstruction are best suited for the standard round, textured, moderate plus profile breast implants. The board certified plastic surgeon will help you decide which implant is best. For further review please go to: www.breastimplantsafety.org

Do breast implant last forever?

No currently approved breast implant lasts forever. Saline and gel filled breast implants have reported life span of ten years. Interestingly, ten years is also the length of manufacture warranties and FDA recommended exchange period. Both implant types have a 2% rupture risk per side per year. When saline implants rupture they deflate. When gel implants rupture patients are rarely aware. The manufacture places a silicone capsule around all implants to hold in either saline or gel. All patients form a biologic capsule around implants. This capsule as it forms helps prevent implant decent. Inter-capsular rupture refers to gel implant rupture within the human capsule, and extra-capsular rupture refers to rupture out-side the human capsule.

Do I have to have my breast implant exchanged?

Elective gel implant removal or exchange is recommended by some for all ruptures. Dr. Lowe recommends exchange primarily for extra-capsular rupture. Saline rupture usually occurs at 10 years and requires exchange within several weeks. Gel implants usually rupture at 10 years, but implant exchange may be delayed in many cases. Most gel implant ruptures are intra-capsular and are watched. However, extra-capsular gel rupture or aging implants over 25-30 years should be exchanged when possible. Most patients exchange implants due to capsular contracture that causes deformity or pain. Some patients remove gel implants that are ruptured because they are afraid. All patients should know that when implants are exchange, they will often need to a breast capsule removal and revision. Dr. Lowe makes income from performing primary and secondary breast revision surgery. If Dr. Lowe recommends a patient watch and wait, it is because in his opinion it is in the patient's best interest and it makes good clinical sense.

What about the FDA Guidelines regarding breast implants?

The FDA has a number of rules about silicone gel filled breast implants. They currently recommend implant screening with MRI every 1-2 years to rule-out silent rupture. The cost of this screening will not be covered by most insurance. FDA recommends implant removal every 10 years in all patients with gel implants. The manufactures agree with a mandatory implant exchange, and more exchanges mean more implants sales. Also, the FDA warns about gel implants association with a rare form of blood cancer and

will release others concerns as they arise. Patients should stay informed of current FDA rules and guidelines. FDA website:

<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/default.htm>

What about patient safety concerns?

There are a variety of safety concerns related to breast reconstruction. Many related to wound healing or implants have already been reviewed. Patients should always keep a copy of the implant card for future reference when indicated. Patient should continue to undergo breast screening and mammograms when breast tissue is still present. However, in most cases the safety of breast reconstruction is dependent on your surgeon and the facility. Breast reconstruction is a medically indicated, elective operation usually reserved for patients in good health. Dr. Lowe is a real plastic surgeon, who performs real surgery, in a real surgical center or hospital. As a member of the American Society of Plastic Surgeons (ASPS) he is required to follow safety guidelines designed to ensure the best patient safety and outcomes. Dr. Lowe performs breast reconstruction in accredited hospitals and surgical facilities. He only performs breast reconstruction in facilities that he feels are safe, experienced, and prepared. Dr. Lowe encourages patients who have safety concerns to report them in writing as soon as possible. Dr. Lowe believes this improves patient care and safety now and in the future. For further safety information go to: www.drjlowe.com

Is there a good resource to help me make an informed decision?

The best resource for breast reconstruction is the American Society of Plastic Surgeons (ASPS). The ASPS has made breast reconstruction a priority and provides a number of education materials on the internet and in print. Most plastic surgeons provide educational brochures, videos, and consent forms developed by this group. There are a number of other resources available to patients at request. The more educated patients are regarding breast reconstruction the more likely they will be satisfied. When patients arrive for consultation prepared it allows the plastic surgeon to spend more time on specific issues that impact the individual. Dr. Lowe encourages patients to review the educational materials and consents in detail before consultation. Please check out websites and links at: www.drjlowe.com

Should I wait and think about my options?

Breast reconstruction is an important decision. The surgical procedure carries significant risks and benefits. Revision rates are high even in with the best surgeon. Patients require a period of recovery, support, and maintenance. Studies have shown that patient who undergo successful breast reconstruction have a better quality of life and would do it again. Patient satisfaction is often based on the clinical situation. Breast reconstruction can be delayed. Many patients appreciate breast reconstruction more when they prepare or have lived without a breast. Patient should choose a board certified plastic surgeon that they feel comfortable, takes time, reviews risks, puts safety first, and trust. One important aspects of the surgery is patient care and follow-up. Although surgeons cannot always predict the outcome, it is usually best to stick with the plastic surgeon you chose to ensure the best outcome. When possible, patients should talk about their plans with physicians, family members, and significant others. Patients should have realistic expectations regarding the surgery, recovery, long term care, and results. Breast reconstruction is often the right thing for the right person at the right time. It is not for everyone!

What are Dr. Lowe's breast reconstruction take home points?

1. Your breast cancer treatment and cure is the priority
2. Have realistic expectations (look at pre and post-op photos)
3. Do not expect a perfect surgery or result (better not perfect)
4. Take time & ask questions (reconstruction is a commitment)
5. Breast reconstruction is hard (if it was easy everyone would do it)
6. If you are not mentally or physically prepared, delay or skip it!
7. Breast reconstruction can always been done later (not an emergency)
8. Plastic surgeon do not remove breasts they recreate breast (in most cases)
9. Making two breast is usually harder than one
10. Breast reconstruction requires multiple stages (Rome was not built in a day)
11. Expect "bumps in the road" (do not quit at the first sign of trouble)
12. The best option is obvious after consultation
13. Plastic surgeon recreate the breast mound first and refine later
14. Later stages are easier & more rewarding (icing on the cake)
15. Pick and stick with your surgeon when possible