Chattanooga Plastic Surgery

Breast Cancer and Reconstruction — Meeting Patients on their Personal Journeys

"We think that it is important to get to know the patient medically as well as emotionally and to understand the support systems they have in place."

- Dr. Mark Leech

Our office phone rings with a call requesting a breast reconstruction consultation. It may be a woman three years out from her initial cancer surgery who never had reconstruction. Is she just now seeking reconstructive options because it wasn't the right time in her life, or did her medical treatment possibly delay her plan? Maybe she was never given the option to see a plastic surgeon?

While many women are eligible for breast reconstruction following mastectomy, studies have revealed that less than a quarter of women know the wide range of breast reconstruction options available. As a result, many are unable to make informed decisions. According to the American Society of Plastic Surgeons, less than one-fifth of American women who undergo mastectomy currently have reconstruction.

At Chattanooga Plastic Surgery, a consultation involves a personal evaluation and education by Dr. Mark Leech, a board-certified plastic surgeon with 17 years of experience and a passion for reconstruction. "We think that it is important to get to know the patient medically as well as emotionally and to understand the support systems they have in place," Dr. Leech explains.

Our consultation is designed to meet patients where they are on their breast cancer journeys. We know that women have different reasons for seeking breast reconstruction. Many simply want to look good in their clothes, while others are looking for the closest result to a natural breast. It is important for patients to understand that reconstruction can provide significant aesthetic improvements; however, a reconstructed breast will never look or feel exactly like a natural breast. Reconstruction options and results are individualized and can vary. We encourage patients to spend some time looking through our before-and-after photo books and even speaking to other patients who have had similar procedures.

Dr. Mark Leech (center) with patients (from left to right) Renée Qualey, Jessica Richelson, Darlene Smith, Vicky McKelvey, and Joyce Dean

A consultation also means an opportunity to meet with nurses, our scheduler, and even a breast cancer survivor. Darlene, first a patient and now an employee, commits an enormous amount of time to the breast cancer community both in and out of our office. She is a blessing and constant source of support for our patients.

At Chattanooga Plastic Surgery, we know breast cancer can be devastating and life-changing. It's an extremely vulnerable time filled with many doctors appointments and overwhelming amounts of information. We understand cancer impacts every aspect of life including other health-related issues, employment, financial stability, and relationships with friends and relatives. There is physical and emotional pain.

This is why we make it a priority to be advocates for our patients during the reconstructive process and beyond. We feel it is a privilege to support our patients as they face the ongoing challenges of moving forward with life after breast cancer, and many times, our role extends beyond the walls of our office utilizing other resources which can help meet their needs.

Reconstruction is not for everyone, but for many women, reconstruction soothes the constant reminder of what they have been through and helps restore some sense of normalcy. As one patient put it, "After reconstruction, when I catch a glimpse of myself in the mirror, I don't think about what breast cancer has taken away from me."

Our hope is that reconstruction will help our patients live more fulfilling, self-confident lives after breast cancer. We are inspired by the courage and strength of our patients, and we are committed to supporting them as they move forward on their paths of healing.

BRA DAY USA

closing the loop on breast cancer

Chattanooga Plastic Surgery is partnering with The American Society of Plastic Surgeons on October 16, 2013, to celebrate the 2nd annual Breast Reconstruction Awareness (BRA) Day. This initiative seeks to ensure that all women diagnosed with breast cancer be given an opportunity, prior to their cancer surgery, to meet with a plastic surgeon and be advised of reconstructive options.

Breast Cancer
Get the Facts

By Rebecca Rochat

Besides skin cancer, breast cancer is the most common cancer among American women. Based on current breast cancer incidence rates, The National Cancer Institute estimates that one out of every eight woman born today will be diagnosed with breast cancer sometime during her lifetime.

Despite these high numbers, the good news is that approximately 90% of women diagnosed with invasive breast cancer have a five-year survival rate after the time of diagnosis. Additionally, the U.S. is seeing some positive trends: the breast cancer mortality rate for women has declined by nearly 7% since 1990. Why? An increased emphasis on screenings and early detection among health care providers and advocacy groups is saving thousands of lives each year.

Understanding Your Risk

The number one risk factor for breast cancer is **age**. Two out of three invasive breast cancers are found in women age 55 or older. The number two risk factor is a **family history**: having one first-degree female relative (mother, sister) with breast cancer nearly doubles your risk. Still, the majority of people diagnosed with breast cancer have no family history whatsoever.

A third important risk factor is an **inherited gene mutation** known as BRCA1 and BRCA2—around 5 to 10% of breast cancers are thought to be attributed to this genetic alteration. Angelina Jolie's recent decision to have a double mastectomy after she was diagnosed with the mutation has brought this risk factor to the forefront of public discussion.

Race/ethnicity also plays an important role when it comes to a woman's risk of breast cancer. In the U.S., breast cancer is more often diagnosed in white women than in African American, Hispanic, Asian/Pacific Islander, or Native American women. But that doesn't mean that white women have the highest mortality rate. That goes to African American women, who have the highest breast cancer death rates of all racial and ethnic groups. The CDC attributes this to many factors, including fewer social and economic resources, and a smaller likelihood of getting prompt follow-up care and high-quality treatment.

To determine your risk of developing breast cancer, a great assessment tool can be found online at the National Cancer Institute's Website at www.cancer.gov/bcrisktool.

Other risk factors worth mentioning include radiation exposure, obesity, beginning your period at a younger age, beginning menopause at an older age, having your first child at an older age, having never been pregnant, drinking alcohol, and postmenopausal hormone therapy.

EXPERT ADVICE
Family History

"If you have a family history, especially a history in multiple close relatives or in relatives at a young age, further evaluation of your risk may be warranted. You can be evaluated at a genetic risk assessment clinic, usually affiliated with a hospital cancer center or breast center. You can also have a risk evaluation done by a breast surgeon. Some women may be candidates for genetic testing. They may also need special breast screening with MRI and may decide to take certain medications to reduce their risk."

Laura E. Witherspoon, M.D., FACS, breast surgeon with University Surgical Associates, medical staff of Parkridge Health System

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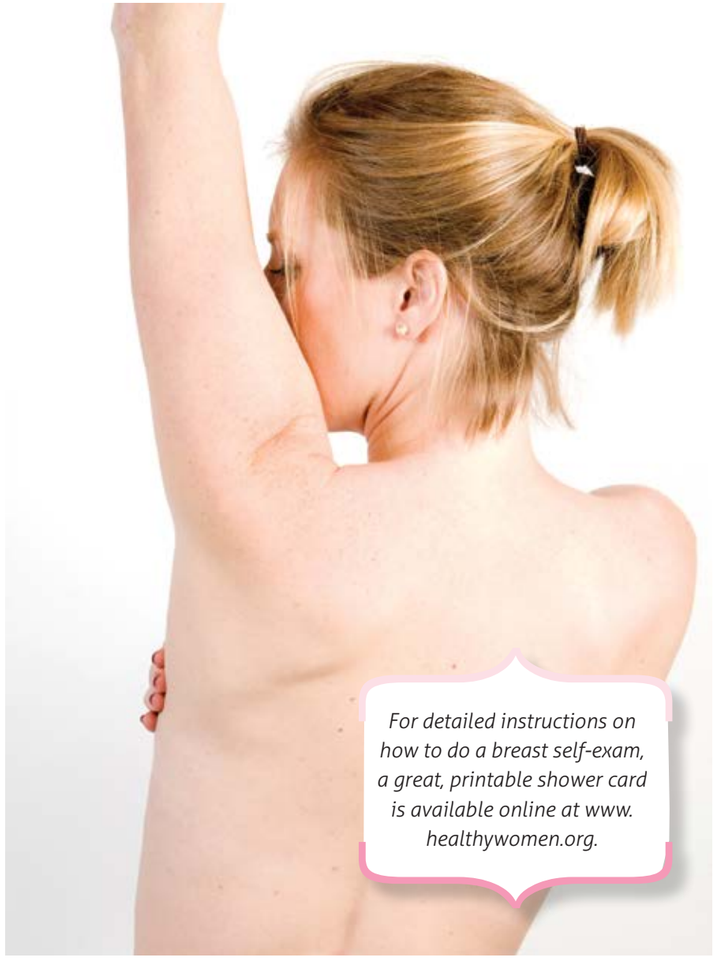
HealthScope HEALTH & WELLNESS MAGAZINE

EXPERT ADVICE

Routine Screenings

"It is important to know what is abnormal and contact your health care provider right away if you notice any breast changes. Women in their 20s and 30s should do a monthly breast self-exam and get a clinical exam every one to three years. Many physicians recommend a baseline mammogram at age 35. In addition to monthly self-exams, women in their 40s should schedule annual clinical exams and mammograms. The older a woman is, the more likely she is to get breast cancer. Women 50 and older should conduct monthly self-exams and schedule annual clinical exams and mammograms."

John F. Nelson, M.D., Diagnostic Radiology Consultants



For detailed instructions on how to do a breast self-exam, a great, printable shower card is available online at www.healthywomen.org.

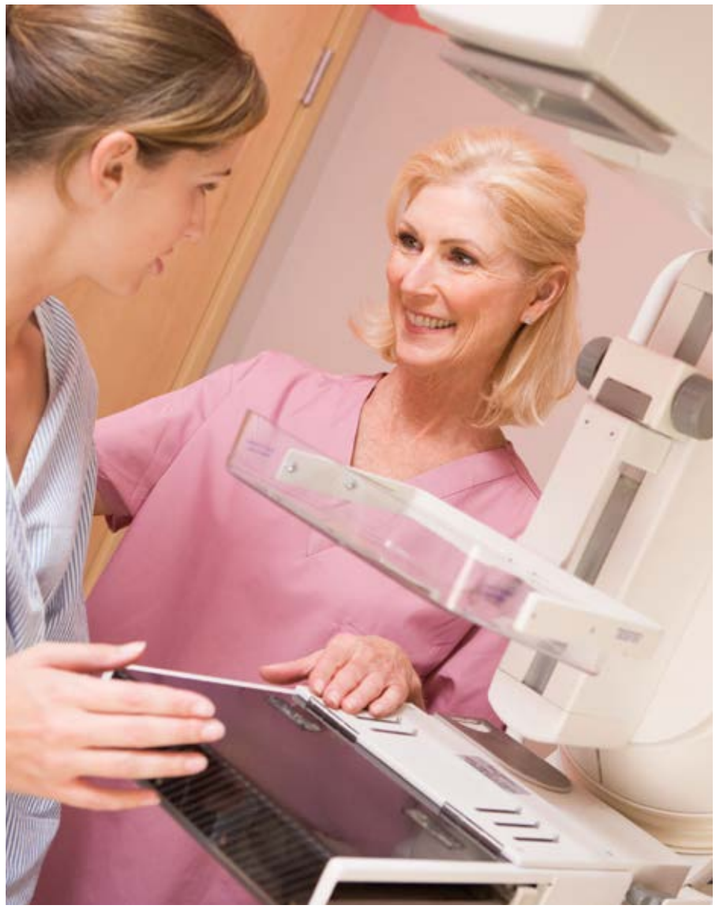
The Importance of Screening

Doctors believe that early screening for breast cancer saves thousands of lives each year. Early testing and detection efforts are crucial—even for women who have no family history or symptoms. Once breast cancer symptoms develop, cancer is more likely to have spread beyond the breast(s). There are several ways to do early breast cancer screening, from self-exams to clinical exams to mammograms. Screening guidelines usually depend on a woman's age.

20s and 30s: Women in their 20s and 30s can begin performing monthly breast self-exams to look for unusual lumps and shape changes (The American Cancer Society suggests doing it right after your period). Other changes to look for include skin dimpling, nipple pain or retraction, redness or scaliness of the nipple, or a discharge other than breast milk.

Breast awareness and self-exams are key. Roughly 80% of breast cancers are discovered by women themselves. According to the American Cancer Society, women in their 20s and 30s should also have a clinical breast exam (CBE) by a health professional every three years. CBEs are usually a normal part of a wellness exam.

40s and 50s: Beginning at age 40, women should have a CBE and a mammography every year, according to the American Cancer Society.



EXPERT ADVICE

Mammograms

"The vast majority of studies have shown that annual screening mammograms beginning at age 40 has increased detection of breast cancer—specifically, treatable breast cancer—which has increased survival rates. Beginning annual screening mammograms at age 40 can save a woman's life."

Brian Cate, M.D., radiologist with North Georgia Radiology, medical staff of Hamilton Medical Center

There are two types of mammograms: screening mammograms and diagnostic mammograms. A screening mammogram is performed to detect breast cancer before it occurs, while a diagnostic mammogram is usually performed after a lump is found or other unusual breast symptoms occur. Screening mammograms take place in a clinic, hospital, or doctor's office. During a screening mammogram, the breast is compressed between two plates to flatten breast tissue while x-rays are taken. Diagnostic mammography takes longer than screening mammography because more X-rays are needed to obtain views of the breast from several angles.

Most health insurance companies pay for breast cancer screening tests. For those who are not insured, the Centers for Disease Control's National Breast and Cervical Cancer Early Detection Program offers free or low-cost mammograms. To see if you qualify, you can view eligibility requirements at www.cdc.gov/cancer/nbccedp/screenings.htm.

Staging and Treatment

If you are diagnosed with breast cancer, the stage of your cancer will be determined by testing both the tumor itself and the lymph nodes to see if the cancer has spread. Stages include:

Stage 0: In stage 0, the cancer is confined to the ducts, the lobules (milk production part of the breast), or the nipple. This stage is often called *in situ* (i.e., 'in place'), because it hasn't yet invaded the breast tissue or become life-threatening.

Stage 1: In stage 1, the tumor is less than two centimeters in diameter and has invaded the breast tissue, but has not spread beyond the breast.

Stage 2: In stage 2, the tumor is larger than two centimeters and/or has spread to the lymph nodes under the arm.

Stage 3: In stage 3, the tumor is either 5 centimeters or more, or is smaller and has spread to tissues near the breast or lymph nodes within the breast or under the arm. It has not spread to distant sites such as the lungs, liver, bones, or brain.

Stage 4: In stage 4, the cancer has spread to other parts of the body such as the lungs, liver, or bone.

Treatment methods will depend on the stage of the cancer. Options include: surgery, lymph node biopsy followed by surgery, radiation therapy, chemotherapy, hormone therapy, or targeted therapy. Most women with breast cancer will have some type of surgery to remove a breast tumor, whether it be a breast conserving surgery or a mastectomy (removal of the breast). Breast reconstruction can be done at the same time as surgery or later on.

Radiation to the breast is often given after breast-conserving surgery to help lower the chance that the cancer will come back in the breast or nearby lymph nodes. Radiation may also be recommended after mastectomy in patients with either a cancer larger than five centimeters, or when cancer is found in the lymph nodes.

Surviving breast cancer will depend on the stage of the cancer and the success of the treatment(s) required. Women who are cancer-free for five years or more are considered breast cancer survivors.

Prevention

The American Cancer Society says that there is no sure way to prevent breast cancer. But there are things that all women can do that might reduce their risk. The Mayo Clinic has recommended these seven changes: limiting alcohol, not smoking, controlling your weight (a low-fat diet is best), exercising (at least 150 minutes/week of moderate aerobic activity or 75 minutes/week of vigorous aerobic activity, plus strength training), breastfeeding, limiting dosage and duration of hormone therapy, and avoiding exposure to radiation and environmental pollution.

Get Support Today!

If you are diagnosed with breast cancer, many local organizations offer free cancer seminars and support groups. For more information, contact Breast Cancer Support Services at (423) 629-2445. There are also many support services available on the national level, including: American Cancer Society (cancer.org), National Breast Cancer Coalition (breastcancerdeadline2020.org), National Breast Cancer Foundation (nationalbreastcancer.org), National Cancer Institute (cancer.gov), and Susan G. Komen Foundation (komen.org). Don't wait to get help today.

Today's Breast Reconstruction

Choosing a Surgeon

Choosing a plastic surgeon to perform a breast reconstruction or any other aesthetic surgical procedure is a very personal act. Plastic surgeons that are certified by the American Board of Plastic Surgery (ABPS) are among the most highly trained surgeons in the United States. They have had their qualifications reviewed and their capabilities tested before they can achieve the ABPS stamp of approval. Also, a university academic appointment would indicate a significant commitment to the advancement of their subspecialty. Additionally as part of maintaining their professorship these physicians routinely undergo stringent review of their qualifications and continuing education. The right plastic surgeon for you is a very personal choice. Know who and what you are getting and check references. Let the physician you call "your plastic surgeon" be the best qualified you can find.

(From left to right) Dr. J. Woody Kennedy, M.D., Jason P. Rehm, M.D., Larry A. Sargent, M.D., Jimmy L. Waldrop, M.D., and Mark A. Brzezienski, MS, MD, FACS

The science and craft of breast reconstruction after mastectomy has been virtually transformed the last five years. We now have a firm understanding that all breast surgery should be treated as cosmetic surgery. Every effort is made in the treatment planning stage to maximize the cosmetic appearance of the breast after cancer surgery. There are several modalities of treatment to assist the surgeon in accomplishing this outcome.

Circumvertical mastectomy is a type of incision which is utilized to reduce the scar-across-the chest typical of previous mastectomy approaches. It is a discreet surgical incision that extends from around the nipple to the breast crease as if it were a cosmetic breast lift.

Post Operative Pain Control is more carefully considered now as well. We now have an injectable anesthetic that lasts up to three to four days. This medication (Exparel) is injected at the time of surgery to ease patient recovery. Its use decreases the amount of narcotics needed in the early post-operative period and is a big plus for a patient's recovery.

Silicone implants have also undergone a metamorphosis. They are now virtually solid and rupture rates are extremely rare. The implants have a fixed shape to maximize the final cosmetic appearance of the reconstruction. Careful attention should also be given to the unaffected breast utilizing standard cosmetic surgery techniques to provide as close a match to the reconstructed breast as possible.

Fat Injections have also revolutionized the field of breast reconstruction. These fat injections can be employed as a finishing touch to create a breast mound that is unrecognizable as a reconstruction. They also have great utility in improving the appearance and even the quality of the skin in patients who have undergone chest wall radiation for advanced cancers. A series of these fat injections can be used to augment a normal breast to improve the reconstructive match.

Breast reconstruction has matured to become a safe and reliable process with a wide application to a great variety of patients. All patients should expect a thoughtful approach to the individual aspects of their case. Safe, minimally invasive, and cosmetically ideal reconstructive methods are always our goal. There are many articles related to breast reconstruction on our web site at www.refinedlooks.com. We hope this information assists you in making the right choice for your individual needs.