Reconstructed Options

New hope for patients seeking reconstructive options after breast cancer

by Blythe Thimsen

WHEN JANET* SCHEDULED HER annual mammogram this past summer, she didn't give much thought to it, considering the appointment nothing more than a routine procedure to check off of her to-do list.

name has been changed to protect identity.

When the mammogram revealed a lump that had been in her breast for years had started growing, it caught her attention. After a biopsy, she found out it was cancerous, and suddenly, her whole world changed. While her main concern was focusing on stopping the cancer in its tracks, she was also faced with decisions and options regarding reconstruction after her treatment.

Her doctor thought she would be an ideal candidate to have her surgery to remove the cancer, and reconstructive surgery to her breast, at the same time. The only problem was that there were no doctors or medical centers in the Tri-Cities, where Janet lives, which provided that service. Her doctor was so confident it was the best choice for her, he sent her to Spokane to meet with Dr. Chad Wheeler and Dr. Emily Williams of Plastic Surgery Northwest, which is one of the few practices in the area offering advanced breast reconstruction techniques including DIEP, TUG and muscle-sparing free TRAMs.

"My sister came with me, and she couldn't understand why I was seeing plastic surgeons instead of just an oncologist," says Janet of her meeting with Drs. Wheeler and Williams By meeting with plastic surgeons Janet was able to learn about options for reconstruction.

"A lot of patients don't even realize they have plastic surgery options," says Williams. "Unless it is something that came up on their radar, they might not know there are options."

The first priority for patients and surgeons alike is to remove the cancer, but many patients stop there, not knowing there are options for what follows.

"It is a very demanding surgery, so it is by far best to have multiple surgeons," says Williams of Janet's surgery, which took 11 hours and 49 minutes, with four surgeons working to perform both procedures. Two surgeons performed the double mastectomy to remove the cancer, and Wheeler and Williams stepped right in to perform the reconstruction. "We work together as a surgical team. These are planned surgeries, so we can be involved from the beginning."

"I'm glad we did it all at once because the recovery time was less," says Janet of the double mastectomy and DIEP flap reconstructive surgery she had. "I decided on a double mastectomy because I didn't want the cancer in me; I just wanted it out and done. It was the scariest thing I've ever done. I expected to be down for six weeks, but I am three weeks out and I feel great."

In addition to implants and protheses, there are three main types of reconstructive options, all of which are offered by Plastic Surgery Northwest. Here are descriptions of the three procedures, courtesy of breastreconstruction.org:

DIEP Flap - The deep inferior epigastric perforator (DIEP) flap is based on the deep inferior epigastric vessels, an artery and vein at the bottom of the rectus abdominis muscle. These vessels provide the primary blood supply to the skin and fat of the lower abdomen. In the DIEP flap, the lower abdominal skin and fat is removed without having to harvest any of the rectus abdominis muscle. Instead, blood supply is provided through the perforator vessels that are teased out from the rectus muscle, using a muscle incision alone. The surgeon will apply judgment in the operating room to determine how many perforators are needed to provide sufficient blood supply for the DIEP flap to survive.

TUG Flap - The TUG flap (transverse upper gracilis free flap (TUG flap) or inner thigh flap) utilizes fatty tissue of the inner thigh to reconstruct the breast. The gracilis muscle and its blood vessels carry the blood supply and allow the free transfer

to the chest. The gracilis muscle is a small adductor muscle that is expendable without any noticeable loss of strength, as multiple other adductor muscles compensate for its function. The skin and fat carried by the inner thigh flap can be a transversely oriented ellipse just below the groin and buttock crease, which allows the donor site to be closed similar to a thigh lift, resulting in a well concealed scar. Alternatively the incision can be extended vertically along the inner thigh to capture more tissue volume, which allows larger breasts to be reconstructed with the inner thigh flap.

TRAM Flap - The TRAM free flap is similar to the DIEP flap in that this type of flap is also based on the deep inferior epigastric vessels. In the TRAM free flap, the lower abdominal skin and fat is removed along with a small portion of the rectus muscle. The portion of muscle removed carries these blood vessels with the flap.

"It depends on the patient," says Wheeler of which option is best. "Some say this is the right way, others say no this is the right way; we are moderates."

"I was scared to death," says Janet of having reconstructive surgery with a DIEP flap, rather than getting an implant. "I talked it over with my husband, sister and children, though, and we felt like it would be my own tissue, which would be the best option."

Janet knows that each patient is different and must take his or her own needs and desires into this very personal decision, but for herself, she knew her own tissue was the way to go. "If you have an implant, it is foreign," she says. "It is in the back of your mind that something could happen. My breasts feel like breasts normally do. I really think it was the best way to go."

"Janet will have very few scars because she had a skin sparing surgery," says Wheeler. "Immediate breast reconstruction gives good results because it saves the skin of the breast." When an implant is put in later, some skin is removed and must be stretched out later to make room for the implant; if immediate reconstruction is done, the skin is saved and there is no need to put a spacer in to stretch the skin.

"Breast reconstruction is very individual and there is no one way," says Wheeler. "It depends on your lifestyle. You should know what your options are, though."

After training together in Seattle and serving as chief residents together at the University of Washington's Harborview Medical Center, Wheeler and Williams had a great working relationship. They knew they would like to work together, and wanted to find a city in which they would have the support of a quality medical community, a wide draw of patients and the chance to do the work they love. When they found Spokane, they knew it was a great fit. They each moved their families here this past summer, opening Plastic Surgery Northwest. They have been welcomed in the Spokane medical community by both their peers and by patients like Janet.

"There are good choices," says Wheeler. "Everyone comes in with a different problem, and you have to tailor the options to them." That is just what Janet did, and she is so glad she did!

For more information about reconstruction at the time of surgery, visit www.plasticsurgerynorthwest.com