

CHOICES IN BREAST RECONSTRUCTION

BY CHRISTOPHER G. WILLIAMS, MD

Breast Cancer can be a devastating and scary diagnosis for many women. It provokes strong, emotional reactions in nearly every patient, and many women recall the struggles of older family members or friends who have been diagnosed with breast cancer. There have been many improvements in the treatment of breast cancer; new chemotherapy regimens, advances in breast conservation surgical strategies, and improvements in breast reconstruction.

Despite advances in breast conservation therapy (lumpectomies or partial breast removal), many women require or desire a mastectomy (total breast removal) for treatment of their cancer or genetic predisposition for cancer (BRACA-1 and 2 genes). Recent statistics (2007) suggest that only 1 out of 5 women after a mastectomy get ANY form of breast reconstruction. Despite recent national laws mandating breast reconstruction options be covered by all insurances, it is estimated that only 20% of women will choose reconstruction after their breast(s) are removed. According to the statistics, there is a general trend of the 20% of women who choose reconstruction—usually these are younger patients who live closer to a list of select metropolitan areas, and maintain a high socioeconomic status.

Unfortunately, many women who are eligible for or desire reconstruction simply are not educated about the options available and may not have access to a plastic surgeon who provides reconstruction. Reconstruction is an option every woman should at least consider at some point; even those who have had mastectomies years ago can still be reconstructed years later.

Reconstruction of the breast(s) can be performed the same day as the mastectomy (Immediate Reconstruction), many years later (Delayed Reconstruction), or any time in between. There are two main options to be discussed with your plastic surgeon; implant-based (which includes saline or silicone implants after a staged reconstruction with tissue expanders to make room for implants), or autologous (tissue) breast reconstruction (using your own fat and skin by moving tissues from one part of the body to the chest), such as a DIEP (Deep Inferior Epigastric Perforator) Flap.

In conclusion, breast cancer patients have many options for breast reconstruction. Reconstruction is not the right decision for all women, but all insurance companies are required to provide reconstructive options for eligible patients. Plastic surgeons who perform these procedures are excellent sources of education and information and can develop appropriate treatment plans for each patient.

Dr. Christopher G. Williams is board certified by the American Board of Plastic Surgery and practices at Park Meadows Cosmetic Surgery in Lone Tree, CO. He and Dr. Jeremy Z. Williams offer the DIEP Flap procedure (autologous breast reconstruction) to the women of Colorado and surrounding states. They also offer implant-based reconstruction and share a passion for working with women who have developed breast cancer. For more information about Dr. Christopher G. Williams or choices in breast reconstruction, please visit our website at www.ParkMeadowsCosmeticSurgery.com or call us at (303) 706-1100.