

Breast Reconstruction: A Woman's Decision

Options and Information

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Case Examples

The following patients are actual patients of our practice. We have tried to include a variety of results, including some that are very good and some that are average. Additional examples are available in the office for patients to review.

It is important for each patient to realize that their results may vary.

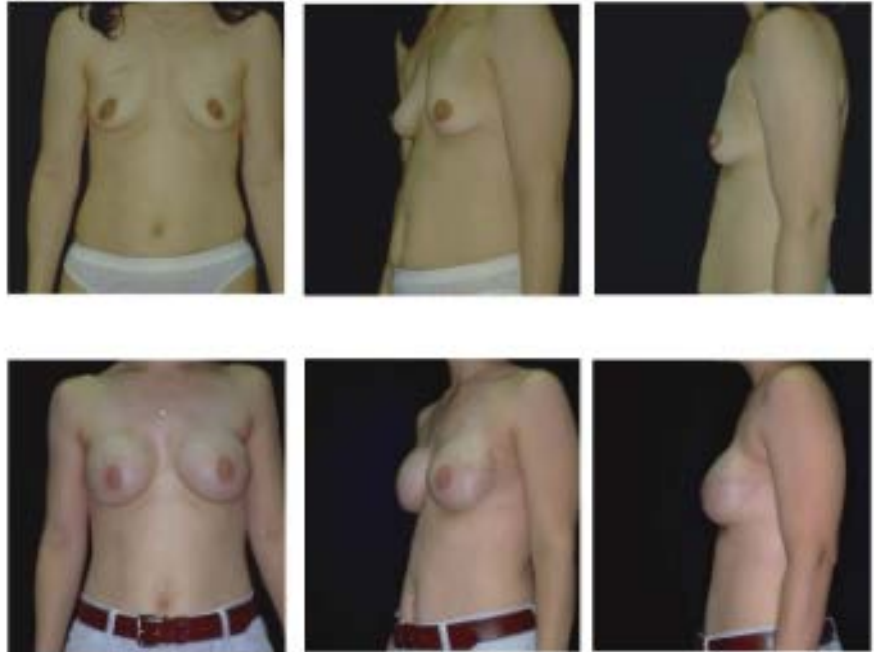
We are very grateful to these patients for allowing us to use their photographs in this presentation.

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Expander/Implant Reconstruction

This patient had had a previous right breast cancer treated with a lumpectomy and radiation therapy. The current disease necessitated a right mastectomy and she also chose a left prophylactic mastectomy. She is a young patient with 3 young children at home who wanted a breast reconstruction approach that would allow her to get back to her family quickly.

The second set of pictures demonstrate her postoperative result. She initially had expanders placed, expanded in the office, and exchanged for permanent implants with nipple reconstruction.



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Expander/Implant Reconstruction

This patient underwent a bilateral mastectomy with immediate insertion of expanders. After tissue expansion was completed the expanders were replaced with implants and nipple tattooing was performed.

Preoperative



Postoperative



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Expander/Implant Reconstruction

This mother of three young children was found to have bilateral breast cancer and bilateral mastectomies were recommended.

These top photos represent the appearance of the breasts prior to the mastectomies and subsequent breast reconstructions.

These bottom two photos represent the postoperative result after the implants were exchanged. Nipple reconstruction had not yet been done at this time.



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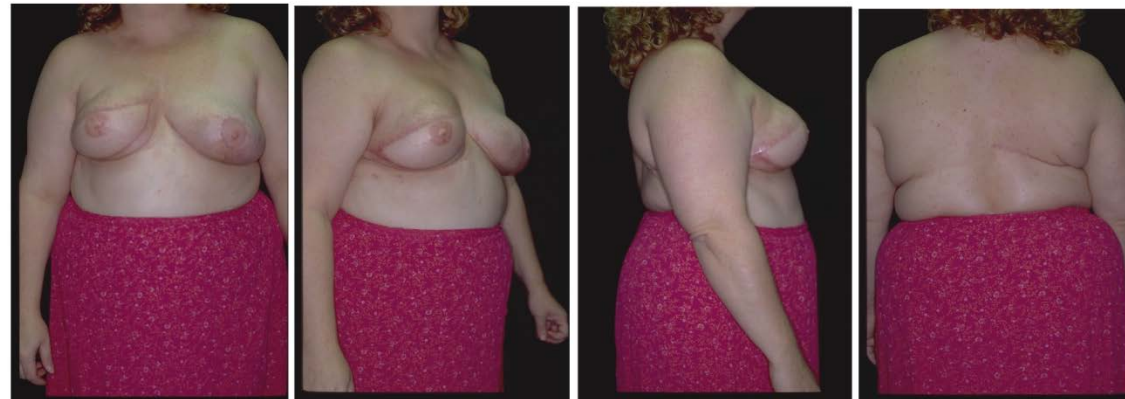
Latissimus Dorsi Flap

This patient had a previous mastectomy and radiation therapy. An attempt at another institution to do a breast reconstruction with a TRAM flap failed, unfortunately. I chose to reconstruct her right breast with an expander/implant and latissimus dorsi flap to cover the implant. At the second stage she also underwent a left breast reduction to achieve symmetry and a right nipple reconstruction.

Preoperative



Postoperative



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Latissimus Dorsi Flap

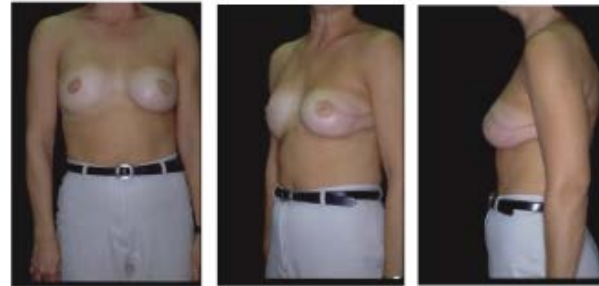
This complicated patient had had bilateral breast cancer and reconstruction with implants, done by another surgeon. The implant on the left side had become infected and was removed. This area had previously been irradiated and she had difficulty healing following this surgery.

After a small operation to close the wound, I performed a secondary breast reconstruction with a latissimus flap and an implant. At a later stage the nipple was reconstructed and an implant replacement was done on the right side along with surgical recreation of the fold beneath the breast.

Preoperative



Postoperative



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TRAM Flap

This young patient with a left breast cancer had a mastectomy reconstructed in an immediate fashion with a TRAM flap. The patient had radiation therapy following her TRAM. She is left with a nicely shaped, soft reconstructed breast. The radiation did shrink the nipple reconstruction quite a bit, however.

Preoperative



Postoperative



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TRAM Flap

This patient had a right breast cancer and chose immediate reconstruction with a TRAM flap. At a second stage she had a revision of the right breast with nipple reconstruction and a reduction/lift of the left breast to achieve symmetry.

Preoperative



8 months after the initial TRAM flap & prior to final surgery



3 weeks after the final stage of surgery for breast revision & nipple reconstruction

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TRAM Flap

This patient had a left breast cancer and chose immediate reconstruction with a TRAM flap. At a later stage the left breast reconstruction was revised and the nipple reconstructed. At that time a reduction and lift was done on the right breast to achieve symmetry.

Preoperative



Postoperative



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DIEP Flap

This patient had previously had bilateral mastectomies for fibrocystic disease, followed by reconstruction with implants, done by another surgeon. She had multiple sets of implants done elsewhere, with complications ultimately requiring removal of the implants prior to her coming to my office for the first time.

In addition, she had multiple allergies including to various types of mesh which are often used to reconstruct the abdominal wall following a traditional TRAM flap. Because of this, she was an ideal candidate for a DIEP flap. She has an excellent early result with a nicely recontoured abdomen and full, soft breasts.

Preoperative



Postoperative



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