

Breast Reconstruction: A Woman's Decision

Options and Information

Frederick J. Duffy, Jr., M.D., F.A.C.S

Click anywhere on screen to go to next slide or click on arrows below.

Case Examples

The following patients are actual patients of mine. I have tried to include a variety of results, including some that I think 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.

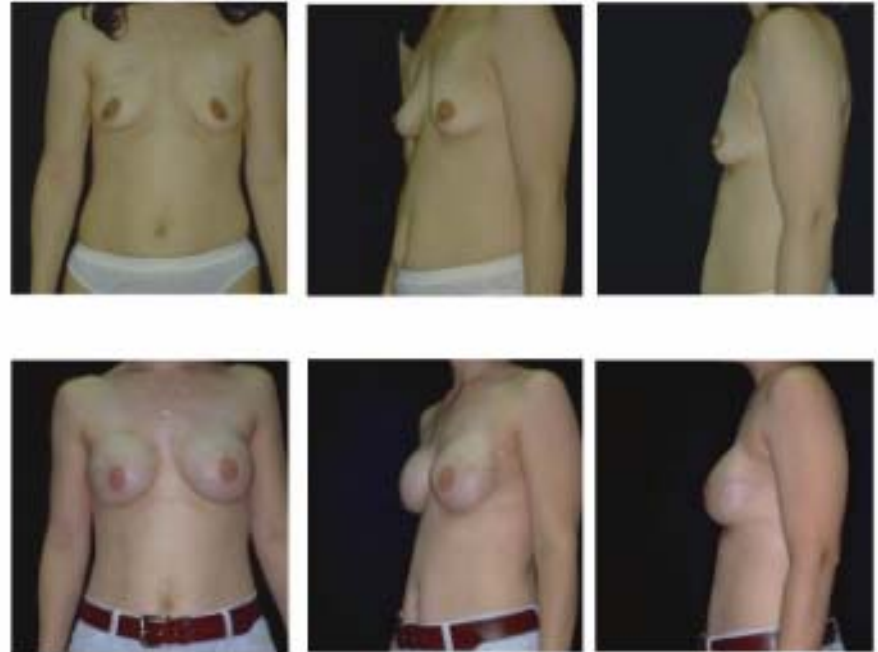
We are very grateful to these patients for allowing us to use their photographs in this presentation.

Click anywhere on screen to go to next slide or click on arrows below.

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.



Click anywhere on screen to go to next slide or click on arrows below.

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



Click anywhere on screen to go to next slide or click on arrows below.

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.



Click anywhere on screen to go to next slide or click on arrows below.

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



Click anywhere on screen to go to next slide or click on arrows below.

Latissimus Dorsi Flap

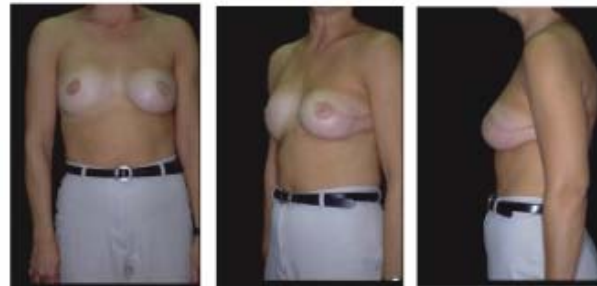
This complicated patient had had bilateral breast cancer and reconstruction with implants, done by another surgeon. The implant on the left side had become infected and was removed. This area had previously been irradiated and she had difficulty healing following this surgery.

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



Click anywhere on screen to go to next slide or click on arrows below.

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

Click anywhere on screen to go to next slide or click on arrows below.

TRAM Flap

Since the advent of perforator flaps (DIEP, SIEA, SGAP), it is extremely rare for a patient in my practice to undergo a TRAM flap. Patients who are a candidate for a TRAM flap will almost always be a candidate for a perforator flap. Most who are candidates, when informed of the differences between these procedures, will choose the perforator flap over the TRAM.

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

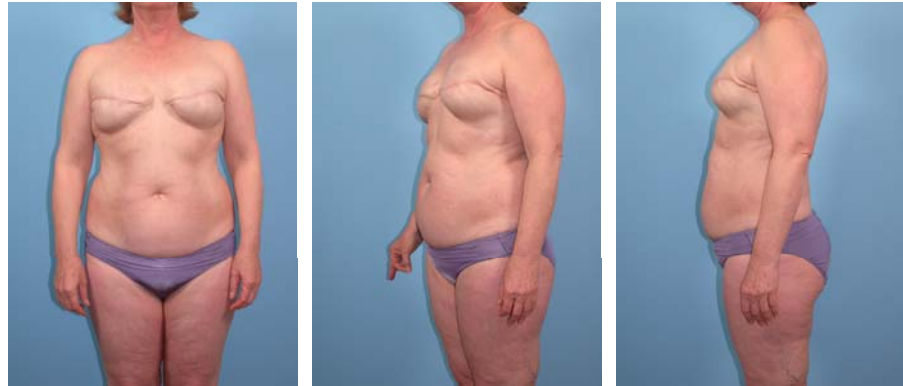


Click anywhere on screen to go to next slide or click on arrows below.

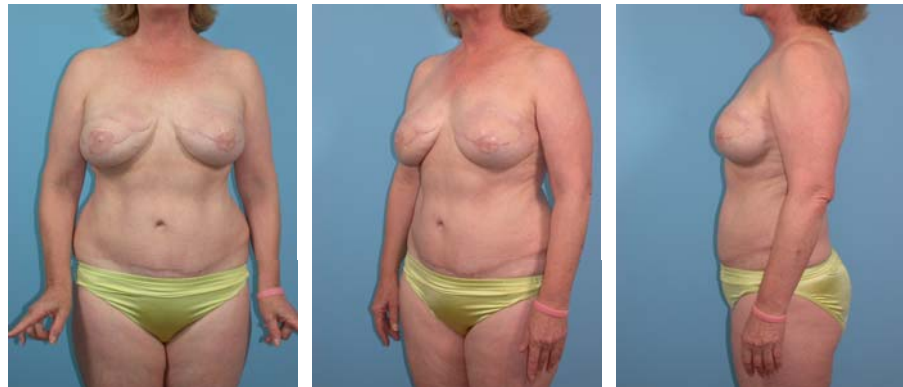
DIEP / SIEA Flap

This patient had undergone bilateral prophylactic mastectomies due to an extensive family history of breast cancer and multiple previous biopsies. Her first reconstruction, done elsewhere, was with silicone implants. The patient was unhappy with the results and was having some pain in the left breast. The implants were removed and she had an SIEA flap on the right side and a DIEP flap on the left side.

Preoperative



1 Year Postoperative



Click anywhere on screen to go to next slide or click on arrows below.

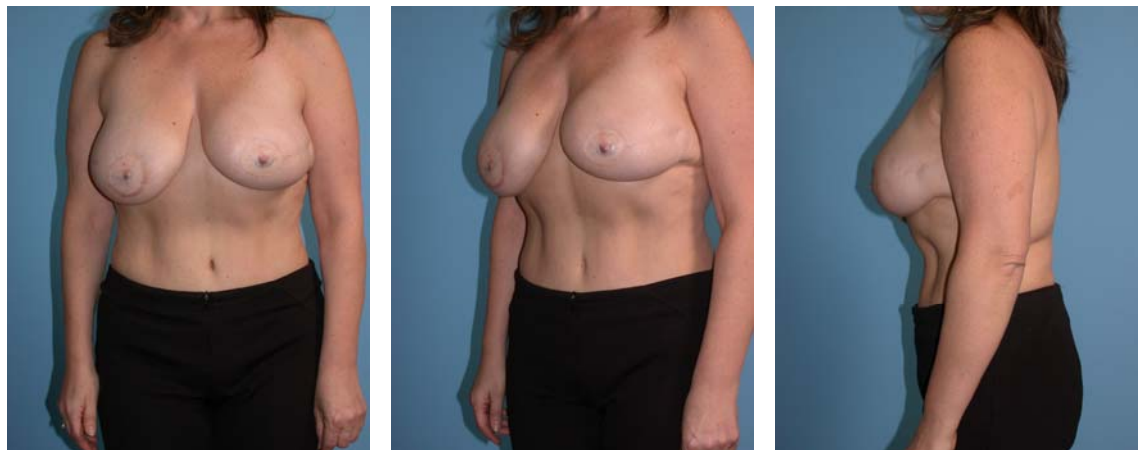
DIEP Flap

This patient was diagnosed with left breast cancer and dysplasia of the right breast so she presented for bilateral mastectomies by her breast surgeon and immediate reconstruction by Dr. Duffy with DIEP flaps. Seven months after the surgery she had a revision procedure with nipple/areolar reconstruction.

Preoperative



4 Years Postoperative



Close this window to return to the website.