

Something to build on

Just the facts. What you need to know if you're considering breast reconstruction

BY SUSAN WILLIAMSON

They're rich, they're blond and they're gorgeous, but Christina Applegate and Kylie Minogue have something else in common. Both are breast cancer survivors who opted for breast reconstruction after undergoing mastectomies.

Chosen as the 2009 cover girl for *People Magazine's* "Most Beautiful" issue, Applegate recently revealed that she carries the BRCA1 gene mutation, which means there's a more than 80 per cent chance her cancer will reoccur. This was the reason she chose to have a double mastectomy last year—even though a tumor was found in only one breast.

Although Applegate hasn't divulged many details about her breast reconstruction, Toronto-area plastic surgeon Dr. Sarah Wong believes the star likely had implants. The other option—a flap reconstruction that involves a transfer of the patient's own tissue—probably wouldn't work for Applegate because of her slim build.

But Wong emphasizes that breast reconstruction isn't a simple matter of either/or. In her opinion, it's as much an art as it is a science. "There can't be a one-size fits all solution when you're dealing with an individual. Each patient is unique and her surgery should be custom-made just for her."

In addition to body type, Wong takes into consideration the kind of cancer and treatment her patient has undergone; lifestyle is important too. "If an athlete wants to keep her core body strength, implants are the best choice. If she's had radiation, a flap could be the only option because of damage to the skin and other tissue."

Surprisingly, Wong says the initial surgery can often be done at the same time as a mastectomy: "It's more convenient for the patient because only one general anesthetic is involved, and it can also provide a better result aesthetically." Delaying reconstructive surgery does not deny patients a positive outcome, however. In some cases it can be just as successful.

The reasons for postponing surgery vary from patient to patient. Women slated to undergo radiation or chemotherapy will have to wait for the go-ahead from their oncologist. Others may be unaware that provincial health plans cover breast reconstruction. And sometimes just the

thought of another surgery makes it too overwhelming to consider, especially when a woman knows that her new breast won't look like—or have the same range of feeling—as the one she's lost.

Wong finds that re-entering the hospital atmosphere is a major challenge for most of her patients. Another hurdle is investing the eight months to a year needed to complete the process for a delayed reconstruction. But breast cancer survivors are strong women, she says. Once they've made the decision to have surgery, it's full steam ahead.

Basically there are three stages involved in the process: first, building the new breast; second, refining its shape; and third, creating the nipple.

If a woman is receiving an implant, the surgeon begins by inserting a tissue expander in the breast area. "Just imagine it as a balloon filled with saltwater," says Wong. Every two to three weeks the surgeon increases the amount of water in the expander stretching the skin and tissue until the desired breast size is reached—usually in three or four visits. Then the expander is removed and replaced with a silicone implant. Why silicone? Because it looks and feels more natural than a saline implant.

The general consensus is that implants neither encourage cancer in the future nor

mask its appearance. Unfortunately, scar tissue can form around an implant causing the breast to become hard and painful. Further surgery is often required and the implant may have to be replaced.

Since it's estimated that 25 per cent of implants fail, there's a distinct advantage in using your own tissue. But even though your body is less likely to reject it, you can't have a tissue flap reconstruction unless you have a good deposit of skin, fat and muscle already available. Typically this is harvested from the abdomen using either a pedicled or free flap.

A pedicled flap involves separating the tissue from the original site, but leaving the veins and arteries intact so they can be surgically channeled to the new breast area. In some cases, the muscle on the upper back will be used. To do this, the surgeon swings it under the arm and then combines it with a small implant.

The other option, a free flap, is the latest development in breast reconstruction. Wong—who has specialized training in this technique from MD Anderson Cancer Center in Texas—explains how she completely severs all tissue from the donor site, and then reconnects the veins and arteries to the new breast area using microscopic surgery.

This exacting process results in a more natural look because there are fewer ▶



Guiding Light

The BreastLight is a new handheld device that shines a harmless but bright red light into breast tissue, making it easier for women to regularly monitor their breast health and notice changes in the look of their breasts. Intended for use in a darkened room (and after applying a water-based lubricant), the tool glides across all areas of the breasts. Any dark spots are areas you'll want to address with your doctor. Women who've had breast implants or a lumpectomy or mastectomy can

use the product (although with lumpectomies, the BreastLight may detect darker areas around scar tissue, where there is an increased blood supply to the capillaries). Those who've undergone a living tissue rebuild cannot use the product, as it only works on breast tissue. Also avoid the device if you're pregnant or nursing. The BreastLight is \$149.99 and available exclusively at Rexall and PharmaPlus pharmacies across Canada.

—Cynthia Lessard

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Permanent solution

Nipple reconstruction can be performed eight weeks after breast reconstruction, however, most doctors advise waiting three to six months in order to give the new breast time to heal and settle into place. The nipple is recreated by harvesting tissue from a number of possible sites, including the inner thigh and breast mound. This allows the restoration of the raised look of the nipple, but does not restore the pigmentation of the nipple and areola.

That's where Micro-Pigment Implantation comes in. In this permanent tattooing procedure, a tiny, sewing-machine-like implement pierces the skin in a series of tiny dots to which colour can permanently adhere, says Basma Hameed, a Toronto-based permanent make-up artist at Fabulosity Beauty Clinic in Toronto. The technician can precisely measure the correct positioning of the nipple and can even customize its size and shape. Because the breast mound usually has less sensation post-operatively, the permanent tattooing is often painless. The procedure takes as little as 45 minutes. —CL


scars, as well as less damage to the muscle. Even so, a patient can expect to spend a week in hospital, and then several weeks recovering at home.

Once the healing process is complete, Wong begins fine-tuning the results. This might involve modifying the new contour, and then augmenting, lifting or reducing the other breast to create balance and symmetry.

When the patient is happy with her shape, Wong enters the final phase of reconstruction: creating a new nipple. If the other breast is still intact, she knows where to place it and how it should look. Otherwise, she and her patient make the decision together.

Using tissue from the site, Wong fashions a nipple and then adds an areola using a special tattooing machine that custom-matches the shade to the patient's own coloring.

Completing the last stage of the reconstruction process always gives Wong a thrill. "What I love most about my work is that although my patients have had something taken away from them, I'm in the fortunate position to give them something back. Now what could be more rewarding than that?"

Wong and the other plastic surgeons on the breast reconstruction team at The Scarborough Hospital will be holding an information meeting this fall. For more details, you can email her at drwong@cosmeticsurgeryhospital.com, or call 416-289-3200. 

Hair Supply

Many women living with breast cancer fear the loss of their hair more than the sickness and fatigue that accompanies chemotherapy. It can be emotionally traumatizing and is a constant visual reminder of the illness. In addition to deciding whether to wear a wig or hair-covering, such as a head-scarf or wrap, women should also be aware that their hair and scalp can change before and after treatment and may require different care.

To ease women through this experience, Truly You Hair Solutions in Toronto has a program that provides ongoing support. The Comfort Program includes a discussion with an expert about your appearance and any concerns you may have, followed by a review of a selection of wigs which match the colour and style of your natural hair. Scalp and hair care issues are also discussed. Many health care plans do provide compensation for medical hair prostheses, so get a prescription from your oncology team before visiting the salon. Visit trulyyou.ca for more details. —CL

For details, see Shopping Guide, page 62.