ASK AN EXPERT

DR. CHRISTINE FISHER

Board Certified Plastic Surgeon

Dr. Christine Fisher is a board-certified plastic surgeon passionate about taking care of breast-cancer patients and safely creating a long-lasting and natural-looking reconstructive result. She specializes in state-of-the-art breast-reconstruction techniques that optimize the aesthetic outcome. She and her team, which includes breast-cancer survivors, focus on providing compassionate, personalized care.

> "Breast reconstruction can and should be beautiful. I have the artistic eye and refined skill to deliver an aesthetic result that patients can enjoy for a lifetime."

Facing a breast-cancer diagnosis, many women feel overwhelmed as life becomes about battling the cancer. While there's a lot you can't control about the diagnosis, for women who desire breast reconstruction after a lumpectomy or mastectomy, there are many safe and natural-looking options. Austin breast-reconstruction specialist Dr. Christine Fisher empowers women to make the choice that's right for them.

BREAST RECONSTRUCTION AFTER BREAST CANCER

What are my options for breast reconstruction?
Today, there is a safe breast-reconstruction option for virtually every woman diagnosed with breast cancer. Breast implants are a traditional option that typically look best on women with moderate-sized breasts who are having both breasts removed and do not need radiation.

Women desiring a more natural look and feel may choose a flap procedure, which uses living tissue from another part of the body to reconstruct the breasts, which never need to be replaced. The most common flap procedure is a deep inferior epigastric perforator, or DIEP, flap reconstruction, which uses abdominal tissue to reconstruct the breasts. Women who have extra tissue on the abdomen are ideal candidates for DIEP flap reconstruction, which gives the added benefit of a tummy-tuck effect.

For women undergoing a lumpectomy rather than a mastectomy, I can perform an oncoplastic reconstruction in cases where the lumpectomy surgery removes at least 30 grams of tissue, with a 2- to 3-centimeter diameter of tissue removal or more. In many cases, a much larger portion of the breast is removed; this depends on the tumor size. Oncoplastic surgery then rearranges the remaining breast tissue to fill the empty space in the breast left behind by the lumpectomy. To address asymmetry between the two breasts, a breast reduction and/or breast lift can be performed on the opposite breast, a procedure that is covered by insurance.

What is the success rate of DIEP flap breast reconstruction?
In my hands, this surgery has a 99 percent success rate. It is important to choose a surgeon who performs this microsurgery frequently. I am a member of the American Society of Reconstructive Microsurgeons and have performed more than 500 flaps in the last five years.

Can I keep my nipples?
Women with a small tumor and no signs of cancer near the nipple may be candidates for nipple-sparing breast reconstruction. I perform a hidden-scar technique in which there are no scars on the front of the breast. The nipple and areola are left in place, while the breast tissue underneath is removed.

What are my reconstruction options if I'm not a candidate for nipple-sparing mastectomy?
If the nipples must be removed as part of the cancer surgery, women can elect to have nipple reconstruction. The new nipple can be surgically created as a protrusion at a natural location on the breast mound, or can be visually reconstructed via a three-dimensional tattoo. Three-dimensional areola tattooing adds color to the areola and the appearance of a nipple. Patients who have had surgical nipple reconstruction may also elect to undergo tattooing to add color to the areola and nipple. Tattooing can be done in my office about three months after the patient's final surgery.

I am going to need radiation therapy after my mastectomy. How will this affect my plan for breast reconstruction?
Patients planning radiation therapy after mastectomy present a more complicated reconstructive scenario. Implant reconstruction before radiation increases the risk of aggressive scarring, pain and deformity fivefold. There is also twice the risk of implant-based infection, which can lead to removal of the implant. For most women requiring radiation therapy after mastectomy, my general recommendation is to put in place a temporary implant at the time of mastectomy to "hold the space." After radiation, we complete the reconstruction by placing a healthy, living tissue flap in the breast.

I am a very active person. Will I be able to resume all my normal activities after breast-reconstruction surgery?
The short answer is yes. Once you have finished the recovery period, there will be no limitations to your activities. The DIEP flap procedure does not remove muscle from the abdomen. Both DIEP flap and implant reconstruction have been performed on high-level athletes, professional dancers and other active women, with complete recovery.

I have problems with my breast implants. What can I do?
For patients suffering the disappointment of breast-implant problems, reconstruction failures and radiation injury, I have the extensive experience, meticulous artistic technique and commitment to personalized care to address your concerns. I am known for consistently delivering safe and beautiful results in difficult cases.

For more information, visit *christinefishermd.com.*