

BREAST RECONSTRUCTION AFTER BREAST CANCER

ASK AN EXPERT

"I have the extensive experience, meticulous artistic technique and commitment to personalized care to address your concerns."

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. Below, she answers your questions.



Christine Fisher, MD

512.815.0123 | christinefishermd.com

Dr. Christine Fisher is a board-certified surgeon specializing in breast reconstruction, providing plastic surgery from a woman's perspective.

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 that will never need to be replaced. The most common flap procedure is a DIEP (deep inferior epigastric perforator) flap reconstruction which uses abdominal tissue to reconstruct the breasts. Women who have extra tissue on their abdomen are ideal candidates for DIEP flap reconstruction, which gives the added benefit of a "tummy tuck" effect.

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 have performed 500 flaps over the last 5 years. increase your intake of these essential vitamins.

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.

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 leads to a higher rate of aggressive scarring, pain and deformity. 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.