

Breast reconstruction: enhancing breast surgery outcomes

What healthcare providers need to know





Dr. Laura Morris and Dr. Fiona Denham are both board certified and fellowship trained breast surgical oncologists at Goshen Retreat Women's Health Center. Dr. Morris is also one of the founders of the retreat and serves as medical director. Their surgical practice is dedicated to treating patients with benign and malignant diseases of the breast as well as management of high-risk patients. They see patients at Goshen Retreat Women's Health Center and perform all surgeries at Goshen Hospital.

Based in Mishawaka, Indiana, The Centre, P.C. recently initiated an agreement with Goshen Health to offer breast reconstruction and related services through an office at Goshen Center for Cancer Care. Services are being provided by Dr. Ronald Downs (founder of The Centre, P.C.), Dr. Patrick Viscardi (a member of the surgical team since 1998) and Dr. Rachel Macias.

TO REFER A PATIENT

Goshen Center for Cancer Care provides holistic, complete care for patients. To refer a patient, call **(574) 364-2973** or visit **GoshenHealth.com/quick-guide**.

If you would like more information or to meet any of our doctors, please contact **Jenny Rupp**, **Physician Liaison**, at jrupp2@goshenhealth.com or (574) 364-2978.

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To refer a patient to Goshen Center for Cancer Care, call (574) 364-2973.

By Drs. Laura Morris and Fiona Denham

Patients undergoing treatment for breast cancer inevitably have many questions about breast surgery, which is typically the first intervention performed. For most women, there are a variety of surgical options available including breast conservation and mastectomy, depending on the specifics of each patient's case. The primary goal of breast surgery is removal of the tumor and abnormal tissue or lymph nodes. Combining oncologic surgery with surgical breast reconstruction allows for improved cosmesis for patients, which can have a positive impact on their physical and emotional healing.

For women choosing to undergo mastectomy, there is the option for surgical reconstruction and non-surgical reconstruction. Non-surgical reconstruction involves the use of fitted breast prosthetics and bras to recreate a breast shape under a woman's clothes. Surgical reconstruction is a collaborative procedure between the breast surgeon and the plastic surgeon to rebuild a breast shape under the skin, commonly with an implant or tissue expander. Reconstruction with the patient's own tissue (fat, muscle, skin) may be used in select patients. Surgical reconstruction can be performed as a single-stage or multi-stage procedure, and patient preferences for breast size, shape, implant type and symmetry are incorporated into these decisions as well.

Single-stage breast reconstruction following mastectomy is the most common procedure performed here in Goshen. When a patient expresses interest in mastectomy during her initial surgical consultation, she can be referred to a plastic surgeon to have a more in-depth discussion about her surgical breast reconstruction options. Consultation with a plastic surgeon does not commit the patient to surgical reconstruction if she changes her mind, however. For patients who are determined to be eligible for single-stage reconstruction, the breast tissue is removed with a mastectomy and an implant is placed immediately afterwards during the same surgical procedure. Minor adjustments for contouring such as with fat grafting may be recommended later, but no further surgical interventions are required once healing is complete.

Multi-stage reconstruction is offered for patients who do not meet criteria for single-stage reconstruction. This would involve performing the mastectomy with placement of tissue expanders, which are like temporary deflated implants, during the initial surgery. A second surgery would be performed several months later to exchange a tissue expander for a final implant. Multi-stage reconstruction allows for more flexibility with final breast size and shape and a more gradual, gentle healing process for the skin following mastectomy. In patients with medical comorbidities that place them at higher risk for wound-healing complications or infections, multi-stage reconstruction is the safest option.

For certain patients, delayed reconstruction, which is another type of multi-stage reconstruction, may be utilized. Under these circumstances only the mastectomy is performed at the initial surgery. A tissue expander is placed at a later time, sometimes months to years later, and the reconstruction is completed over several surgeries. This approach may be recommended for patients with inflammatory or locally advanced breast cancer, or for those patients who are too high risk to have any type of surgical reconstruction done at the time of their initial breast cancer surgery.

Some women choosing breast conservation may be eligible for "oncoplastic breast surgery," which is another type of collaborative reconstructive procedure between a breast surgeon and plastic surgeon. This approach may be offered to women undergoing lumpectomy who have a large breast volume and desire a breast reduction. If a wider area of abnormal breast tissue needs to be removed for oncologic surgery, then oncoplastic tissue rearrangement can also help to reconstruct the remaining breast tissue for a better cosmetic outcome. A symmetry procedure is typically performed at the same time on the contralateral breast.



At Goshen Center for Cancer Care and Goshen Retreat Women's Health Center, we are able to offer all of the above breast reconstructive options through our partnership with The Centre, P.C. A trio of skilled fellowship trained plastic surgeons — Dr. Ronald Downs, Dr. Patrick Viscardi and Dr. Rachel Macias, now offer patient care right here in Goshen.

This allows patients to easily consult with a breast surgeon and plastic surgeon on the same day; surgeries are performed at Goshen Hospital; and postoperative care is delivered in a convenient fashion. The expertise of the plastic surgeons is vital to accomplishing our collaborative goals of safe surgical treatment for breast cancer that will produce successful healing and excellent cosmetic results.



Dr. Patrick Viscardi, Dr. Rachel Macias and Dr. Ronald Downs.

Why immediate reconstruction may not be available for some patients

Surgical breast reconstruction is performed with the intent of improving physical appearance and cosmetic outcome for patients with breast cancer, while minimizing risk of complications and undesirable outcomes. There are many variables that factor into breast reconstruction decisions, particularly when considering single-stage versus multi-stage reconstruction. Recommendations for surgical reconstruction are based on a variety of clinical factors, including patient breast size and shape; tumor location; desired patient outcomes such as whether she wishes to be larger or smaller; anticipated adjuvant therapies such as radiation or chemotherapy; and patient comorbidities including diabetes, cardiovascular disease and nicotine use. For example, plastic surgeons will typically refuse to offer single-stage reconstruction to active smokers because their healing capabilities are inherently compromised. Patients who pursue tobacco cessation prior to surgery may be eligible for more reconstructive options, but a nicotine test will be administered on the day of the surgery to assure they have been abstinent for at least six weeks. Patients on anticoagulation medication or those considering bariatric/weight loss surgery also invoke special considerations and planning, and may be best served with multi-stage reconstruction.

Most patients pursuing surgical breast reconstruction desire single-stage reconstruction due to convenience, immediate results and other benefits. Patients who are not eligible for this procedure may get frustrated when they first discover multi-stage or delayed reconstruction will be necessary. That's why it is important that the entire surgical team be involved in patient discussions. Once patients understand the reasons behind their specific reconstruction recommendations and that these plans are made with their long-term safety and optimal surgical outcome in mind, most are accepting of the surgical team plan.

What makes Goshen different

In addition to more frequent use of single-stage reconstruction, other new techniques enable us to enhance the patient experience in multiple ways. One example is a nipple-sparing or skin-sparing mastectomy. This surgical technique involves preservation of all or most of the breast skin and nipple areolar complex, resulting in a more natural appearing result when combined with breast reconstruction. SPY technology allows for intraoperative assessment of blood flow to the skin flaps after mastectomy, ensuring the skin is healthy and minimizing wound-healing complications.

Placement of the implant or tissue expander in a pre-pectoral fashion is another approach used to improve patient outcomes. Traditionally, surgical reconstruction was performed in a sub-pectoral approach, placing an implant or expander under the pectoralis muscle with a synthetic sling to stretch out the tissue. This procedure is more painful and can have a more complex recovery. By contrast, our plastic surgeons utilize a pre-pectoral approach, placing the implant or expander on top of the muscle. This does not require cutting or stretching of the muscle, resulting in a less painful recovery and maintaining normal muscle function and strength. The implant is wrapped in acellular dermal matrix to provide extra protection and allow for better tissue incorporation. This ultimately results in better healing and a more natural reconstruction appearance.

All of these factors contribute to better patient healing and recovery, and most patients are able to go home the same day as their surgery. Our commitment to our patients is to use the latest evidence-based techniques to achieve better pain control, cost savings, time savings and the most positive patient experience.

Speaking of cost savings...

One of the most common concerns that patients have about breast surgery is the cost of including plastic surgeons in the treatment program. They may initially decline a consultation or consider forgoing surgical reconstruction due to financial limitations. What many patients don't know is that through the Women's Health and Cancer Rights Act of 1998, federal law now requires that if an insurance company pays for a mastectomy, they must also pay for breast reconstruction and any additional surgeries to the contralateral breast needed to provide symmetry. This knowledge can go a long way toward providing additional peace of mind for the patient as they consider their surgical options.

At Goshen Health, we recognize that breast cancer patients may experience a lot of anxiety about their diagnosis and treatments. They have concerns not only about their long-term health and cancer survivorship, but also their body image and how they feel about themselves after breast surgery. We know it is our responsibility to help allay those fears. To that end, we consider ourselves very fortunate to be able to work with partners like The Centre, P.C. and to have the resources here at Goshen Health to deliver what our breast cancer patients need for the safest, most positive breast surgical and reconstructive outcomes.

