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Using Your Own Tissue to Rebuild Your Breast



A graphic for a two-part webinar series. It features a teal background with white and yellow text. On the left is a portrait of Clara N. Lee, MD, MPP, and on the right is a portrait of Karen M. Horton, MD, MSc, FACS, FRCSC. The central text reads: 'Two-Part Webinar Series: Breast Reconstruction', 'An Overview of Implant Options February 11', and 'Using Your Own Tissue to Rebuild Your Breast February 25'.

Clara N. Lee, MD, MPP

**Two-Part Webinar Series:
Breast Reconstruction**

An Overview of Implant Options
February 11

Using Your Own Tissue to Rebuild Your Breast
February 25

Karen M. Horton, MD, MSc, FACS, FRCSC

Karen M. Horton, MD, MSc, FACS, FRCSC
Plastic Surgeon & Reconstructive Microsurgeon
San Francisco, California

Living Beyond Breast Cancer's Two-Part Webinar Series
February 25, 2015

www.drkarenhorton.com



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Breast Reconstruction is equal parts ART and SCIENCE

- Surgery is a SCIENCE - critical thinking, an analytical mind & perfectionist attention to detail
- Plastic Surgery is also an ART!
- Breast reconstruction with beautiful results has additional prerequisites:
 - Artistic talent and vision of the surgeon
 - Body image & self-esteem considerations
 - Consideration of the “4th dimension” (time, gravity, aging, radiation effects)

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Why educate other about advanced breast reconstruction techniques?

- Women are not aware of options available to them
 - Single-stage procedures
 - Muscle-sparing procedures
 - Nipple preservation
 - Microsurgery
- ALL women deserve the very best results for their reconstruction!

*Advanced
Breast Reconstruction
For Women,
By a Women's Plastic Surgeon*

"As a woman Plastic Surgeon, I intimately understand how a woman's feelings about her breast care influence her self-image and her femininity. My ultimate goal is to help women feel better, look better, and give them a beautiful, natural, long-lasting breast reconstruction."

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WHAT IS “NEW” IN BREAST RECONSTRUCTION?

1. Nipple-sparing mastectomy (NSM)
2. Single-stage implant reconstruction
3. Microsurgery (sparing major muscles)
 - DIEP, SIEA flaps
 - TUG (inner thigh) flap
4. Breast reconstruction by reduction or lift
5. “Nipple sharing” reconstruction techniques
6. Minimizing the total number of procedures
7. Striving for the best possible aesthetics



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WHY DO WE RECONSTRUCT THE BREAST?

- By restoring the breast form and recreating symmetry, we can help reestablish:
 - Body image
 - Self-esteem
 - Sense of femininity and completeness
 - Ability to throw away the external prosthesis forever



WHAT ARE THE GOALS OF BREAST RECONSTRUCTION?

- To recreate the breast form following removal, considering:
 1. Aesthetics (my #1 goal!)
 2. Symmetry of breasts
 3. Longevity of reconstruction
 4. Minimal “morbidity”
 - Without giving up function = major muscles of the body



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WHAT I ASK NEW PATIENTS

- If we could wave a magic wand how would you WISH your breasts to be?
 - Larger?
 - Smaller?
 - Fuller?
 - Lifted?
- Breast reconstruction should be viewed as an opportunity!
 - “Let’s make lemonade out of lemons!”



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Monalisa after one week in USA



Before



After

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BALANCING PROCEDURES FOR THE OTHER BREAST

- Balancing of the other breast offered and is covered by insurance
 - Lift
 - Reduction
 - Augmentation
- Usually performed at the same time as mastectomy and reconstruction if not bilateral



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FROM A WOMAN SURGEON'S PERSPECTIVE...

- Finding the best fit of reconstruction procedure for the individual patient:
 - Body shape
 - Lifestyle
 - Details of cancer
 - Adjunctive therapy (chemo, radiation)



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TIMING OF BREAST RECONSTRUCTION



DELAYED

Performed after
mastectomy or other
treatments

Possible at any time (>6
months post-RT)

Must expand or replace
contracted skin

IMMEDIATE

Same time as
mastectomy

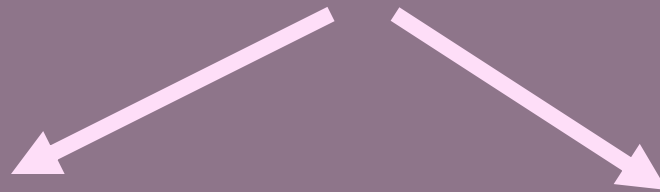
Spares breast skin +/-
nipple

Preserves natural
breast shape

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METHODS OF BREAST RECONSTRUCTION



IMPLANT

FLAP

(the body's own tissue)

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IMPLANT RECONSTRUCTION

- ADVANTAGES

- Shorter operation (1-2 hours per side)
- Slightly shorter recovery (4 weeks)
- Single scar on/under the breast

- DISADVANTAGES

- Capsular contracture (hardening), infection, rupture, deflation, need for additional surgeries
- Less natural shape and feel
- Usually need to augment other breast for symmetry
- Radiation increases complication risks

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AUTOGENOUS TISSUE = FLAPS

- ADVANTAGES OF FLAPS
 - PERMANENT!, warm, soft, living tissue reconstruction
 - Moves, grows and ages with you
 - Does not droop like a natural breast (NO bra needed!)
 - Last forever (vs implants)
 - Indicated after radiation or implant complications
- DISADVANTAGES
 - Creation of a “donor site” (where the tissue comes from)
 - Additional scars, another surgical site
 - Longer surgery (4-6 hours)
 - Slightly longer recovery (6 weeks)

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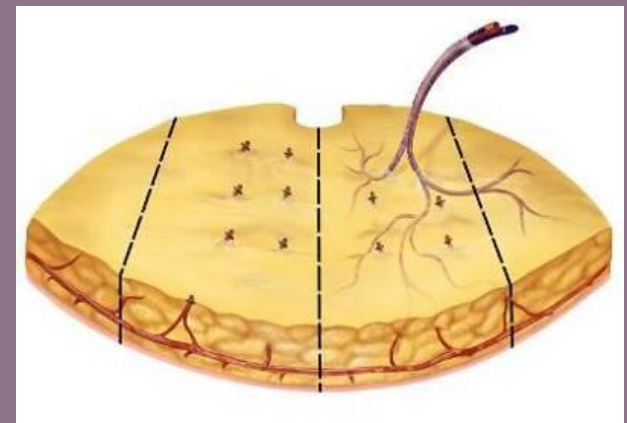
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FLAP RECONSTRUCTION

Using the body's own tissue to
rebuild the breast form

FLAP DEFINITION

- FLAP – Tissue from the body that has its own blood supply
 - Living tissue
 - Permanent reconstruction
 - Soft, warm
 - Lasts forever!
 - Can counteract radiation damage



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FLAP DEFINITIONS

- DONOR SITE = the area where the tissue is taken from:
 - Abdomen (DIEP, SIEA, TRAM)
 - Inner thighs (TUG)
 - Buttocks
 - Back
 - Outer thighs



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THE FIRST FLAPS USED FOR RECONSTRUCTION USED A MUSCLE TO CARRY THE BLOOD SUPPLY

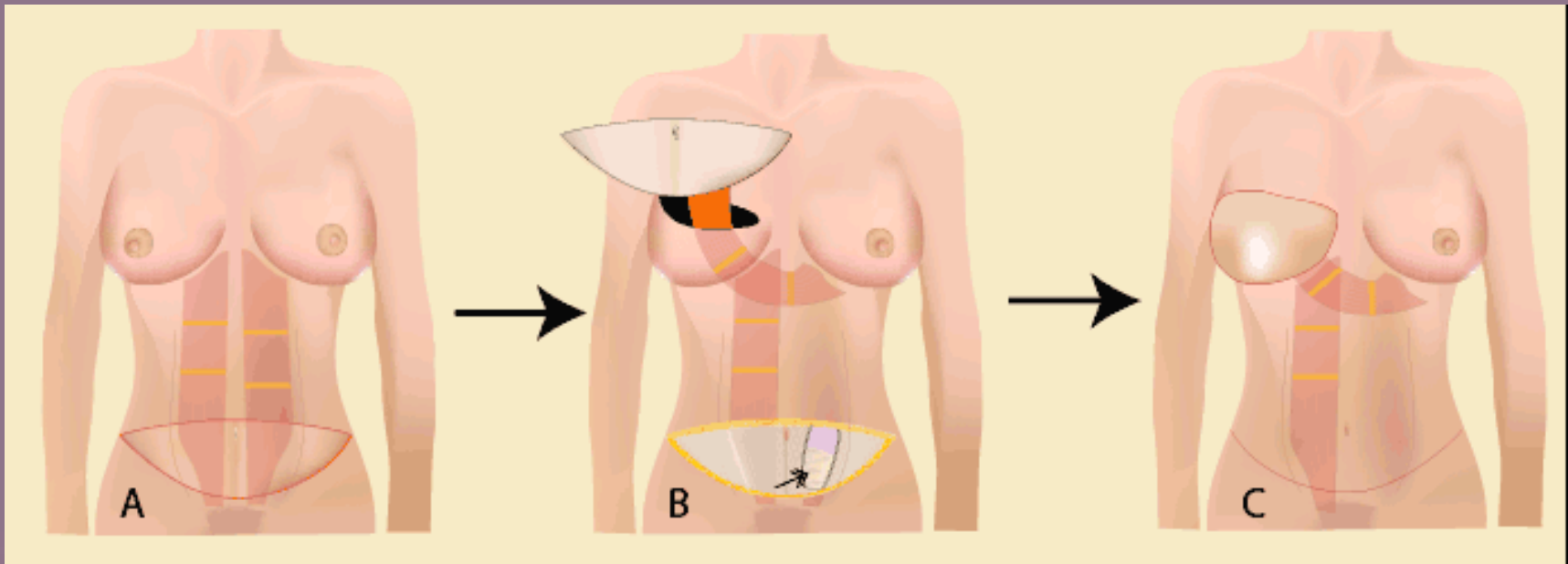
- “PEDICLED FLAPS” – muscle holds the blood supply that is moved to the chest while still attached to the body
 - TRAM flap
 - Latissimus dorsi (LD) flap

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PEDICLED TRAM FLAP

- Lower abdominal skin and fat transferred to chest using the core rectus abdominis muscle as a carrier of the blood supply



POTENTIAL CONSEQUENCES OF RECTUS MUSCLE SACRIFICE

1. WEAKNESS

Inability to do sit-ups or to easily transfer from a lying down to upright position

2. BULGE

Loss of resting tone of the abdominal wall

3. HERNIA

Bowel protruding through defect



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MICROSURGERY PREVENTS MAJOR MUSCLE SACRIFICE

- MICROSURGERY involves magnification to reconnect blood vessels or nerves under the microscope to reestablish blood flow
 - Requires special training & proficiency in Microsurgery
 - Specialized equipment
 - Postoperative monitoring of circulation

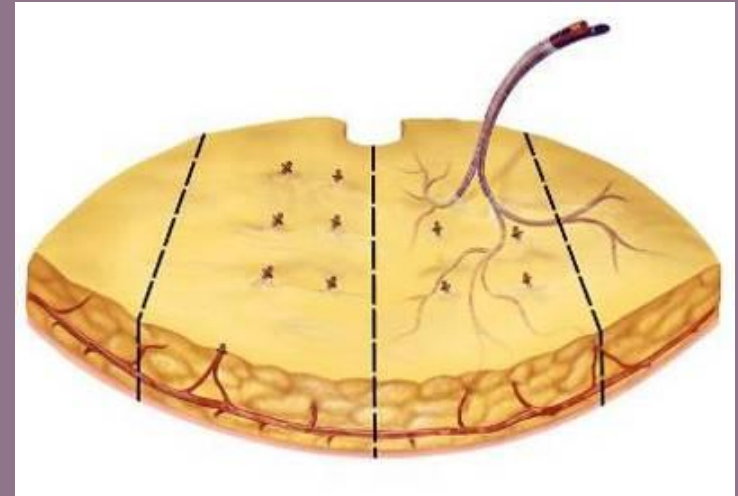


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MICROSURGERY FOR BREAST RECONSTRUCTION

- Specialized technique used to surgically transplant skin and fat to reconstruct the breast
- Not offered at all hospitals
- Time-consuming for the operating room
- Becoming more popular



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ADVANTAGES OF MICROVASCULAR FREE FLAPS

- ‘FREE FLAPS’ provide permanent, warm, soft, living tissue
- Reconstruction feels natural, lasts forever and helps to counteract past injury such as radiation, infection or scar tissue

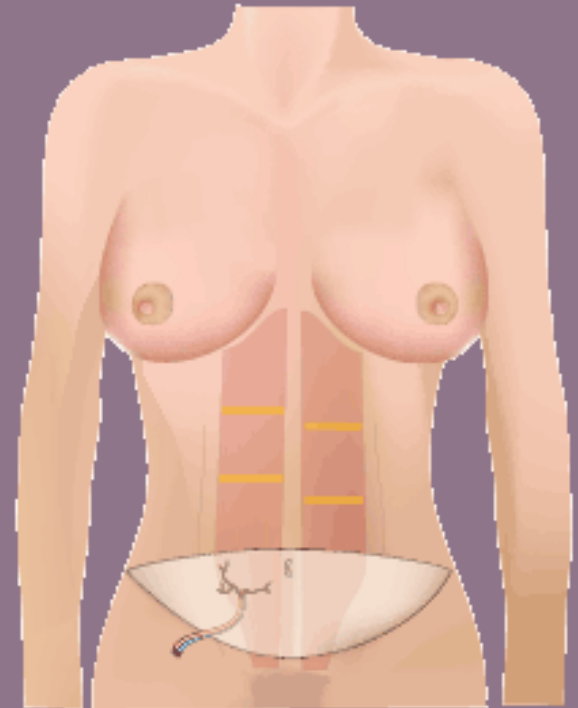


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THE BEST OPTION USING ABDOMINAL TISSUE: DIEP FLAP

- Deep Inferior Epigastric Artery Perforator Flap
- Same skin and subcutaneous fat as the TRAM or tummy tuck
- Does not sacrifice any rectus muscle or strength
- Faster recovery than TRAM
- Less postoperative pain



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DIEP FLAP BREAST RECONSTRUCTION

- Rapidly becoming the first choice for women educated about their options
- NO rectus abdominis muscle or fascia sacrificed
- Microsurgical transplantation of skin & fat

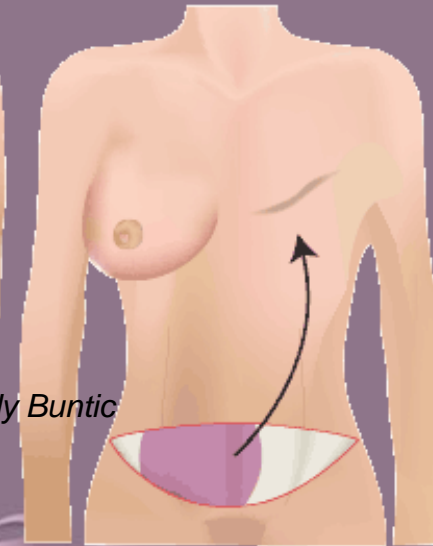
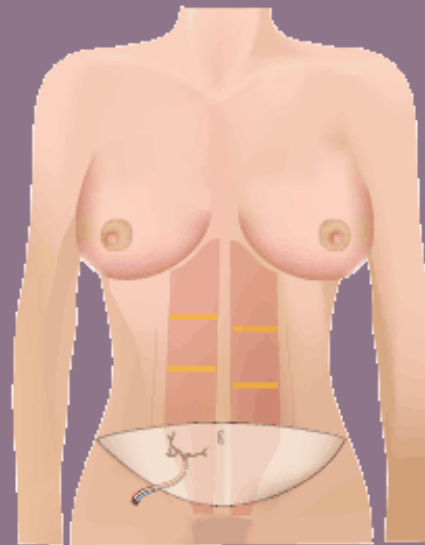


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SIEA FLAP RECONSTRUCTION

- Superficial Inferior Epigastric Artery (SIEA) flap
- Lower abdominal skin & fat (same as tummy tuck)
- 30% of individuals have a visible SIEA vessel
- NO rectus abdominis muscle or fascia sacrificed
- Microsurgical transplantation

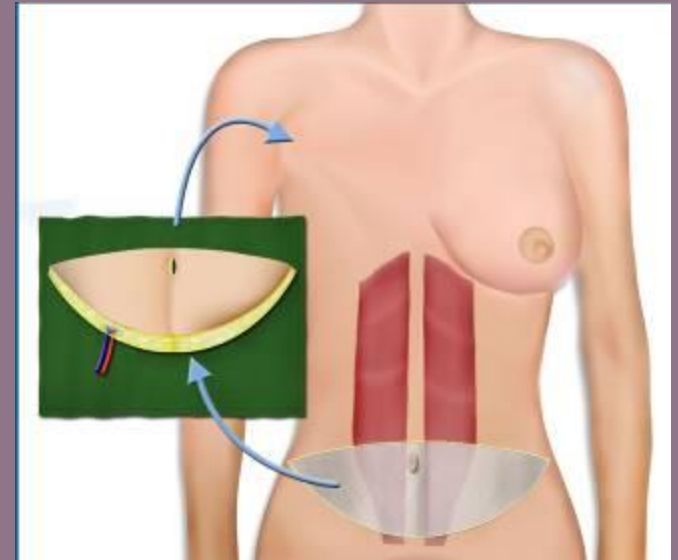
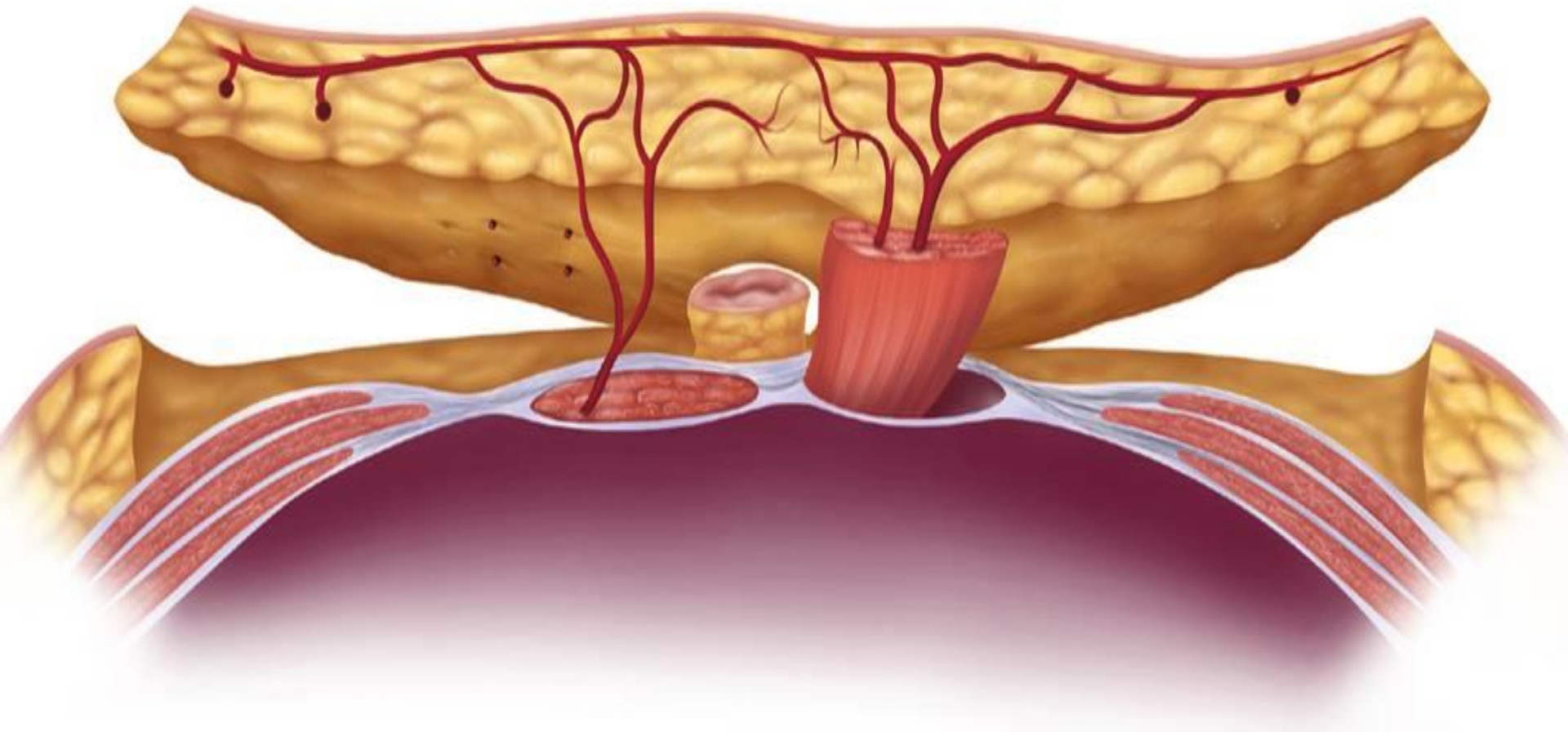


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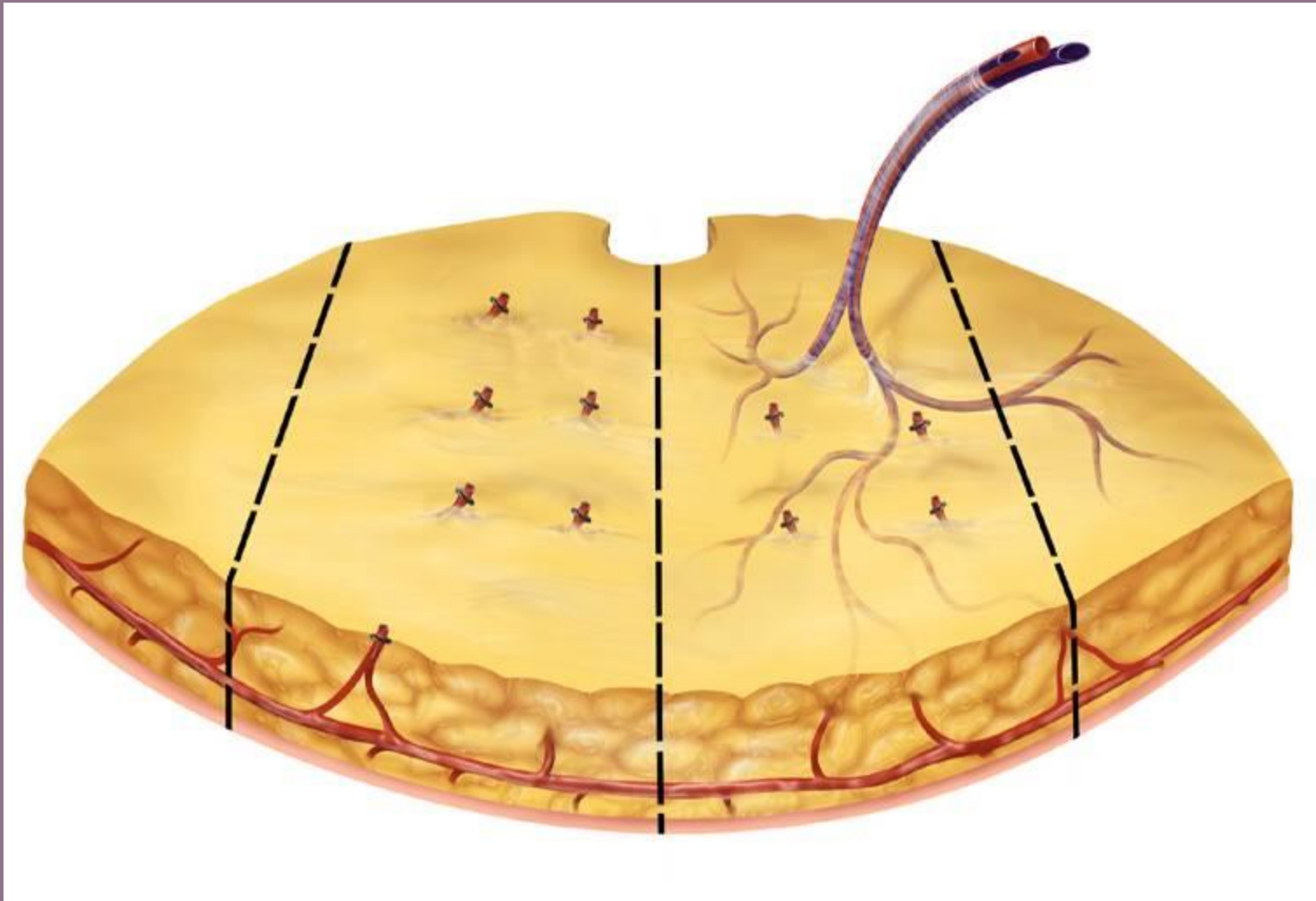
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DIEP flap versus TRAM flap



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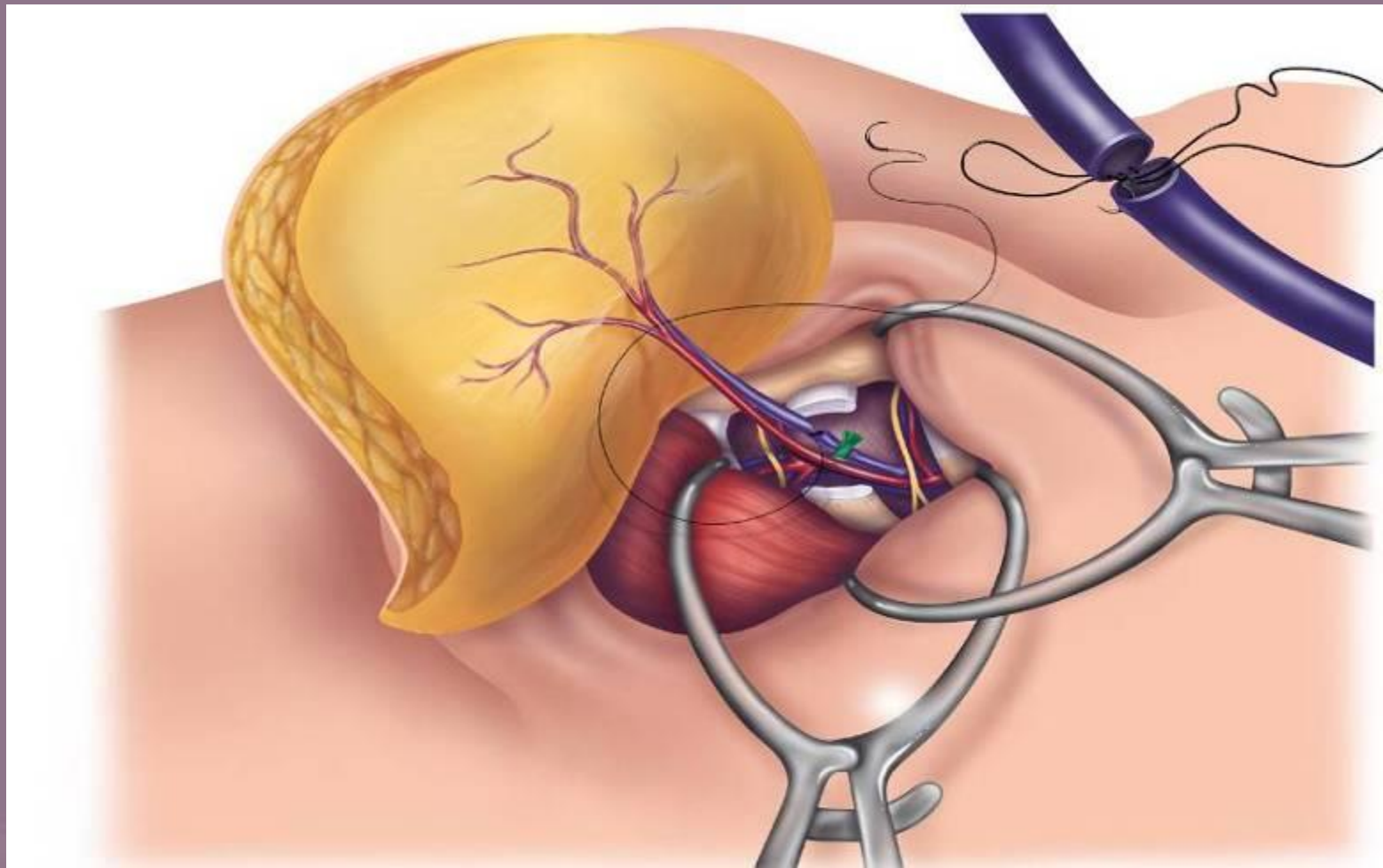
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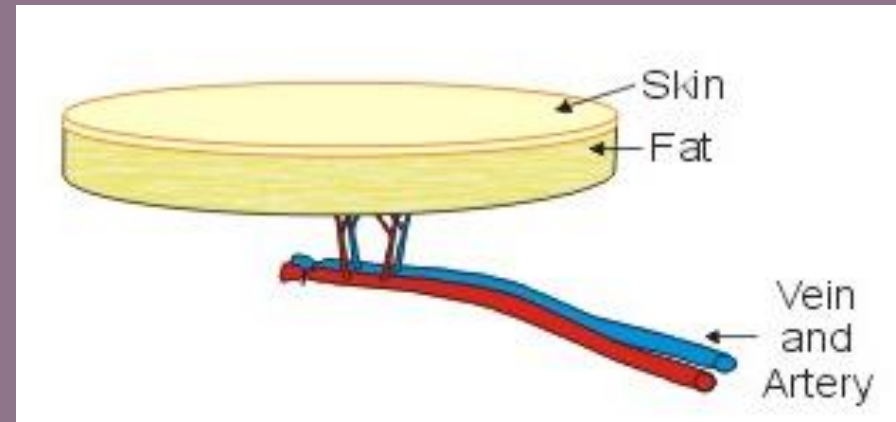
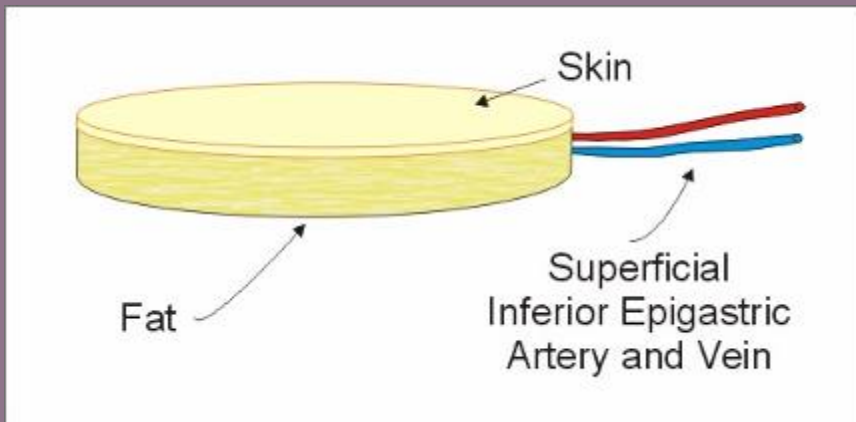
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MICROVASCULAR ANASTOMOSIS



SIEA vs. DIEP FLAP



- If SIEA vessels present, often dissect both SIEA and DIEP systems and select the best one for anastomosis

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LEFT NIPPLE-SPARING MASTECTOMY & DIEP FLAP RECONSTRUCTION



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BILATERAL NIPPLE-SPARING MASTECTOMY & IMMEDIATE DIEP FLAP RECONSTRUCTION



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RIGHT SKIN-SPARING MASTECTOMY & DIEP FLAP RECONSTRUCTION, LEFT BALANCING REDUCTION



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BILATERAL DELAYED DIEP FLAP RECONSTRUCTION



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LEFT DELAYED DIEP RECONSTRUCTION, RIGHT BALANCING AUGMENTATION



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BILATERAL REMOVAL OF IMPLANTS & DELAYED DIEP FLAP RECONSTRUCTION



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LEFT NON-SKIN SPARING MASTECTOMY & DELAYED DIEP RECONSTRUCTION



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RIGHT NON-SKIN SPARING MASTECTOMY, BILATERAL DIEP RECONSTRUCTION



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RIGHT FAILED IMPLANT RECONSTRUCTION, DELAYED DIEP RECONSTRUCTION



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LEFT NON-SKIN SPARING MASTECTOMY, DELAYED DIEP RECONSTRUCTION



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RIGHT UNSATISFACTORY IMPLANT RECONSTRUCTION, DELAYED DIEP RECONSTRUCTION



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BILATERAL UNSATISFACTORY IMPLANT RECONSTRUCTIONS, DELAYED DIEP RECONSTRUCTIONS



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BILATERAL FAILED IMPLANTS & DELAYED DIEP FLAP RECONSTRUCTIONS



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WHEN ABDOMINAL TISSUE IS NOT AVAILABLE: TUG (INNER THIGH) FLAP

- Transverse **U**pper **G**racilis (TUG) flap
- Upper inner thigh tissue
- Second-line choice if tummy tissue unavailable
- Microsurgical transplantation
- Immediate nipple-areola reconstruction possible

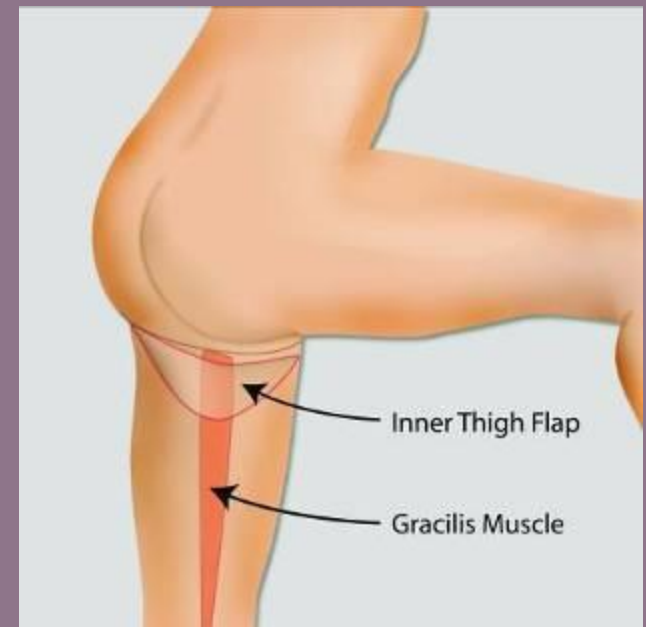


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By A Woman 50+ Surgeon

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IDEAL CANDIDATES FOR TUG FLAP RECONSTRUCTION

- Women seeking breast reconstruction using their own tissue
- Not enough or unavailable tummy fat
- “Pear” rather than “apple” body habitus
- Do not want a major muscle of the body sacrificed



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IDEAL TUG FLAP CANDIDATES



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IDEAL TUG FLAP CANDIDATES

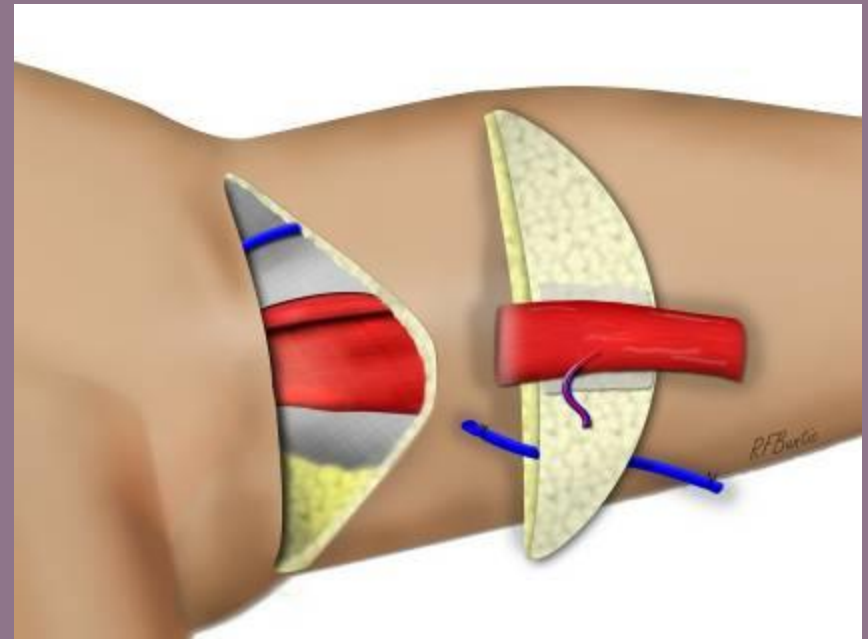


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TUG FLAP SURGERY DETAILS

- Crescent of skin and fat taken from upper inner thigh (“thigh gap” area)
- Small amount of gracilis muscle taken with flap to ensure good blood supply (muscle is NOT missed!)



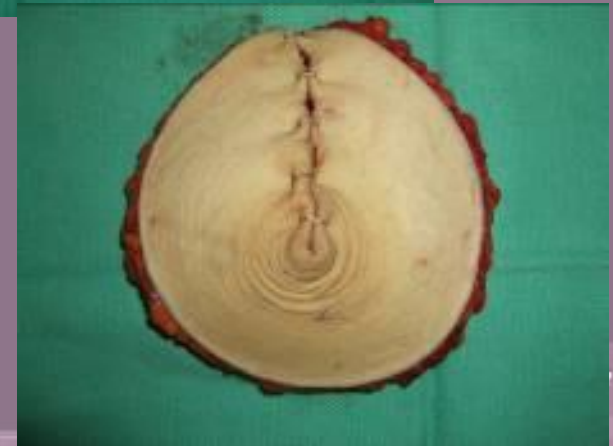
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TUG FLAP SHAPING

- Following harvest of the TUG flap, crescent is “coned” to create a projecting breast mound
- TUG flaps can have better projection and shape than DIEP flaps



TUG FLAP SHAPING

- Additional sutures placed to accentuate the “standing cone” (dog ear) at area of maximal projection to create an immediate nipple reconstruction



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TUG FLAP DONOR SITE

- Hidden in most clothing except swim suits or underwear
- Anterior scar lies slightly below natural groin crease
- Posterior scar hidden in natural buttock crease



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UNILATERAL (SINGLE-SIDED) TUG FLAP DONOR SITE

- No functional loss reported
- No seromas
- No extremity lymphedema
- No permanent sensory disturbance
- Unilateral donor sites given option of liposuction contouring



By A Woman 58 *urgeon*

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By A Woman Surgeon 63

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Postop radiation does not injure a healthy flap



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Postop radiation does not injure a healthy flap



Radiation of Flap



6 Months Post-RT

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BEFORE AND AFTER Secondary Radiation of DIEP Flap



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BREAST RECONSTRUCTION AFTER LUMPECTOMY & RADIATION

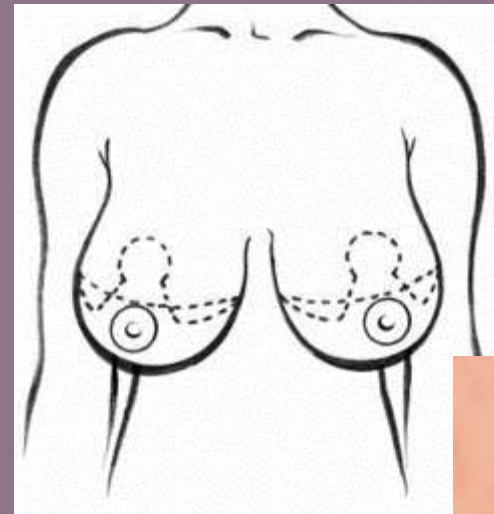
“Local tissue rearrangement”

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BREAST RECONSTRUCTION BY REDUCTION OR LIFT TECHNIQUE

- Performed either before or after lumpectomy and radiation
- Remaining breast tissue rearranged to create a breast reduction or lift
- Balancing reduction or lift achieves symmetry



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LEFT BREAST RECONSTRUCTION BY LIFT AFTER
LUMPECTOMY & RADIATION,
RIGHT BALANCING REDUCTION



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BREAST RECONSTRUCTION BY REDUCTION AFTER LUMPECTOMY & RADIATION



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BREAST RECONSTRUCTION BY REDUCTION AFTER LUMPECTOMY & RADIATION



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BREAST RECONSTRUCTION BY REDUCTION/LIFT AFTER LUMPECTOMY & RADIATION



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DELAYED NIPPLE-AREOLA RECONSTRUCTION

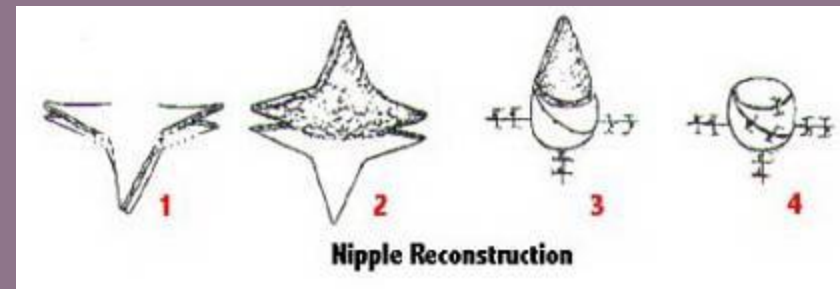
Local flap reconstruction of nipple
Medical tattoo for areola

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TRADITIONAL NIPPLE-AREOLA RECONSTRUCTION

- Outpatient procedure 3-6 months after breast reconstruction
- Local flaps from breast skin rearranged to make nipple prominence
- Medical tattoo for areola
- **AVOID USING GROIN SKIN** or labia minora !



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TRADITIONAL NIPPLE-AREOLA RECONSTRUCTION



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“NIPPLE-SHARING” TECHNIQUE

- Portion of healthy nipple from other breast transplanted as free graft
- Medical tattoo for areola
- Creates the most natural-looking nipple



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SECOND-STAGE PROCEDURES AFTER RECONSTRUCTION

- Second-stage procedures can help achieve a woman's specific individual aesthetic goals
 1. Implants placed under a flap
 2. "Lipofilling" (free fat grafting)
 3. Scar revisions
 4. Flap donor site contouring using liposuction



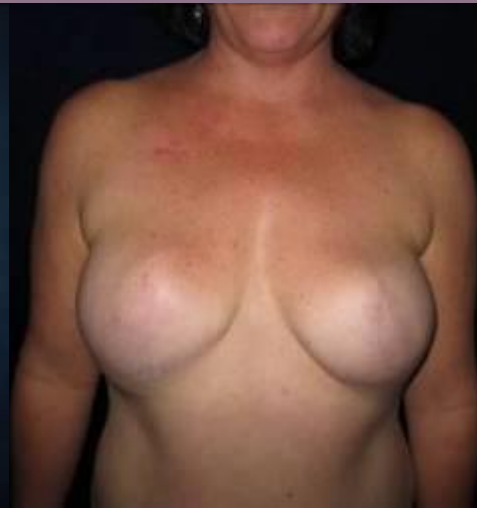
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BEFORE AND AFTER Augmentation of DIEP Flaps



Preoperative



After DIEP
flaps

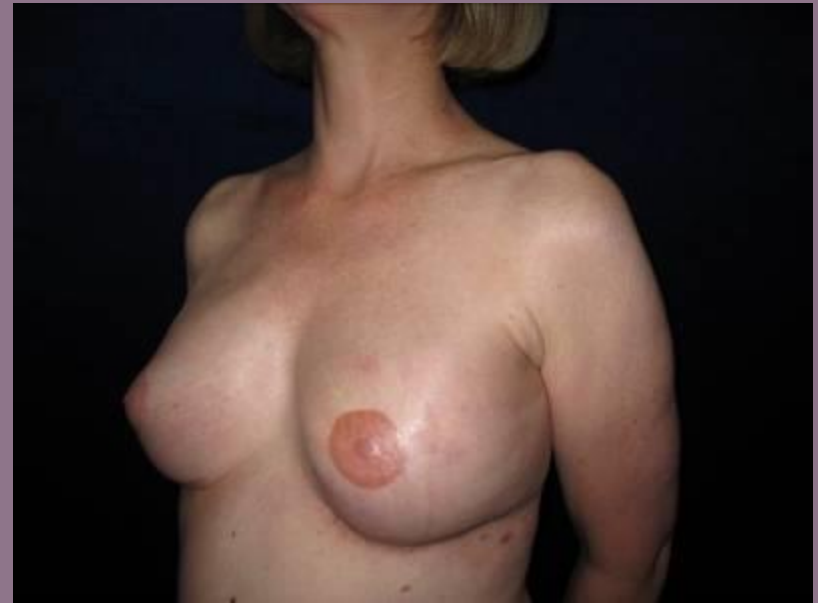


Secondary
augmentation + NAC
reconstruction

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BEFORE AND AFTER DIEP Flap with Bilateral Augmentation



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SECONDARY TUG FLAP AUGMENTATION



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SECONDARY TUG FLAP AUGMENTATION



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PLAN FOR ABDOMINAL SCAR TO BE HIDDEN IN UNDERWEAR



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DONOR SITE LIPOSUCTION AT SECOND STAGE



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AESTHETICS IN BREAST RECONSTRUCTION

- Breast reconstruction should be a positive experience, preserving body image & facilitating emotional recovery
- Maintain the same aesthetic goals for breast cancer reconstruction as cosmetic procedures



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AESTHETICS IN BREAST RECONSTRUCTION

- I strive to achieve the BEST aesthetic outcome in a single surgery whenever possible
- Breast reconstruction can & should be a REWARDING experience, preserving body image & facilitating emotional recovery after facing breast cancer



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"Our mission is to help make the breast reconstruction journey a positive and empowering experience for women. During reconstruction we always consider symmetry and aesthetics first, without sacrificing major muscles of the body."

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THANK YOU!

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