Feeling Whole After Breast Cancer

By Alexandra Anastasio

About 1 in 8 U.S. women will develop invasive breast cancer over the course of her lifetime, and as of the beginning of this year, there were more than 3.1 million women with a history of breast cancer in the United States, including those currently being treated and who have finished treatment.

For women diagnosed with breast cancer, it's a frightening and difficult reality to process. However, advances in breast surgery have dramatically changed the treatment of breast cancer. "We've come so far with our reconstructive techniques," says Dr. Aviva Preminger, a NYC-based plastic surgeon.

Dr. Preminger has been performing breast reconstruction for close to 15 years, and her driving motivations has always been to make women feel good about themselves and their bodies. "They are scared, but once they get through the cancer survival process, it's extremely important to help them feel good about the way they look and make cancer a distant memory."

BELLA connected with Dr. Preminger to gather and share her insight on what you need to know when it comes to breast reconstruction.

At what stage does the plastic surgeon become involved in a patient's journey?
It depends on the woman's treatment, whether it's a lumpectomy or a mastectomy, which is the more commonly known situation in which a plastic surgeon becomes involved. Depending on how much tissue is removed at the time of the lumpectomy, I've done something called an oncoplastic breast reduction. That's when, once the tumor is removed, both breasts are reduced to create symmetry between the two.

What options do women have when it comes to reconstruction?
The two general approaches are an autologous reconstruction, in which we use the patient's own tissue to create a breast mound, or an implant-based reconstruction. Different factors determine the best option.

To some extent it's a patient's preference, along with the type of cancer treatment she is going to receive afterwards, as well as her body composition. For example, a very thin, petite woman doesn't have enough abdominal tissue to recreate a breast so an autologous reconstruction might not be an option. For women who will receive a significant amount of radiation treatment, I recommend using their own tissue, since radiation causes damage to the skin.

What are the differences between the two options?
Because we're taking tissue from one place and putting it in the breast, an autologous reconstruction is a bigger and longer procedure, but you're waking up with the breast mound.

With an implant, the first step is inserting a tissue expander that is slowly inflated to accommodate the implant. The advantage to an expander is you can slowly expand and stop at the size you want. In patients who had small breasts, the expansion allows you to stretch the skin and put in a bigger implant.

Advances in technology now allow something called direct-to-implant breast reconstruction. If the patient is a candidate, an implant is put in at the time of the mastectomy, which is amazing because she is getting a reconstruction in a single stage, unless she needs the nipple and areola recreated, then there will be a second surgery. Recovery time varies with each option.

Do you recommend immediate breast reconstruction?
Old-school thinking was that women should not have immediate reconstruction. This is a pretty antiquated approach and studies have shown that it is not a correct one. If it's possible, I recommend immediate reconstruction. That doesn't mean you're getting all the way there immediately, but we are on the path.

Do you see a lot of patients undergo a mastectomy for reasons other than having breast cancer?
I do, especially in a place like New York. Women who have the genetic mutation that increases their risk of developing breast cancer may elect to have a preventive mastectomy to avoid developing the disease later on. There's something empowering about having the information, but there's a lot to take into consideration; it's a big decision to make.

QUESTIONS TO ASK YOUR DOCTOR BEFORE BREAST RECONSTRUCTION:

What type of scarring can I expect? Where will it be?

Can my nipple be saved? If not, how will it be reconstructed?

What type of breast implant will you use?

Will my reconstructed breasts look like my native breasts?

How quickly can I get back to life after surgery?

Should I consider a double mastectomy if I only have cancer in one breast?

In addition to her work with patients, Dr. Preminger is proud to sit on the board of Sharsheret, a Jewish organization that helps women facing breast cancer and ovarian cancer. For more information, visit Sharsheret.org.

PremingerMD
PremingerPlasticSurgery
PremingerMD.com