

BREAST RECONSTRUCTION

Anil P. Punjabi, M.D., D.D.S.



FOLLOWING MASTECTOMY

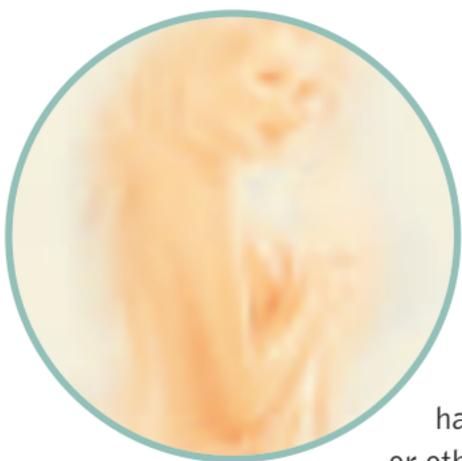


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Breast reconstruction is a physically and emotionally rewarding procedure

for a woman who has lost a breast due to cancer or other disease. Reconstruction of a breast that has been partially or fully removed is possible through a combination of plastic surgery techniques that not only creates a new breast but also can dramatically improve a woman's self-image, self-confidence and quality of life. The results of breast reconstruction can be relatively natural in appearance and feel; however a reconstructed breast will never look or feel exactly the same as the breast that was removed.

Breast reconstruction typically involves several procedures performed in multiple stages and can begin at the same time as mastectomy or may be delayed until a patient has healed from mastectomy and recovered from any additional cancer treatments that may be necessary. It is important that a woman feels ready for the emotional adjustment involved; much like losing a breast, it takes some time for a woman to accept the results of breast reconstruction.

This brochure presents an overview of breast reconstruction following mastectomy. The best way to learn how breast reconstruction can help fulfill your personal goals is a consultation with Anil P. Punjabi, M.D., D.D.S. Dr. Punjabi is a plastic surgeon certified by The American Board of Plastic Surgery®.

➤ WHAT IS BREAST RECONSTRUCTION?

Breast reconstruction is achieved through several reconstructive plastic surgery techniques that restore a breast to near normal shape, appearance and size following mastectomy and may include:

- Flap techniques that reposition a woman's own muscle, fat and skin to create or cover the breast mound
- Surgical placement of a breast implant to create a breast mound
- Tissue expansion that stretches healthy skin to provide coverage for a breast implant
- Grafting and other specialized techniques to create a nipple and areola

While breast reconstruction can effectively rebuild a woman's breast, the results are highly variable. A reconstructed breast will not have the same sensation and feel as the breast it replaces. Visible incision lines will always be present on the breast, whether from reconstruction or mastectomy. In addition, flap techniques will leave incision lines at the donor site, commonly located in less exposed areas of the body such as the back, abdomen or buttocks.

Where only one breast is affected, it alone may be reconstructed. In addition, a breast lift, breast reduction or breast augmentation may be recommended for the opposite breast to improve symmetry in the size and position of both breasts.

Through the advocacy efforts of the American Society of Plastic Surgeons® (ASPS®) and breast cancer support groups, insurance companies are now required by law to provide coverage for breast reconstruction and any related procedures to adjust the opposite breast. Pre-certification may be required; our office may be able to assist you with insurance matters.

Good candidates for breast reconstruction are women who are:

- Able to cope well with their diagnosis and treatment
- Do not have additional medical conditions or other illnesses that may impair healing
- Non-smokers
- Individuals with a positive outlook and realistic goals for restoring their breast and body image

Flap procedures may not be appropriate for some women with conditions such as obesity, heart disease and diabetes.

> WHERE DO I BEGIN?

A consultation with Dr. Punjabi is the first step to learn how breast reconstruction can restore your breast's appearance. A consultation is designed to fully educate you about your options for breast reconstruction in a supportive, non-pressured environment, and will include:

- A discussion of your goals and an evaluation of your individual case
- The options available in breast reconstruction surgery
- The likely outcomes of breast reconstruction and any risks or potential complications
- The course of treatment recommended by Dr. Punjabi, including procedures to achieve breast symmetry

Dr. Punjabi will also answer all of your questions.

> EVALUATION

Overall health and personal outlook can greatly impact the outcome of breast reconstruction surgery. These will be carefully evaluated in consultation with Dr. Punjabi. The success of your procedure, safety and overall satisfaction requires that you:

- Honestly share your expectations
- Fully disclose health history, current medications, the use of vitamins, herbal supplements, alcohol, tobacco and drugs
- Commit to precisely following all of Dr. Punjabi's instructions

> SAFETY

By making the decision to consult with Dr. Punjabi and following all the instructions given, you are taking an important step in assuring your safety.

Dr. Punjabi is certified by The American Board of Plastic Surgery®. This certification designates surgeons who are specifically trained in plastic surgery of the face and entire body.

➤ MY BREAST RECONSTRUCTION

Breast reconstruction is a highly individualized procedure. Techniques offer varying advantages and choosing the appropriate course of treatment requires careful consideration of patient anatomy, patient and surgeon preference and desired, realistic outcomes.

Flap techniques may result in a more natural feeling breast and are necessary when little tissue or muscle remains following mastectomy. Incision lines result at both the donor and reconstruction sites and a lengthy recovery follows. There is also a remote chance of partial or full loss of the flap due to poor healing.

Few cases of mastectomy initially leave sufficient tissue on the chest wall to cover and support a breast implant. The use of a breast implant for reconstruction almost always requires either a flap technique or tissue expansion. Reconstruction with tissue expansion allows an easier recovery than flap procedures, but it is a more lengthy reconstruction process. Many office visits over 4-6 months after placement of the expander are necessary to slowly fill the device through an internal valve to create adequate healthy tissue. A second surgical procedure will be needed to replace the expander if it is not designed to serve as a more permanent implant.

Breast reconstruction is completed through techniques that reconstruct the nipple and areola (the darker skin surrounding the nipple). Breast reconstruction may be performed at one time or over an extended period, depending on the techniques used, your breast cancer treatment, and the pace at which you wish to achieve your results. Complete reconstruction generally occurs in multiple procedures occurring over several months time.

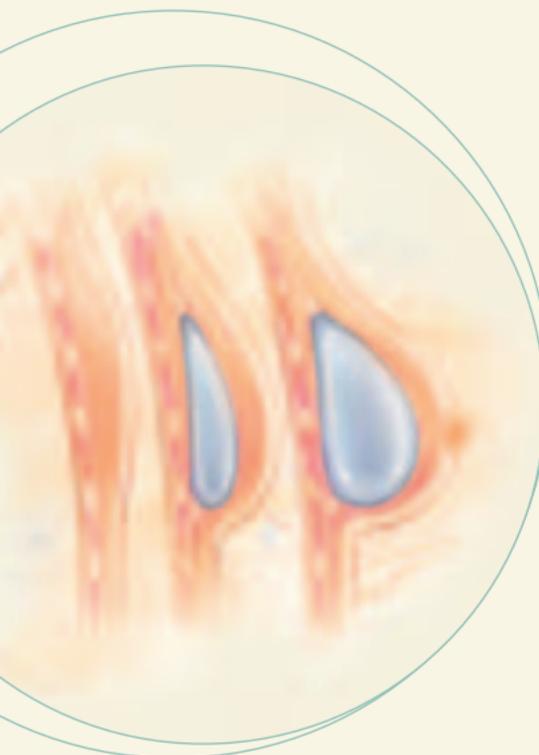


A TRAM flap (transverse rectus abdominus musculocutaneous flap) uses donor muscle, fat and skin from a woman's abdomen to reconstruct the breast. The flap may either remain tethered to the original blood supply and is tunneled up through the chest wall, or is completely detached and formed into a breast mound using microsurgical techniques.

A latissimus dorsi flap uses muscle, fat and skin tunneled under the skin and tissue of a woman's back to the reconstructed breast and remains attached to its donor site, leaving blood supply intact. Occasionally, the flap can reconstruct a complete breast mound, but more commonly provides the muscle and tissue necessary to cover and support a breast implant.



A breast implant can be an adjunct or alternative to flap techniques. Reconstruction with an implant alone usually requires tissue expansion. An expander placed beneath the chest muscle is filled with sterile saline solution over many weeks, creating enough healthy tissue to cover the breast mound. Once filled, the expander forms the breast mound, or it is surgically replaced with an implant.



➤ PREPARING FOR SURGERY

Dr. Punjabi will carefully explain your breast reconstruction procedure. Prior to surgery, you will be given specific instructions that may include:

- Pre-surgical considerations, diagnostic testing and medications
- Day of surgery instructions and medications
- Specific information related to the use of anesthesia

In addition, you will be asked to sign consent forms to assure Dr. Punjabi that you fully understand the course of treatment you will undergo and any risks and potential complications.

Possible risks of breast reconstruction include bleeding, infection or poor healing. Flap surgery includes the risk of tissue loss and a loss of sensation at both the donor and reconstruction site. The use of implants carries the risk of breast firmness (capsular contracture) and implant rupture. All surgery carries risks associated with anesthesia. These risks and others will be fully discussed prior to your consent.

It is important to understand that breast reconstruction can produce remarkable results, however it cannot exactly match a breast lost to mastectomy. Even with revision procedures on the opposite breast, symmetry between the breasts will not be perfect. However, your appearance under most clothing and swimsuits can be quite natural and balanced.

It is important that you address all your questions directly with Dr. Punjabi. It is natural to feel some anxiety, whether anticipation for the outcomes of breast reconstruction, or preoperative stress. Discuss these feelings with Dr. Punjabi.

➤ WHAT TO EXPECT

The surgical techniques involved in breast reconstruction are most often performed in a hospital setting, possibly including a short hospital stay. Initial reconstruction procedures are most commonly performed under general anesthesia. Some procedures may be performed on an outpatient basis and local anesthesia with sedation may be used for certain follow-up procedures. These decisions will be based on the requirements of your specific procedure and considerations of patient and surgeon preference. Dr. Punjabi and the assisting staff will fully attend to your comfort and safety.

➤ SURGICAL FACILITY

Dr. Punjabi generally performs liposuction procedures at Redlands Community Hospital, Loma Linda University Medical Center, Loma Linda Community Hospital, and The Inland Surgery Center.

➤ FOLLOWING TREATMENT

Following flap techniques and/or the insertion of an implant, gauze or bandages will be applied to your incisions. An elastic bandage or support bra will minimize swelling and support the reconstructed breast. A small, thin tube may be temporarily placed under the skin to drain any excess blood or fluid. Before being released, you and an accompanying family member, friend or caregiver will be given specific instructions that may include:

- How to care for the surgical site
- Medications to apply or take orally to aid healing and reduce the potential for infection
- Specific concerns to look for at the surgical site or in overall health
- When to follow-up with Dr. Punjabi

➤ PROGRESS AND HEALING

Initial healing from breast reconstruction will include swelling and discomfort the donor site for flap techniques. Medication is effective in controlling the discomfort. A support bra will be recommended around the clock during initial healing of the reconstructed breast. It is important to cleanse any incision sites and apply ointment as directed. Follow all instructions carefully; this is essential to the success of your outcome. A return to light activity is possible as soon as you feel ready, usually within a few days of surgery.

In many cases non-removable, absorbable sutures are used for closure in flap techniques or with implant insertion. If removable sutures are used these will be removed within 2 weeks following surgery. You will be ready to return to more normal activity at this time, so long as you do not engage in any heavy lifting or vigorous exercise.

Healing will continue for several weeks as swelling dissipates and breast shape and position refine. Continue to follow Dr. Punjabi's instructions and attend follow-up visits as scheduled to monitor your results.

➤ RESULTS AND OUTLOOK

The final results of breast reconstruction following mastectomy will help you to feel physically and emotionally fulfilled. Careful monitoring of breast health through self-exam, mammography and other diagnostic techniques is essential to your long-term health.

Over time, some breast sensation may return, and incision lines will improve, although never disappear completely. There are trade-offs, but most women feel these are small compared to the large improvement in their quality of life and the ability to look and feel whole again.

➤ YOUR SURGEON, YOUR CHOICE

Choosing to have cosmetic or reconstructive plastic surgery is an important decision; so is selecting a plastic surgeon. Consider these important guidelines:

Board Certification – Not all physicians who perform plastic surgery or who use the title plastic surgeon are board-certified in plastic surgery.

The American Board of Plastic Surgery® (ABPS) and The Royal College of Physicians and Surgeons of Canada® certify physicians in plastic surgery of the face and entire body. To be certified by either board, a plastic surgeon must:

- Graduate from an accredited medical school
- Complete a minimum of five years of surgical training following medical school, including an accredited plastic surgery residency program
- Pass comprehensive oral and written exams

Privileges – Your surgeon should have operating privileges at an accredited, local hospital for the same procedure you plan to have performed - even if that surgeon suggests your procedure be performed in an accredited office-based surgical facility or at an ambulatory surgery center.

Anil P. Punjabi, M.D., D.D.S.

Certified by The American Board of Plastic Surgery®, 2000.



Practice Philosophy

The cornerstone of Dr. Punjabi's philosophy is commitment to excellence, while care and concern are at the heart. Dr. Punjabi recognizes the importance of clinical experience, surgical acumen, current innovative technology and consistently delivering excellence in patient care. Because of his unique dual qualifications in medicine and dentistry, Dr. Punjabi's expertise gives him a distinct perspective in solving complex cosmetic and reconstructive challenges of the face, head and neck. Developing a good understanding of his patient's expectations and desired goals is of the utmost importance. Dr. Punjabi and his staff are dedicated to providing our patients with a positive, quality experience in a confidential, caring and compassionate manner with as little inconvenience as possible. We think of our patients as part of our family.

Professional Background

Dr. Punjabi graduated from the Government Dental College at Bombay University, India, The University of Southern California School of Dentistry, Los Angeles, and Case Western Reserve University (CWRU) School of Medicine, Cleveland, Ohio. Dr. Punjabi has completed training in two specialties, Oral and Maxillofacial Surgery at The MetroHealth Medical Center Campus of the CWRU and Plastic and Reconstructive Surgery at The University of Miami/Jackson Memorial Hospital, Miami, Florida.

Professional Affiliations

American Society of Plastic Surgeons®

American Medical Association

American Cleft Palate – Craniofacial Association

Dr. Punjabi is on the clinical faculty as an Associate Professor of Plastic Surgery and Associate Professor of Oral & Maxillofacial Surgery at Loma Linda University.

Hospital Affiliations

Redlands Community Hospital

Loma Linda University Medical Center

Loma Linda Community Hospital

Riverside County Regional Medical Center

Riverside Community Hospital

Inland Surgery Center

Arrowhead Regional Medical Center

This educational brochure is designed to supplement a personal consultation with Anil Punjabi, M.D., D.D.S. Dr. Punjabi is a plastic surgeon certified by The American Board of Plastic Surgery®. Plastic surgeons with this certification have completed extensive surgical training and rigorous examinations in plastic surgery; this uniquely qualifies them to perform cosmetic and reconstructive procedures of the face and entire body.

Anil P. Punjabi, M.D., D.D.S

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Riverside County Regional Medical Center, 26250 Cactus Ave., Moreno Valley, CA 92555

Inland Surgery Center, 1620 Laurel Ave., Redlands, CA 92373

Arrowhead Regional Medical Center, 401 N. Pepper Ave., Colton, CA 92324



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