



Breastoration, a foundation created by breast cancer survivors in collaboration with the Cancer Association of Greater New Orleans, is proud to support the publication of this brochure.



Breastoration

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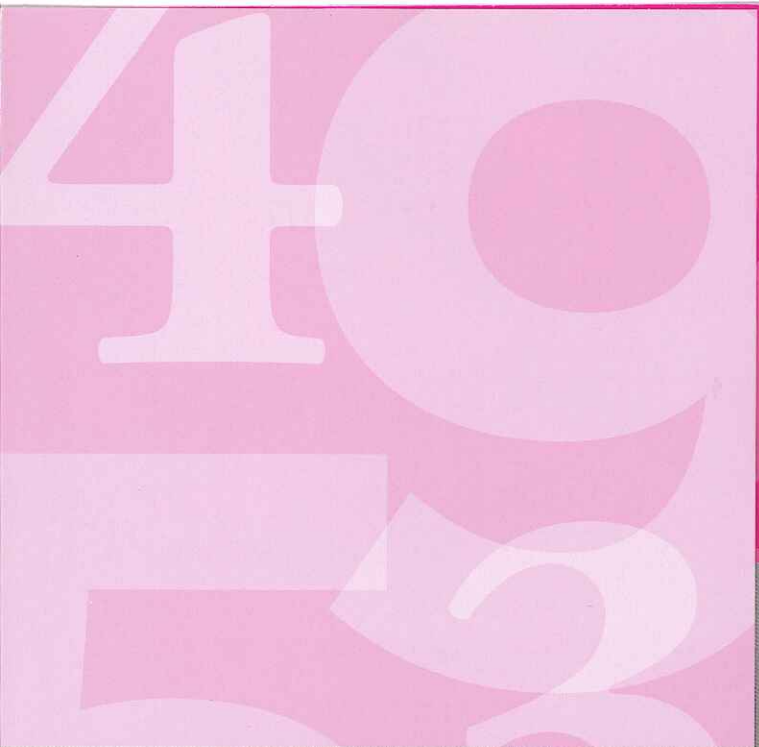
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Breastoration.org or CAGNO.org

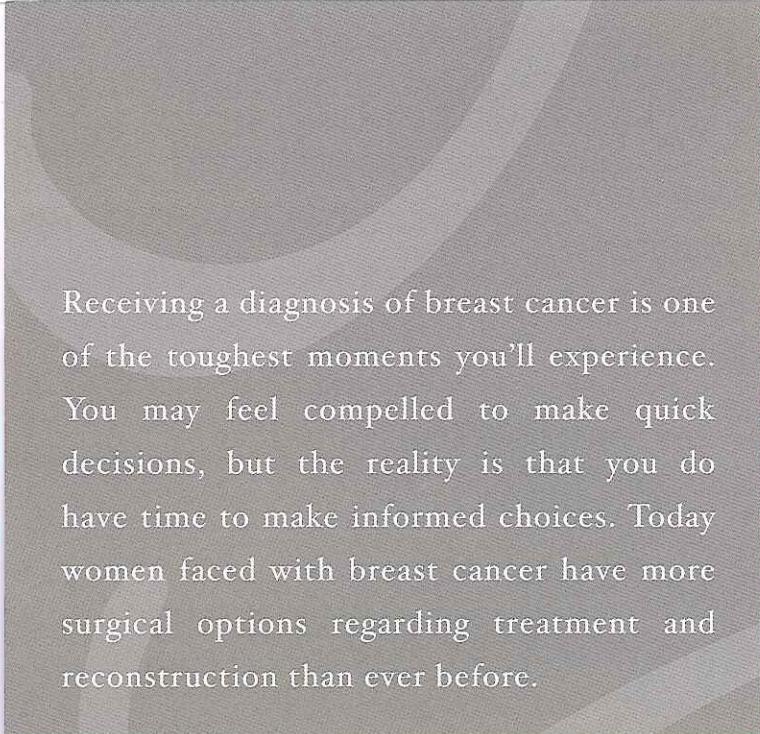


BREASTORATION

Beginning Your Journey to Wholeness

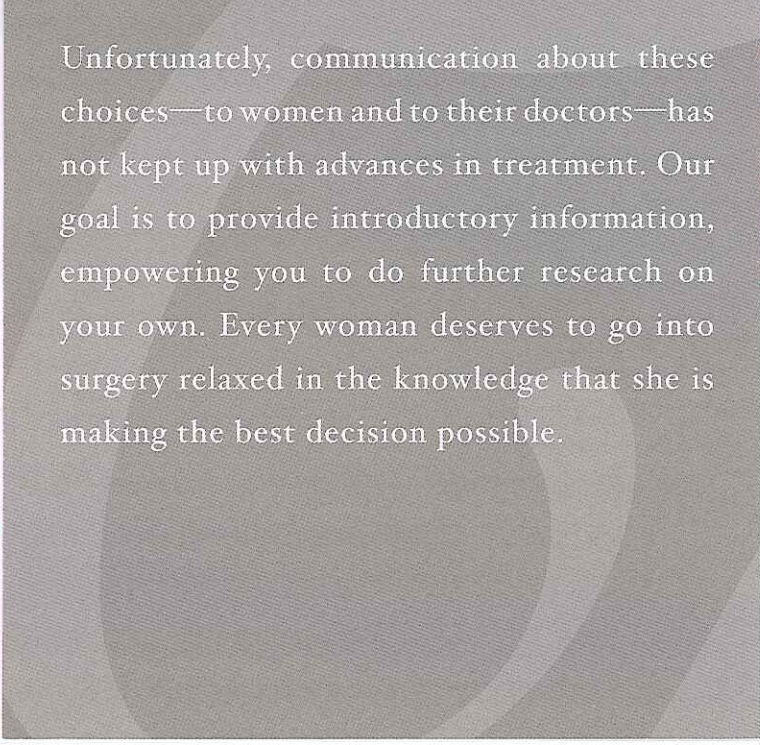


Seven out of ten breast cancer patients are not fully informed about their breast reconstruction options.



Receiving a diagnosis of breast cancer is one of the toughest moments you'll experience. You may feel compelled to make quick decisions, but the reality is that you do have time to make informed choices. Today women faced with breast cancer have more surgical options regarding treatment and reconstruction than ever before.

You no longer need to fear the disfigurement that was associated with breast cancer in the past.



Unfortunately, communication about these choices—to women and to their doctors—has not kept up with advances in treatment. Our goal is to provide introductory information, empowering you to do further research on your own. Every woman deserves to go into surgery relaxed in the knowledge that she is making the best decision possible.

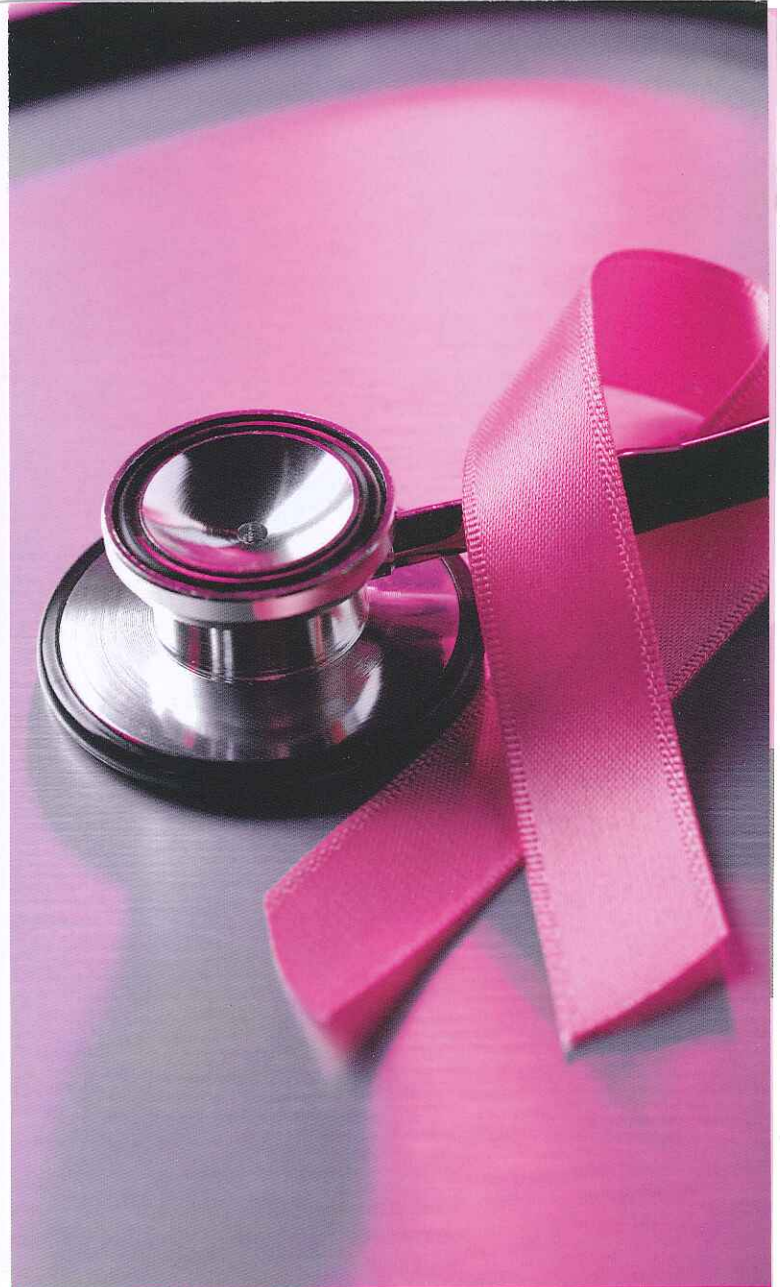
Surgical oncologists are specially trained in removing cancerous tissues, although your surgery may be performed by a breast surgeon or general surgeon. If you're planning on breast reconstruction, the surgeon removing the cancer should work in cooperation with the reconstructive surgeon (also called a "plastic surgeon") whom you choose for your procedure. If there is a breast diagnostic center in your area, it may have a list of surgeons and will schedule consultations for you.

After you select one or more preferred methods of reconstruction, seek the opinions of several surgeons who are experienced in those procedures. Not only will you increase the probability that you will have successful results, but you will also reduce the likelihood they may discourage you from your choice or mistakenly believe you are not a candidate for that procedure. Highly experienced doctors who specialize in the reconstruction you want will give you the best evaluation of your unique situation.

Ask to view before and after photos of the surgeons' work. Since these photos are usually taken within a few months of surgery, be aware that scars and areola tattoos will appear much more prominent than they will be after more time has passed. Instead, focus on shape of the breasts, symmetry, and the artistry of the surgeon.

Ask for patient references. Many women are happy to talk to others about what to expect and may even offer to show you their results in person. The most experienced surgeons usually have patients who volunteer to mentor newly-diagnosed women as a way to "give back" after successful treatment and reconstruction.

If there is not a surgeon in your area experienced with the method you prefer, know that many women travel to access surgeons who are. Their clinics may help with travel arrangements, accommodations and out-of-network insurance issues. Preliminary consultations can occur by phone, and openings in surgical schedules are maintained for women needing surgery in a timely manner.



Where Can I Go for Additional Information?

www.breastoration.org

www5.komen.org

www.breastcancer.org

www.youngsurvival.org

www.cancer.org

The Breast Reconstruction Guidebook, 2nd edition by Kathy Steligo,
Carlo Press, San Carlos, CA. (2005)

(associated website: www.breastrecon.com)



LUMPECTOMY OR MASTECTOMY?

Lumpectomy alone or combined with radiation can provide significant conservation of your breast. But if the amount of tissue that must be removed to obtain cancer-free margins is substantial, or if mastectomy becomes necessary, you may decide to have some type of breast reconstruction. Radiation can cause unwanted side-effects, such as damage to the skin, heart and lungs. It may also compromise the outcome of reconstruction. On the other hand, while mastectomy may avoid the need for radiation, it entails the loss of a breast. Unfortunately, there is no easy option. That's why it is so important you have complete, up-to-date information and know all of your options before you consent to any type of surgery in order to achieve the best possible emotional and physical outcomes for yourself.

RECONSTRUCTION: YES OR NO?

Recognizing that breast reconstruction is a medical necessity for women with breast cancer, as opposed to elective cosmetic surgery, Congress passed the Women's Health and Cancer Rights Act of 1998. This requires any insurance company that covers a mastectomy to also cover reconstruction of the cancer-affected breast and the unaffected breast to achieve symmetry.

Some women prefer not to undergo any additional surgical procedures beyond mastectomy. Others feel strongly that they do not wake up from surgery without new breasts to replace the original. Many may not be sure how they feel and prefer putting off the decision until after they have undergone surgery and additional treatments. We are fortunate to live in a time when any of these positions can be accommodated by a variety of surgical techniques. Few decisions are irreversible, no matter how much time passes, how your feelings change over time, or even if you choose one form of reconstruction and later decide you would prefer another.

Remember, you have time. Don't rush to a decision. You owe it to yourself to do your homework.

RECONSTRUCTION: IMMEDIATE OR DELAYED? IMPLANTS OR YOUR OWN TISSUE?

Some of the most exciting advances in breast reconstruction include:

- Immediate reconstruction, which provides breast reconstruction at the time of mastectomy
- Skin-sparing mastectomy, which preserves your skin envelope by removing only the inside of the breast
- Nipple-sparing mastectomy, which preserves your nipple, as part of the skin-sparing mastectomy
- DIEP, SIEA, and GAP reconstruction, which replaces your lost breast with your own tissue without sacrificing any muscle

Whether you decide to have immediate or delayed reconstruction, you have the option of implants (saline or silicone) or your own tissue to restore the volume of your breasts. Each option has advantages and disadvantages, beyond the scope of this brochure. But excellent sources of information exist, including books and websites. Some titles and links are provided at the end of this pamphlet.