

NEW

beginnings

In honour of Breast Cancer Awareness month, two women share with *Elevate* how breast reconstruction gave them a new lease on life.

AS TOLD TO LIZ BRUCKNER

MODEL PHOTOS: THINKSTOCK

CASE STUDY NO. 1: Katherine*
AGE: 45
PROCEDURE: Bilateral Mastectomy
PERFORMED BY: Dr. Sean Rice, BA, MD, M.Sc., FRCSC

ELEVATE: Why did you have breast reconstruction done?

KATHERINE: “I tested positive for the BRCA2 gene, which is hereditary and was passed to me through my father. With this gene the odds of developing breast cancer early in life are very high and increase daily with time. So rather than wait for the unknown to occur, I decided to deal with the issue while I was in control.”

ELEVATE: How did you choose Dr. Rice as your plastic surgeon?

KATHERINE: “I had done quite a bit of research to find the right plastic surgeon, and many of the doctors I had consulted with recommended Dr. Rice. The doctor who performed my mastectomy worked closely with him, and I valued her expertise.”

ELEVATE: How did you feel once the surgery was finished?

KATHERINE: “I was concerned in advance that they might find some cancer cells developing and was quite relieved to learn they found nothing. I was also pleased following the reconstruction process at how good my breasts looked already. For some reason, I pictured my chest looking indented after the surgery when, in fact, with the expanders being put in

place immediately, I already had little boobs. In terms of the post-surgery discomfort, it was minimal in comparison to the excitement of what was to come. I was a size B pre-surgery and even though I remain about the same today, the final shape of my breasts is much fuller and rounder than before.”

ELEVATE: How has having this procedure done impacted your life?

KATHERINE: “Both I and my husband are over the moon about the results. It was such an emotional decision for both of us, but all the doctors involved – including Dr. Rice – made it as stress-free as possible. Most importantly, I feel so relieved to be healthy and breast cancer-free and can now move forward as a confident woman with beautiful, perky, round, full breasts.”

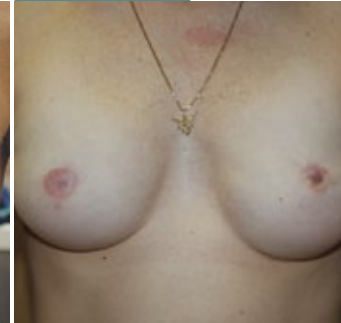
ELEVATE: Would you recommend it to other women going through similar circumstances?

KATHERINE: “I’d recommend both the surgery and Dr. Rice, absolutely. I have told Dr. Rice’s office that I am more than willing to share my story with any patient who could benefit from hearing of my experience, or who just needs to talk. As I know from experience, sometimes the right decision isn’t always the easiest one to make.”

BEFORE TATTOO



AFTER TATTOO



Ask the Doctor

Dr. Sean Rice, BA, MD, M.Sc., FRCSC,
Toronto; doctorseanrice.com

ELEVATE: What procedure did Katherine undergo?

DR. RICE: “Katherine had a bilateral mastectomy and immediate insertion of tissue expanders. At her initial surgery, after the mastectomy, a tissue expander was inserted under the muscle in her chest. About two to three weeks after the incision healed, we began the expansion of the tissue expander, and every few weeks she would come in and we would insert saline into the expander to ‘blow it up’. When the skin was stretched to the desired point, a second operation was performed, during which time the expander was removed and a cohesive gel breast implant was inserted. This gave us the final shape to the breast. The nipple areolar complex was then tattooed to add colour and a realistic appearance.”

ELEVATE: Was there anything out of the ordinary involved?

DR. RICE: “Katherine’s chance of developing breast cancer in her lifetime is extremely high – about 100 per cent. Her mastectomy was unique in that the underlying breast tissue was removed through the nipple and areolar complex, thus, we were able to spare all her breast skin. We were also able to close the incision to her mastectomy in what is known as a purse-string fashion; therefore, there are no typical mastectomy scars that run diagonally across her breast.”

ELEVATE: Is there an ideal candidate for this procedure?

DR. RICE: “The technique of saving the existing breast skin to help with reconstruction in most cases is limited to those women who have the BRCA (1 or 2) gene mutation. For women who have active breast cancer, they generally require removal of the breast skin at the time of the mastectomy. The reconstruction options are then dependent on whether or not post-operative radiation and chemotherapy are required.”

ELEVATE: How long should some expect their recovery period to be following surgery?

DR. RICE: “It varies, but generally women are back to full activities by the second or third week. Often a drain is placed after surgery and is then removed a few days after the procedure. Women should refrain from strenuous exercise until about the third week.”

ELEVATE: What’s the average cost of this type of procedure?

DR. RICE: “In the case of Katherine’s surgery, everything was covered under OHIP, except the tattooing of the nipple areolar complex, which costs between \$800 to \$900. In certain circumstances for a procedure like this, fat injections may be used to aid with esthetic contouring of the breast, but the injections are not covered under OHIP and costs vary between \$5,000 to \$7,000.”

**Patient name has been changed. Pre-reconstruction images were not available.*