

Know Your Breast Reconstruction Options





Is Reconstruction Right For Me?

Breast reconstruction is the surgical recreation of the breast using either an implant or your own tissue from another area of your body. One of the first choices to make when talking about breast reconstruction is to determine if you are interested in breast reconstruction at all. Some women choose not to have breast reconstruction. Breast prostheses are available in all shapes and sizes, and in most cases are covered by your insurance company. By reading more information about breast reconstruction in the following pages you will be better informed about the many options available to you.

Your Plastic Surgery Team

Dr. Maloney is proud to have a highly knowledgeable and experienced staff in his practice. Dr. Maloney and his team combined have over 25 years of experience working together. These individuals are committed to your comfort and care, and will make sure that all your needs are attended to.

Meet Dr. Maloney

Dr. Maloney is a Harvard trained, Board Certified Plastic Surgeon who has been in practice here in Tucson, AZ since 2002.

Dr. Maloney completed Medical School at Columbia before undertaking his general surgery and burn fellowship at Vanderbilt. While at Vanderbilt, he also attended The Owen Graduate School of Management, obtaining his Master's in Business Administration. Dr. Maloney did his formal plastic surgery training in Boston at Harvard in the Combined Plastic Surgery Program. There he was Chief Resident for two years at Brigham and Women's Hospital, Beth Israel Hospital, Massachusetts General and Children's Hospital.

Dr. Maloney returned home to Tucson, AZ in 2002 and received clinical appointment in Plastic Surgery, Neurosurgery and Anatomy/Cell Biology at the University of Arizona.

Dr. Maloney has been voted into the Best Doctors in America by his peers since 2005. He participates in the Maintenance of Certification (MOC) program with the American Board of Plastic Surgery. This MOC program reviews physician surgical experience, safety record, requires ongoing written testing, competency exams and continuing medical education. He is also a member of the American Society of Plastic Surgeons.

In his spare time, Dr. Maloney spends time with his wife and three boys. He can usually be found on the golf course or participating in events with the Conquistadors and the Centurions, both charitable organizations in the Tucson area.

The Team

Dr. Maloney and his team have been working together for a combined 25 years. This is important. If you go to a practice with a lot of turn-over in staff, this should raise a red flag. People need to work together consistently to build a trusting team relationship which extends to patient care. At our office, you will not have to guess who you should call and talk to because the names change daily. Small things get noticed more quickly and everyone has the same goals in mind. Dr. Maloney's clinical coordinator has been working with him since he opened his practice here in Tucson in 2002. Our nurse injector has been working with us for six years doing skincare and injectibles. As we continue to expand, we hired our new medical assistant who has been with us for over a year. When a doctor has a staff that has worked as a team for a long time, things don't get missed and our patients receive better care. This also says a lot about the doctor when he has been able to keep a loyal staff for this many years.

Customer Service

The goal of Maloney Plastic Surgery is to ensure that our patients receive optimum results with exceptional care. That is why you get us, not a machine answering the phone. Our team is dedicated to your care, comfort and safety. Our experienced staff members are skilled at educating you both before and after surgery. We strive to achieve the highest level of patient satisfaction by helping you make informed decisions regarding your choice to have surgery. Please ask questions, that is what our team is here for. Dr. Maloney and his clinical coordinator are available to you twenty-four hours a day including nights, weekends and holidays. If you have a question after surgery, please call us.

Safety

Dr. Maloney believes that nothing is more important than the safety of his patients and staff. Wherever you choose to have your surgical procedure, we will make sure you are safe and comfortable. Dr. Maloney is one of the founders of Camp Lowell Surgery Center where most of our surgical procedures are performed. This free standing surgery center is AAAHC Certified and Medicare Approved. Status as an accredited organization means Camp Lowell Surgery Center has met nationally recognized standards for the provision of quality health care set by the Accreditation Association. At the surgery center, we use board certified anesthesiologists. We have a small group that we work with on a consistent basis so everyone knows the routine; we are not training a new person each time. Same goes for the surgery center staff. If your case is performed under local in the office, our team will make sure you are comfortable and safe. Our staff members are either Basic Life Support or Advance Cardiac Life Support Trained. If you have a question about something, please ask and we would be happy to share.



Timing of Your Breast Reconstruction

Your breast reconstruction process can begin at the time of your mastectomy (immediate) or can be done weeks to several years later (delayed).

Immediate reconstruction means that you have the first stage of your breast reconstruction done at the same time as the mastectomy. The advantage to this option is you undergo one less operation and begin the reconstruction process earlier. That being said, this option takes more operative time initially since there are multiple procedures being performed. Risks related to surgery increase with longer operative times. When deciding to have immediate reconstruction there are multiple things to consider. The complication rate is increased, with immediate reconstruction because of the lack of blood supply immediately following the removal of the breast tissue.

Delayed reconstruction means that the reconstruction process is started after the completion of the mastectomy. An advantage to this type of reconstruction is you have time to let the skin heal after the mastectomy. This gives the blood supply to the skin time to increase. While you are waiting to begin your reconstruction process, the pathology report from the mastectomy will give us more information about additional chemotherapy or radiation treatment that might be necessary.

Breast Reconstructive Options

The type of breast reconstruction that will work best for you depends on a number of factors. These factors include any medical condition you might have, your breast size and shape, your goals, the thickness of your skin, radiation damage and much more. No matter which option you choose, we tell all of our patients that the breast reconstruction process will take a minimum of two operations and will take about a year (6-12 months). Sometimes it is completed in less time, but from the time of the mastectomy until the reconstructive process is complete, you are looking at a one year process.

Breast reconstruction can be accomplished in three ways. The first is the use of an implant, the second is using your own tissue (muscle flap) and the third is a combination of the first two.

Reconstruction with Expanders Followed by Implants

Breast reconstruction using implants has been the most common reconstructive procedure for the past fifteen years. The recovery time and the surgical time are less than the other reconstructive options, and all of the stages for this type of reconstruction are usually done on an out-patient basis. People with thin skin or people who have had radiation therapy are not typically good candidates for expander reconstruction alone, and may require a muscle flap in addition to the expander.

The first stage of expander/implant reconstruction is the placement of a tissue expander. The tissue expander is basically an implant with a fill valve. The expander is used to create a space large enough for the final implant. It stretches the skin, muscle and scar tissue to create a pocket for the new implant.

In an out-patient surgical procedure, Dr. Maloney uses the mastectomy scar to make an incision and place the tissue expander under the chest muscle. Once the expander is placed and the skin is closed, Dr. Maloney will inject saline into the expander. The operation takes about an hour and you will go home the same day. Usually drains are placed to remove fluid from the surgical area. These drains are the same as the ones you had for your mastectomy. (See "Drain Care" section for drain instructions and tracking form). A pain pump is also placed which drips Marcaine, a numbing medication along the chest muscle to decrease your discomfort.

The recovery time for this operation varies from person to person depending on the amount of fluid placed in the expander and the amount of work that needs to be done during the operation. Some people complain of tightness in their neck and back as well as in their chest. This tightness is caused by the stretching of the muscle, scar tissue and skin. As the muscle and scar tissue stretch, the skin around the expander will become softer and the discomfort will decrease.

Most patients return to work within two weeks. Our staff can assist you with all of your return to work paperwork and any other insurance paperwork you have.

After the placement of the tissue expander, you will follow-up with our office in about one to three days and then again in about a week. Three to four weeks after surgery, depending on how you are healing, the expansion process can begin. Things to look out for during your recovery are redness, fever (101.5 F or higher), drainage from the incision, or any other signs of infection. Dr. Maloney and his team are available 24 hours a day for questions or concerns. The main number to the office is 520-298-2330. The answering service can get in touch with the team at any time, day or night.

Complications that can result from surgery include infection, bleeding, discomfort and need for additional surgery. If you develop an infection that is not resolved with antibiotics the expander may need to be removed. You will need to wait three to six months before another expander can be placed. Unfortunately, because of the lack of blood supply, naturally occurring bacteria in the milk ducts and the mastectomy site itself, the infection rate with expanders can be as high as 5-10%.





The expansion procedure only takes about fifteen minutes, and most people do it at the end of their work day or over lunch. The expansion is performed by using a small magnet to locate the metal port embedded in the expander. The area is then cleaned with alcohol and a small needle is inserted into the port through the skin. Most people are numb from the mastectomy and do not feel the needle being inserted. 50cc-100cc of saline are injected into the expander depending on how well the skin is stretching and how you are feeling. You should feel some pressure and tightness. It will be uncomfortable, but not painful. As we begin expanding, we will ask you how you are feeling after the first 50cc. If you are feeling too uncomfortable and too “tight”, we stop at 50cc. We can refill your pain medication, but Ibuprofen works well for muscle discomfort.

You will come back every one to two weeks for expansion until you are larger than you want to be, or until the skin cannot stretch anymore. We want to slightly over expand you for two reasons. First, we want to stretch the muscle and scar tissue enough to accommodate the new implant. The second reason is the final implant always looks smaller than the expander at the same volume. For example if we fill the expander to 500cc and then put a 500cc implant in, the implant LOOKS smaller. This is because the final implant is softer and takes on a more natural look and feel than the expander. The expanders are also usually too high and maybe too far to the side during the expansion process. They are quite hard and do not move like the final implants will. The job of the expander is to stretch the skin, the scar tissue and the muscle. Corrections can be made at the second stage when the final implant is placed.

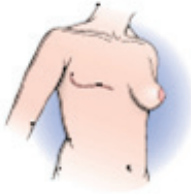
Once you are expanded, Dr. Maloney will review the next stage of the process with you which is the placement of the final implant. Your surgery can be scheduled no sooner than six weeks from your final expansion. This allows time for the skin and muscle to stretch and relax.

At this time you will have the option of choosing saline or silicone implants for your final reconstruction. The majority of patients choose the silicone implants because they have a more “normal” look and feel. They also have less rippling and a lower rupture rate. They were brought back on the market and approved by the F.D.A. for use after years of research proving their safety. These implants are much different than the silicone implants that were taken off the market years ago. The new implants are made with a silicone shell and are filled with a silicone gel. Please visit **www.inamedaesthetics.com** for more information regarding the silicone implants or talk to Lindsay, who is our office coordinator for the F.D.A. Breast Implant Follow-up Study (BIFS).



The placement of the final implants is again an out-patient procedure that takes about an hour. Dr. Maloney uses the same mastectomy incision to remove the expander. He will make additional adjustments and then place the final implant. Drains are not typically

used for this procedure, and the recovery time is usually a few days. We will see you back in the office one to three days after surgery for your initial post-op visit, and then about two weeks after that. The risks with the final implants are the same as the expanders.



POSTMASTECTOMY



STAGE 1:
Tissue expander placed
and expansion under way



STAGE 2:
Breast implant and nipple/areola reconstruction



Latissimus Flap (LAT) Reconstruction

A Latissimus Dorsi Myocutaneous Flap procedure is performed in patients who have thin skin, or have had damage to the skin because of radiation therapy. This procedure uses the latissimus muscle from your back to bring in extra fat, muscle and skin to recreate a breast. Many times an expander is placed at the same time as the latissimus flap (see expander reconstruction) because there is not enough tissue to create a large enough breast. The procedure takes about two to three hours and does require a one to three day hospital stay. You will follow up with our office when you are discharged from the hospital. Dr. Maloney will remove damaged skin from the mastectomy site and replace it with new healthy skin from your back. You will have a scar on the back that can usually be well concealed. You will have drains in both the front where the new breast has been created, and in the back where the flap was taken. (See “Drain Care” section for drain instructions and tracking form)

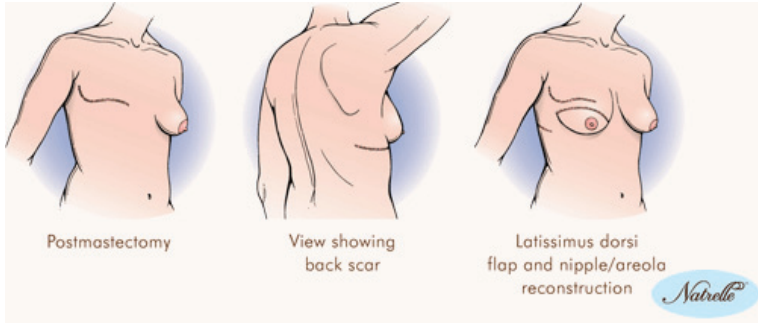
The recovery time for this operation varies from person to person. Most people are uncomfortable for a few days to a week. Most people need two weeks off work for a sedentary job and about three weeks off for a more physically demanding job. Dr. Maloney’s medical assistant can assist you with all of your F.M.L.A paperwork, return to work paperwork and any other insurance paperwork you have.

Every surgical procedure involves a certain amount of risk, and it is important you understand the risks involved. The risks associated with a LAT flap include bleeding, infection, change in skin sensation, scarring, seroma (fluid collection), firmness, asymmetry, delayed wound healing and flap necrosis. Dr. Maloney will review these risks in detail at your pre-operative appointment when he reviews the consent forms with you.

Patients then follow-up with our office about one to three days after surgery and again in about a week. Four to six weeks after surgery, depending on how you are healing,



the expansion can begin (if you have expanders). Things to look out for during your recovery are redness, fever (101.5 F or higher), drainage from the incision, general increase in pain or any other signs of infection. Dr. Maloney and his team are available 24 hours a day for questions or concerns. The main number to the office is 520-298-2330. The answering service can get in touch with the team at any time, day or night.



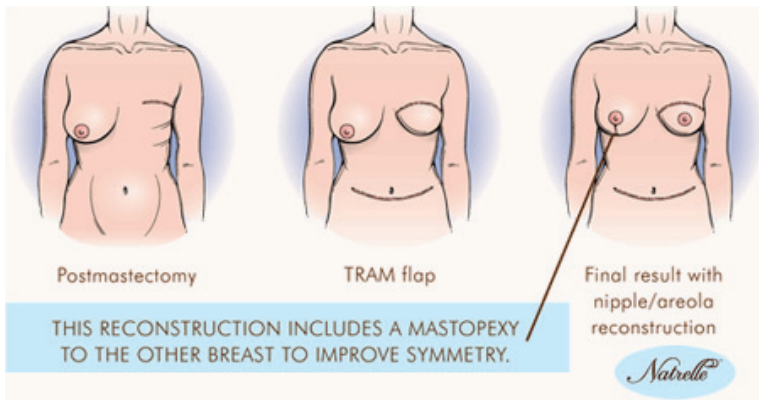
Transverse Rectus Abdominus Myocutaneous (TRAM) Flap

A Transverse Rectus Abdominus Myocutaneous Flap procedure is performed in patients who have thin breast skin or have had damage to the breast skin because of radiation therapy. This procedure involves using an incision on your abdomen to bring in extra fat, muscle and skin to recreate a breast. If you have had previous abdominal surgery, if you are obese, if you smoke or if you have additional medical conditions you may not be a good candidate for a TRAM flap. If you require a bilateral reconstruction, a TRAM flap is not a good option because you would need to use two abdominal muscles. The best candidates for a TRAM flap are those who are in general good health, are not obese, do not smoke, and only require unilateral reconstruction. The procedure takes about four to six hours and does require a three to five day hospital stay. Dr. Maloney will remove damaged skin from the mastectomy and replace it with new healthy skin tissue from your abdomen. You will have drains where the new breast has been created and in the abdomen where the flap was taken. (See "Drain Care" section for drain instructions and tracking form)

The recovery time for this operation varies from person to person. Most people are uncomfortable for a few weeks and need two weeks off work for a sedentary job, and about six to eight weeks off for a more physically demanding job. Dr. Maloney's medical assistant can assist you with all of your F.M.L.A paperwork, return to work paperwork and any other insurance paperwork you have.

Every surgical procedure involves a certain amount of risk, and it is important you understand the risks involved. The risks associated with a TRAM flap include bleeding, infection, change in skin sensation, scarring, seroma (fluid collection), firmness, asymmetry, delayed wound healing and flap necrosis. Other risks include abdominal wall hernia or weakness, and risks associated with longer operating times such as blood clot formation in the leg. Dr. Maloney will review these risks in detail at your pre-operative appointment when he reviews the consent forms with you.

You will follow-up with our office about one to three days after you are discharged from the hospital, and then again in about a week. Things to look out for during your recovery are redness, fever (101.5 F or higher), drainage from the incision, general increase in pain or any other signs of infection. Dr. Maloney and his team are available 24 hours a day for questions or concerns. The main number to the office is 520-298-2330. The answering service can get in touch with the team at any time, day or night.



Procedures for the Contralateral Breast

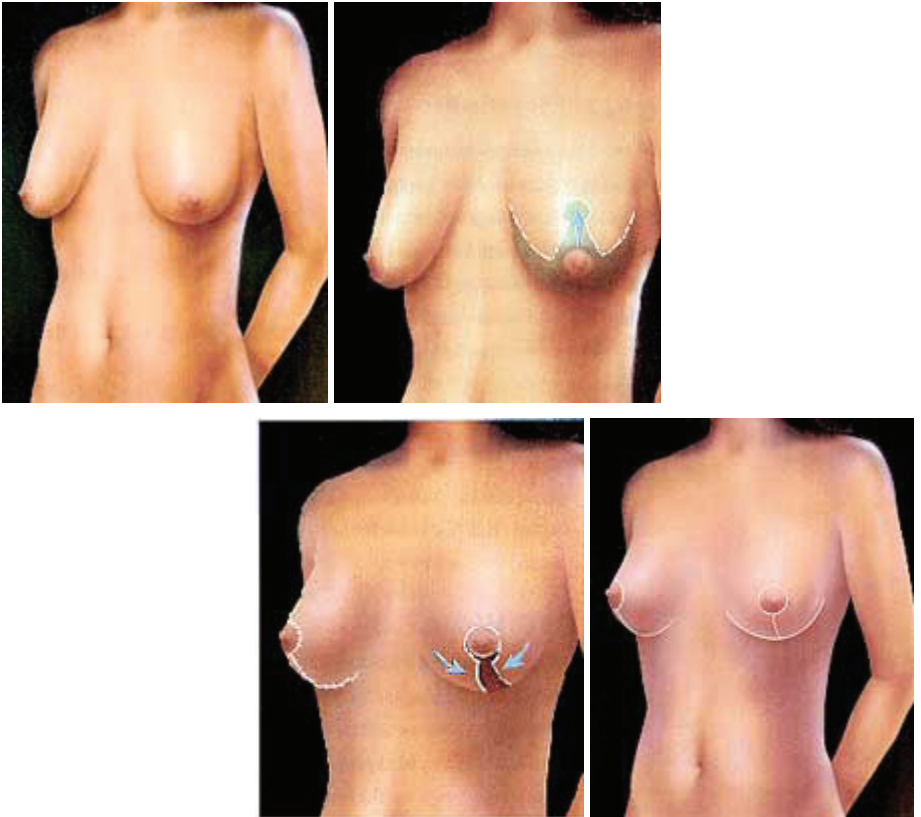
Unilateral breast reconstruction can make it difficult to achieve symmetry particularly if you have large breasts, or breasts that droop. In order to improve symmetry you may be interested in a Breast Reduction/ Mastopexy or a Breast Augmentation on the contralateral breast. There is a federal mandate that requires insurance companies cover the procedure on the contralateral breast for symmetry after a mastectomy for breast cancer.

Breast Reduction/Mastopexy

A breast reduction or a breast lift (mastopexy) lifts the nipple and tightens the skin. This can be done during the first or second stage of reconstruction. This can also be done in conjunction with placing an implant for increased cleavage to better match the reconstructed



side. Patients end up with a scar that goes around the areola, as well as a vertical and a horizontal scar. There is little additional recovery time to do this procedure at the same time as your reconstruction. The operation takes about two hours.



Breast Augmentation

A breast augmentation (placement of an implant) can be done during the first or second stage of reconstruction. This can also be done in conjunction with a mastopexy or reduction to better match the reconstructed side. You will have a small scar in the fold of your breast. There is little additional recovery time to do this procedure at the same time as your reconstruction. The operation adds about thirty minutes to the operation time.

Nipple Reconstruction

The final stage of reconstruction is the re-creation of a nipple. There are some patients who choose not to have this performed, and there are some that feel like their reconstruction is not complete until the nipples are created. This procedure uses the

existing tissue on the breast to create a nipple. Small skin flaps are folded and sutured together. The nipple is always too large for the first week or two. The nipple shrinks to less than a quarter the size we make it at the time of surgery. The procedure takes about forty-five minutes and is done under straight local sedation in the office. Most patients have no pain or discomfort from this procedure as the area is mostly numb already. The recovery time is almost nothing for this procedure. You will need to keep a dressing on the new nipple for one to two days. You will follow-up with our office two weeks after the procedure. Things to look out for during your recovery are redness, fever (101.5 F or higher) or drainage from the incision.

Tattoo

Most patients that choose to have nipple reconstruction also choose to have the areola tattooed. We send our patients to a nurse who does this procedure. This portion must be paid out of pocket up front, and then you may submit a receipt to the insurance company. They may reimburse you for all, none or a portion of the fee.

Insurance Questions

We will obtain prior authorization for your procedure through your insurance company. You will be responsible for any deductible, co-insurance and or co-pays for your procedure. Our office will call you prior to your procedure to advise you of these fees and will collect your estimated responsibility at this time. You are also responsible for anesthesia, facility and pathology co-pays.

Other Reconstructive Options

The DIEP Flap (TRAM with-out using muscle) and SGAP Flap (Removing tissue from your buttocks) are free tissue flaps. Dr. Maloney is familiar with physicians who are qualified to perform these types of flaps and can refer you to one of them if you are interested in one of these options. These operations have unique risks due to the requirements of microsurgery and longer operative times.

Drain Care

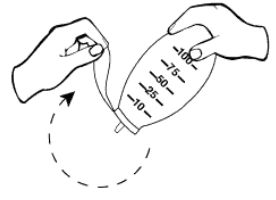
Drains are used to reduce the amount of fluid that collects under your incision after surgery. When the bulb of the drain is compressed it creates a vacuum which causes suction. This suction helps draw fluid out of your body and into the bulb. **THE BULB SHOULD BE COMPRESSED AT ALL TIMES** except when measuring and emptying the contents.

Your drains will remain in until they are putting out less than 30cc of fluid in 24 hours. Some people drain a significant amount and others drain very little. The length of time you will require the drains is different for each individual.



1. you should “strip” or “milk” your drains a few times each day.
 - a. At the point closest to where the drain is coming out of your skin, pinch and hold the drain between your thumb and forefinger with your left hand.
 - b. With the thumb and forefinger of the right hand, pinch the tubing just below your other fingers. Keeping the fingers pinched, slide your fingers down (while pinching) about 12 inches.
 - c. Keeping the fingers of your right hand pinched, release with the left hand. Pinch again with your left hand just above the right.
 - d. Continue to repeat until you reach the bulb.
 - e. Fluid that was in the tube, should now be in the bulb.
2. You should empty your drain each time it fills up more than half way.

- a. Simply unplug the stopper and read the measurement on the bulb. Record this amount on the back of this sheet.
- b. Then discard the fluid in the bulb by squeezing it into the toilet.
- c. Then squeeze the bulb and put the plug back in.



DAY 1	DRAIN 1	DRAIN 2	DRAIN 3	DRAIN 4
6am				
9am				
12pm				
3pm				
6pm				
9pm				
12am				
3am				
6am				
TOTAL				

DAY 2	DRAIN 1	DRAIN 2	DRAIN 3	DRAIN 4
6am				
9am				
12pm				
3pm				
6pm				
9pm				
12am				
3am				
6am				
TOTAL				

DAY 3	DRAIN 1	DRAIN 2	DRAIN 3	DRAIN 4
6am				
9am				
12pm				
3pm				
6pm				
9pm				
12am				
3am				
6am				
TOTAL				



DAY 4	DRAIN 1	DRAIN 2	DRAIN 3	DRAIN 4
6am				
9am				
12pm				
3pm				
6pm				
9pm				
12am				
3am				
6am				
TOTAL				

DAY 5	DRAIN 1	DRAIN 2	DRAIN 3	DRAIN 4
6am				
9am				
12pm				
3pm				
6pm				
9pm				
12am				
3am				
6am				
TOTAL				

DAY 6	DRAIN 1	DRAIN 2	DRAIN 3	DRAIN 4
6am				
9am				
12pm				
3pm				
6pm				
9pm				
12am				
3am				
6am				
TOTAL				

DAY 7	DRAIN 1	DRAIN 2	DRAIN 3	DRAIN 4
6am				
9am				
12pm				
3pm				
6pm				
9pm				
12am				
3am				
6am				
TOTAL				

DAY 8	DRAIN 1	DRAIN 2	DRAIN 3	DRAIN 4
6am				
9am				
12pm				
3pm				
6pm				
9pm				
12am				
3am				
6am				
TOTAL				



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& Skin Care**

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