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## UT Southwestern plastic surgeons offer microsurgery technique for breast reconstruction, tummy tuck after mastectomy

DALLAS – Nov. 5, 2009 – Since her teens, Jennifer Jablon had watched family members deal with breast cancer during their 40s, 50s, and 60s. She wondered whether it would be her fate too.

In her mid-50s, Jennifer's mother was diagnosed with breast cancer and tested positive for the recently identified BRCA1 gene, indicating a genetic predisposition to breast cancer.

"I spent about six months in denial after my mom tested positive. When I finally tested myself, I tested positive for the gene," she recalled. During subsequent MRIs, doctors twice found benign cysts, prompting her to seek a prophylactic bilateral mastectomy – a precautionary procedure in which both breasts are removed to minimize the risk of malignancy.

The choice also set her thinking about breast reconstruction options.

The 36-year-old mother of a 7-year-old opted for a relatively new and rare microsurgery by plastic surgeons at UT Southwestern Medical Center called the Deep Inferior Epigastric Perforator (DIEP) flap procedure.

"The DIEP flap procedure can offer women seeking breast reconstruction after a mastectomy some of the advantages of a more natural breast with the effects of a tummy tuck. Although it is more complex surgery, it preserves muscles for quicker recovery and less postoperative pain," explained Dr. Michel Saint-Cyr, assistant professor of plastic surgery and one of the few surgeons in the nation trained to perform the procedure.

In the DIEP flap procedure, surgeons reconstruct the breast with skin and fat taken from the abdomen. They then individually reattach blood vessels to the relocated tissue under a microscope in a technically challenging procedure.

The procedure can be done immediately after a mastectomy, so patients can have breast tissue removed yet awaken with reconstructed breasts, Dr. Saint-Cyr said.

"The goal was to go to sleep with two and wake up with two," said Ms. Jablon, who underwent the procedure this past spring.

In addition, for many women, the reconstructed breast is firmer, has a more youthful appearance than prior to reconstructive surgery and ages similarly to a natural breast, said (MORE)

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Dr. Saint-Cyr, who specializes in breast reconstruction surgery.

To determine whether DIEP flap or other reconstruction options are suitable, Dr. Saint-Cyr recommends that women consult with a board-certified plastic surgeon who has experience with all the available procedures.

"This is a critical life decision, so all options should be on the table. That may not necessarily happen if the physician doesn't have experience in all these procedures," said Dr. Saint-Cyr, who has written numerous papers on the DIEP flap and similar procedures for peer-reviewed journals.

"Due to the complexity of the microsurgery, only about 40 surgeons nationwide routinely perform these types of procedures, so travel may be required for some women to find a surgeon with the needed experience," Dr. Saint-Cyr said.

Procedures such as those used for Ms. Jablon will be discussed Dec. 5 at a seminar hosted by UT Southwestern on "What's New in Breast Reconstruction: Optimizing Results Using a Multidisciplinary Approach." at the Excellence in Education Auditorium in the Simmons Biomedical Research Building, 6000 Harry Hines Blvd., Dallas. Topics at the event, which is open to the public, will include options in breast reconstruction, breast conservation therapy and nipple-sparing mastectomy, and a husband and wife's perspective after breast reconstruction. For more information or to register for the "What's New In Breast Reconstruction seminar, call 214-648-3138, visit <a href="https://www.utsouthwestern.edu/courses">www.utsouthwestern.edu/courses</a> or e-mail <a href="mailto:cmeregistration@utsouthwestern.edu">cmeregistration@utsouthwestern.edu</a>.

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