

SOUTHWESTERN NEWS

Contact: Reyes Abila
(214) 648-3404
e-mail: abila@utsw.swmed.edu

BREAST RECONSTRUCTION HELPS WOMEN RETURN TO NORMALCY AFTER MASTECTOMY

DALLAS – Oct. 25, 1996 – It was supposed to be a simple case of mastitis, inflammation of the breast. But the lump in Nina Gorham's left breast actually turned out to be breast cancer, and it left her briefly in a state of emotional chaos and in need of a mastectomy.

Fortunately, Gorham and other women who choose to have their breasts reconstructed now have viable options to regain a near-normal appearance immediately after a breast is removed.

After a series of reconstructive procedures performed by Dr. Rod J. Rohrich, chairman of plastic surgery at UT Southwestern Medical Center at Dallas, Gorham has returned to working and caring for her family, which includes two active young girls who keep the young mother busy. Fortunately, the cancer, which did not spread and was fully removed, has not disrupted her life today. She only has to periodically return for regular check-ups.

The procedure she chose for Rohrich to perform more than three years ago when she was diagnosed with breast cancer was a transverse rectus abdominis myocutaneous (TRAM) flap. There are several reconstruction techniques, which include using implants, tissue expanders and muscle flap autologous tissue from the abdomen.

"While the abdominal flap procedure is one of the more complex of the reconstructive options available for rebuilding the breast, it gives the best cosmetic results in matching the opposite breast with one's own tissue," said Rohrich, who treats patients at Zale Lipshy University Hospital in Dallas.

In the TRAM abdominal flap procedure, a flap of skin, fat and muscle are

(MORE)

tunneled under the abdominal skin and transferred to the chest area from the lower abdomen. Part of the flap remains connected to one of the rectus abdominal muscles, which ensures the graft's survival by providing it with a sufficient blood supply.

"TRAM flap produces the most natural-looking results because it uses the patient's own tissue," Rohrich said. "The quality and similarity of the skin, fat and muscle from the abdomen used in recreating the new breast mound makes it possible to closely replicate the volume and shape of the old breast."

Complete reconstruction, which includes the nipple and areola (the round dark skin surrounding the nipple), takes place in a matter of months. In order to match the color of the areola of the remaining breast closely, tattooing on the new breast areola is done on an outpatient basis.

Rohrich said most women choose to have immediate reconstruction because it avoids the need for a second major surgery in the future. "They go through both the mastectomy and reconstructive surgery in one session, and it lessens the psychological trauma of awakening without a breast mound," he said. "The option of reconstruction also counterbalances the negative aspects of a mastectomy, and that makes a difference psychologically and emotionally for the patient."

Rohrich's team works closely with surgical oncologists from the Southwestern Center for Breast Care, which is headed by Dr. George Peters, professor of surgical oncology. The center provides diagnostic care and treatment for women diagnosed with breast cancer.

"I thought I was going to die no matter what they did," said Gorham, a nurse who works in UT Southwestern's allergy division. "I just wanted to cry because you lose so much control and realize you are at the mercy of your own body and others around you.

"It's been a difficult process, but going through this has made me realize what is important in my life, like my two girls and my husband."

###