MICROSURGICAL BREAST RECONSTRUCTION
Dr. Ali Sadeghi is a board certified Plastic and Reconstructive Surgeon at Touro Infirmary in Uptown New Orleans. Specializing in the latest microsurgical techniques in breast reconstruction, Dr. Sadeghi helps post-mastectomy and breast cancer patients feel and look their best. Breast reconstruction is achieved with advanced microsurgical techniques that provide astoundingly natural-appearing results. Dr. Sadeghi is experienced in all aspects of primary and revision breast reconstruction and restoration and aims to achieve the most cosmetically natural look with breast reconstruction patients.

Dr. Sadeghi realizes your need for information and encourages his patients to explore all of their options when it comes to their health and well-being. This guide book was prepared to help explain many of the issues that come up during the decision making process.

Review the information provided and contact Dr. Sadeghi’s office if you have any additional questions or concerns. Or contact our office to schedule a visit with Dr. Sadeghi to discuss your options and find the procedure that is right for you.

Insurance Coverage for Reconstructive Surgery
Reconstructive surgery, including breast reconstruction, is covered by most health insurance policies, although coverage for specific procedures and levels of coverage may vary. The Women’s Health and Cancer Rights Act of 1998 requires all health plans that cover mastectomies to offer post-mastectomy and reconstructive surgery benefits. Check with your state insurance commissioner’s office and/or your insurance provider to find out. Our office is available to assist you with any insurance questions as well.
Many special concerns arise when mastectomy is a part of the treatment plan. One of the biggest fears women encounter is often that of permanent disfigurement. Recent advancements in breast reconstruction have addressed many of these issues with sophisticated procedures that allow for restoration of not only the body, but a restored sense of wholeness as well.

The decision to have reconstructive breast surgery is a very personal one. The goal of the procedure is to help cancer survivors with mastectomies complete the healing process — especially the emotional healing process — by restoring a sense of wholeness, or a psychological and physical sense of feeling complete. Dr. Sadeghi recognizes that the experience of breast cancer and mastectomy is deeply transformative for women, and he offers several options of leading-edge microsurgical techniques to ensure each patient receives the utmost personalized care. Other options include the timing of the surgery, which can be performed ideally at the same time of mastectomy or can be performed in a delayed fashion if mastectomy has already been done. When given the option, many women elect to have their reconstruction done simultaneously with the mastectomy. This cuts down on the need for multiple operations, which would also require separate recovery times.

Your best option for breast reconstructive surgery is highly dependent upon your body and specific needs. During your consultation, Dr. Sadeghi will discuss the options that are best suited to you. For instance, one procedure includes the use of implants. A more popular option is known as the perforator flap breast reconstruction, in which the breasts are rebuilt using existing fatty tissue from another part of your body — usually the abdomen, thighs or buttock area.

WHAT IS BREAST RECONSTRUCTIVE SURGERY?

In the United States, every two minutes, a woman hears the words “you have breast cancer.”

IMMEDIATE VS. DELAYED RECONSTRUCTION

This personal decision should be made with your plastic surgeon prior to your mastectomy, and is usually based on risk factors and information from your biopsy.

IMMEDIATE RECONSTRUCTION

This type of reconstruction begins at the time of the mastectomy and is the standard of care for most patients.

Advantages
Immediate post-mastectomy reconstruction offers the psychological and aesthetic advantage of waking from the mastectomy procedure with a lesser deformity and reconstruction well underway.

Disadvantages
Many women find the primary drawback of immediate reconstruction to be the longer surgery and recovery times.

DELAYED RECONSTRUCTION

In some patients, there may be signs of advanced disease, or radiation may be required as part of the treatment plan before any surgery is performed. If this is the case, the surgical options may be a multi-step process.

Disadvantages
Some patients find that being without a breast for an extended period of time can be emotionally difficult.
It can be very overwhelming to understand and take in all of the information on breast reconstruction; however, when you first start researching it, it’s important to realize that there are really only two ways to reconstruct the breast:

1. Breast Implants  
2. Your Body’s Own Tissue (FLAP)

**Breast Implants**

If you choose to have breast reconstruction using implants the process is completed in several stages. First, temporary implants referred to as tissue expanders are placed beneath your skin and chest muscle to preserve or to expand your breast skin for future permanent reconstruction. Over a period of weeks, the tissue expander is expanded by adding saline. This process can typically be done in an outpatient setting during an office visit. These injections stretch your skin and muscle to the size needed for the new breast and nipple mound (the latest advances in many of the newer skin sparing mastectomy techniques can eliminate the need for using the tissue expanders). Once the skin has stretched enough, you’ll have a second procedure, where the tissue expander is switched to a permanent implant or a flap from your own body. The implant is usually a silicone sac filled with saline solution or silicone gel. With implant reconstruction, you’ll usually go home the same day the surgery is done. If a flap is used, you will have a brief stay in the hospital for observation.

Another reconstructive option to consider is having a new breast constructed using your own tissue instead of having artificial implants inserted. The tissue may come from your abdomen, buttock or thighs and consists of only fat and skin without the need to sacrifice important muscles. These leading-edge procedures are becoming the benchmark of breast reconstruction in the United States and have been performed in Europe for many years with excellent results. Over the years, the procedures have been refined to provide patients with a more natural result. Ultimately the final choice of free flap depends on the patient’s anatomy.

Deep inferior epigastric perforator (DIEP) flap/Superficial inferior epigastric artery (SIEA) flap:

This procedure allows the surgeon to only use the fat and skin from the abdominal wall in your lower abdomen for your breast reconstruction based on its deep blood supply. Abdominal muscle is left intact, to allow you to continue to use the abdominal muscles to maintain their core strength.

**Profunda artery perforator (PAP) flap**

This procedure allows the surgeon to use fat and skin from the posterior thigh underneath the buttock crease for your breast reconstruction. The main advantage of this procedure is that the donor site scar falls in the crease of the buttock. This procedure is optimal for patients who have had previous surgery that precludes the use of the abdomen as a donor site.

Gluteal artery perforator (GAP) flap

Similar to the DIEP/SIEA flaps, this technique in reconstructive surgery does not sacrifice any donor muscles and allows the surgeon to reconstruct the breasts using the skin and fat from your buttock area.

Transverse upper gracilis (TUG) flap

With this new procedure, the inner thigh fat and skin are used to perform breast reconstruction. The procedure is optimal for patients who have had previous surgery that precludes the use of the abdomen as a donor site.
SECONDARY PROCEDURES

Achieving symmetry with the newly reconstructed breast may be done through a breast reduction, breast lift, enlargement with an implant or fat grafting.

 Revision Surgeries

Commonly Called 2nd Stage Surgery

Reconstructive breast surgery may require a second outpatient surgery to achieve the final breast contour. Abdominal contouring and scar revisions can be perfected at this time as well.

Nipple Areola Reconstruction

Creating the nipple areola is the final surgical component to breast reconstruction, which involves the formation of a nipple mound.

Nipple Areola Tattooing

Commonly Called 3rd Stage Surgery

The finishing touch to breast reconstruction is having your nipple areola tattooed, which is a small, fast procedure that can take as little as 15 minutes.

Breast reconstruction is inherently staged. Patients often require more than one surgery to obtain the optimal outcome. Like a work of art, Dr. Sadeghi performs secondary procedures to perfect his work and patients begin to feel whole again.

Surgery on the Opposite Breast

Immediate Bilateral DIEP Breast Reconstruction

Immediate Bilateral Nipple Sparing Mastectomy with DIEP Breast Reconstruction

Immediate Bilateral Nipple Sparing Mastectomy with One Stage Implant Reconstruction

Immediate Bilateral Nipple Sparing Mastectomy with DIEP Breast Reconstruction

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Transformation
What are the benefits of autogenous reconstruction over implant reconstruction?

Since autogenous reconstruction uses your own body’s tissue to reconstruct the breast, the tissue is there for life. It will change in volume as your normal weight fluctuations occur throughout life, and it tends to improve in shape over time. The breast is reconstructed with fat, which is similar in density to breast tissue, thus the “feel” is similar to that of a normal breast and tends to require multiple operations over time. These additional procedures may include sequential expansion of breast skin, repositioning of the implant, correction of intra-mammary fold distortion, correction of shape deformity, correction of implant extrusion, correction of implant leakage, correction of capsular contracture, removal of implant due to infection, replacement of temporary implant or expander with permanent implant. If a patient has had radiation or is planning to have radiation, implant reconstruction is discouraged because of the unacceptable high complication rate. Breast implants often require replacement. Implant manufacturers do not consider them “lifetime devices.” Their life expectancy is around 10 years per manufacturer documentation. Implant reconstructions often tend to remain more firm than a normal breast.

What are the benefits of implant reconstruction over autogenous reconstruction?

Implant reconstructions are typically shorter operations (1-2 hours) and do not usually prolong hospitalization. Autogenous reconstruction, specifically perforator flap reconstruction, typically takes 3-4 hours for a single reconstruction and 5-6 hours for a bilateral breast reconstruction. The hospital stay is 3 days for flap reconstruction. Implant reconstructions also do not require a donor site and recovery is therefore usually an overnight stay.

What is the success rate of the DIEP and PAP/GAP flap?

Surgeons who perform the operations routinely may have success rates exceeding 99 percent.

What determines if I am a candidate for a DIEP or PAP/GAP flap?

You are a candidate for a DIEP flap reconstruction if the amount of fat you have on your lower abdomen is sufficient to reconstruct one or both breasts to the desired volume. The tissue used is that which is often removed during tummy tucks. Prior abdominal operations (i.e. hysterectomy, c-section, appendectomy, bowel resection, liposuction) do not exclude the DIEP flap as an option for you. A prior tummy-tuck does exclude the DIEP flap from being used. In those cases where abdominal fat is inadequate or prior surgery excludes the use of the DIEP flap, the PAP flap is the procedure of choice.

How long after chemotherapy or radiation therapy do I need to wait before reconstruction?

You should wait 1-2 months following chemotherapy. This allows your body time to recover from the treatments before having an operation. You should wait at least 3 months or more following radiation therapy. This allows your chest skin to recover from the effects of radiation before your reconstruction.

Why don’t more plastic surgeons perform the DIEP and PAP flap procedures?

Most plastic surgeons do not perform the perforated flap breast reconstruction due to its complexity. It is technically very difficult and time consuming for surgeons without adequate experience in these types of procedures. Best success rates and efficiency are afforded when these techniques are performed by a team of dedicated full-time microsurgeons. There are very few microsurgical breast reconstruction teams in the world committed to such an endeavor. Dr. Sadeghi is dedicated on a full-time basis to the art and science of microsurgical perforator flap breast reconstruction. Dr. Sadeghi performs over 200 breast reconstructive procedures per year, allowing for continued refinements and progressive technical improvements that typically result in outcomes that represent the state of the art in autogenous tissue breast reconstruction.

What is the timeline usually between first and second stage reconstruction?

Second stage reconstruction is usually 12 weeks or beyond first stage reconstruction. This may be delayed until after chemotherapy or radiation is completed. The second stage outpatient procedure usually requires one week for recovery.

Is there lodging available for out of town patients?

Our dedicated staff can assist you with any questions concerning traveling to New Orleans. You can also find comprehensive information about New Orleans by visiting the web site www.neworleansonline.com. The American Cancer Society’s Patrick F. Taylor Hope Lodge is an option for patients needing a “home away from home” lodging facility. For information on the Hope Lodge, call 504.219.2200.
Below are just a few excerpts from thank you notes and letters we’ve received from grateful patients. We appreciate their continued support and kind words. We also hope it will serve as a voice of encouragement for anyone considering breast reconstructive surgery, as we know it is an important and life-changing surgery for many women.

“Nothing short of fabulous indeed!
Not quite Barbie, but pretty darn close!! I guess this is the end of our long and eventful journey. I am so fortunate that I happened upon a doctor named Sadeghi. When I first learned about my breast cancer and what it would involve, not having reconstruction was NOT even an option for me. Your compassion, caring and humbleness goes beyond what words can describe. Your expertise as a surgeon is unsurpassed. I am so grateful to you and your staff. Thank you so much for using your time and talents to help not only me, but all women to feel whole again. I am now not only cancer free, but with my new perky breast, a tummy tuck, and a little lipo here and there, I look and feel great!!”
Port Allen, LA

“Thank you for your tremendous skill in performing my breast reconstruction surgery. Your talent and caring manner is a credit to the medical profession. You are truly a life saver.”
Metairie, LA

“You and your staff have been nothing but generous, understanding and kind to my family and me. My mother said that at the end of our last appointment you were about to leave the room but before you did, you said, “I’m sorry you’re going through this.” Thank you for telling her that. It means a lot to us to know someone cares. Thank you for all you have done for us.”
Gulfport, MS

“I am writing to thank you so very much for the kind and caring way you have treated me. The patient way you have addressed all of my concerns and answered all my questions has brought me much comfort.”
New Orleans, LA

“Thank you so much, Dr. Sadeghi, for all that you have done for me. Your generosity and compassion is deeply appreciated.”
Pearl River, LA