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Coping with breast loss

Having a mastectomy no longer means a woman has to look lopsided and lose confidence in her looks. Improvements in implants and techniques mean reconstruction can have natural, pleasing results.



Lisa Martin, a breast cancer survivor who had saline implants after a double mastectomy, takes a break during a bicycle ride.
 TRICIA McINROY/Tucson Citizen

[ANNE T. DENOGEAN](#)

Citizen Staff Writer

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Thirty years ago, a woman requiring a mastectomy to treat breast cancer could expect to be left with a long scar and hollow areas where the chest muscle had been removed.

And unless the woman had limited expectations, an attempt to reconstruct the breast was likely to end in disappointment.

"The results 30 or 40 years ago were awful, still probably better than not having the reconstruction, but basically they involved putting an implant underneath the skin, whatever was left, and leaving it there. No nipple, and the size would never match the other side," said Dr. Kian Samimi, chief of plastic surgery at the University of Arizona.

Not all women know how much things have changed in the past three decades, and some either don't know what to expect or may even fear disfigurement from mastectomy. Improvements in implants and techniques for mastectomy and breast reconstruction mean a woman who has her breasts reconstructed today can have a relatively natural and pleasing result, Samimi said.

Some women also may not be aware that a federal law passed in 1998 requires insurers to pay for breast reconstruction surgery following mastectomy if the patient wants it. And many do.

According to the American Society of Plastic Surgeons, 78,832 reconstructions procedures were performed in 2000, an increase of 166 percent from 1992.

Though suitability depends on a variety of medical factors, Samimi said most mastectomy patients are candidates for breast reconstruction, and in some cases the reconstruction can start at the same time as the mastectomy.

"I think it's an important thing because it gives them a lot of self-confidence. It makes dealing with the other issues of the cancer much easier," he said.

Samimi said when a woman first learns she has breast cancer, "the first thought that goes through her head, obviously, is the risk to her life and the possibility of dying from the breast cancer. But the second thought, and I think it becomes just as prevalent ... is how her self-image will change, how her body will change, if she is still going ... to feel like a woman if her breast is removed."

Tucsonan Lisa Martin, a 44-year-old homemaker, found a lump under her arm through a breast self-examination in November 1999. It took a month to confirm she had cancer, still in an early stage. Her first concern was for her husband, Ken, and their four children. She didn't want to leave him a widower and her children motherless.

It wasn't until later that she took to heart what it would mean to lose a breast.

"I felt that God created me as a woman to look a certain way, and I just wanted to look as close to the way he created me as possible," she said.

Martin's mother won a battle with breast cancer nearly 30 years ago, but both breasts were removed in radical mastectomies. Prostheses helped her mother look very nice while clothed, but the mastectomy left her chest concave. Five years after the mastectomy, she had implants put in, but the nipple reconstruction was poorly done, and she wasn't truly

satisfied with the results.

When Martin went to see Samimi, he showed her pictures of reconstructions, and she was relieved to see how much improvement had been made to the art of reconstruction.

Among the advancements:

- Skin flap reconstruction, which uses the woman's own tissue to make a breast, was developed in 1979.
- Doctors shifted from conventional radical mastectomies, in which the breast, lymph nodes in the underarm and chest walls were removed, to less drastic techniques that left the muscle and saved more skin.

"The old thinking of some general surgeons was, breast reconstruction is useless. The woman has cancer. She should deal with the cancer, not focus on her breasts. That has changed," Samimi said.

"More and more, the surgeons have learned that leaving skin doesn't increase the cancer risk. And now some of the good surgeons will just go around the nipple and basically peel all the breast tissue out through a small hole around the nipple. In terms of reconstruction, it makes a big difference," he said.

- Expanders were developed about 15 years ago. These devices are implanted and inflated like a balloon with saline injections over two or three months to stretch out the skin in preparation for a saline implant. The latest twist to this is adjustable implants that serve as both the expander and permanent implant.

Before expanders and skin-saving mastectomies, there usually wasn't enough skin to allow for an implant large enough to match the size and shape of the other breast. Efforts to raise the skin from the sides sometimes resulted in a breast that appeared deformed, Samimi said.

Martin opted for saline implants preceded by an expander. Because of a family history of breast cancer, she decided to have a double mastectomy even though the cancer was in her left breast.

At the time of her double mastectomy in January 2000, Samimi was in the operating room to place the expander under the chest muscles.

"It really did help having the reconstruction started immediately, because I looked down and didn't have to see the loose skin. There was a little bit of breast there," she said.

She underwent surgery for the permanent implants in December. A nipple reconstruction followed.

Today, Martin looks great in the tank tops she favors. The breasts are not as soft as her own, but softer than she had expected.

"Nothing will ever be exactly the same, but Dr. Samimi sure made

them as close to natural as a surgeon possibly could I'm really thankful they are able to do it as well as they can today," she said.

Though pleased with her results, Martin said it's important to recognize that no woman should feel she has to undergo reconstruction. Some women may think it's not important or may not want the risk that any surgery entails. Some may be prevented by medical reasons.

"I don't want anyone to think it's not OK to go one way or another," she said. "It's a personal choice."

BREAST CANCER FACTS:

Here are some facts about breast cancer:

- It is the most common cancer among women, other than skin cancer.
- It is the second-leading cause of cancer death in women, after lung cancer.
- This year, about 192,200 women in the United States will be diagnosed with invasive breast cancer. About 40,600 of them will die of the disease.
- In a piece of good news, breast cancer death rates declined significantly from 1992 to 1998, with the largest decrease in younger women - both white and black. This decline is probably the result of improved treatment and earlier detection resulting from a greater awareness of breast cancer.

Source: American Cancer Society

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