

BREAST CANCER

Reconstructive Surgery Advances

New procedures are making surgery less intrusive.

by [Diane Sears](#)



Deb Haggerty underwent a new type of reconstructive surgery that creates natural breasts with skin and fat from the lower abdomen. It leaves the stomach muscle in place and produces less scarring. [Photo: Greg Matthews]

An ultrasound showed a mass in Deb Haggerty's left breast in December 1999. A biopsy the following month confirmed her fear. The tumor was too large to cut out in a lumpectomy, so doctors recommended she have the breast removed.

"I elected not to have immediate reconstruction because I didn't think it would matter. I had friends who'd had cancer, and they'd gotten along with a prosthesis, and I figured, 'No big deal,' " says Haggerty, president of the Florida Breast Cancer Coalition Research Foundation in Hallandale.

But seeing the artificial breast next to her real one, she started to reconsider. Then almost one year after her surgery, another mammogram showed a problem with the healthy breast.

It turned out to be a false alarm, but Haggerty was convinced she didn't want to go through all the worry again. She decided to have the other breast removed and undergo

reconstructive surgery. More breast cancer patients are opting for double mastectomies, Haggerty says, because they don't want to worry year after year about the cancer returning.

In an online chat room, Haggerty learned about a procedure called deep inferior epigastric perforator flap reconstruction (DIEP), which involves creating natural breasts with skin and fat from the lower abdomen. Unlike a similar procedure, transverse rectus abdominis muscle flap reconstruction, DIEP flap surgery leaves the stomach muscle in place and produces less scarring.

Few doctors performed the surgery then, although some in Florida have since started offering it. Haggerty found a plastic surgeon in Maryland. She jokes that she got a boob job and a tummy tuck all at once.

Typically, the procedure takes five hours for one breast and eight hours for two, with a hospital stay as short as three days and at-home recovery of four to six weeks.

"The first thing I tell any woman is to learn as much as she can, to realize she has some time to make decisions and that the minimum she needs to do is get a second opinion," Haggerty says.