

Breast Reconstruction

At Northland Plastic Surgery we use two primary types of breast reconstruction. Each technique has advantages and disadvantages that depend upon each individual situation. Either technique can be performed at the time of the mastectomy or at any time thereafter.

Autologous Tissue Transfer

We may use the skin and subcutaneous tissue of the lower abdomen (TRAM flap or DIEP flap). We use a muscle sparing technique when possible so only a thin strip of the rectus muscle is included along with the vascular pedicle. In most cases this is done as a microsurgical free-tissue transfer.

A second possible technique involves using a muscle from the back (latissimus dorsi) to refashion the breast; this sometimes also requires the use of a prosthesis, either a tissue expander or permanent implant.



Implant Reconstruction

This procedure is usually performed by placing a tissue expander through the mastectomy incision. After healing, the expander is gradually filled until a permanent implant (either saline or silicone) can be placed.

We work closely with the general surgeon to preserve as much of the breast skin during mastectomy as possible to improve the outcome for both techniques.

Following any initial breast reconstruction, secondary revisions and nipple areolar reconstruction are often done to further improve the ultimate result.

Plastic Surgery Referral

Once there is a diagnosis of breast cancer and the patient is considering mastectomy, prompt referral to a plastic surgeon is appropriate. By consulting with a plastic surgeon early in the process, it is possible for the patient to make informed decisions regarding her treatment. In addition, Northland Plastic Surgery can assist in the coordination of care with all parties involved, including: the primary provider, general surgeon, plastic surgeon, oncologist and others. This provides the patient with the best possible oncological and aesthetic outcome.

At NPS, we feel strongly that all breast cancer patients should be given the option of breast reconstruction and of choosing the type of technique most appropriate for them, prior to mastectomy.



(218) 724-7363 or (800) 964-6891

northlandplasticsurgery.com or info@northlandplasticsurgery.com

BARBARA'S *Story*

Barbara underwent a bilateral mastectomy in 2001 after a diagnosis of breast cancer. She then underwent bilateral TRAM flap reconstruction after experiencing some problems with previous placed implants. She is cancer free and is pleased with the results.

"I am amazed at how the surgery turned out! I look in the mirror and see form and natural softness that has been missing since my mastectomy. 'Ecstatic', 'confident' and 'VERY thankful' for the success of my surgery are some of the adjectives I would use to describe my results. The people working at Northland Plastic Surgery are wonderful. The staff, from the front desk to the nurses, treated me in a warm, friendly, competent and personal way." ~ Barbara