

Journey

BREAST RECONSTRUCTION

Al Cohn, MD



Making Lives Whole Again

Breast reconstruction is the most rewarding thing I do. Helping a woman restore her sense of wholeness requires the ability to provide a wide range of services to address the highly individualized nature of the operation. Our desire is for all women to feel comfortable with their appearance both in and out of clothing and to assist with formulating a reconstructive plan that makes sense for them and their family. A diagnosis of breast cancer can be a scary and lengthy process. It is an honor and a privilege to care for these brave women.



Here to support you

MY BREAST CANCER DIAGNOSIS WAS OVERWHELMING, BUT BREAST RECONSTRUCTION HAS BEEN MUCH MORE BEARABLE BECAUSE OF DR. COHN AND HIS AMAZING STAFF! THIS TEAM HAS, NOT ONLY CARED FOR ME AND SUPPORTED ME THROUGH 2 SURGERIES AND THIS DIFFICULT PROCESS, BUT THEY HAVE ALSO PROVIDED THE KIND OF CARE THAT WOULD EXCEED ANY PATIENT'S EXPECTATIONS!

ACTUAL PATIENT-2019

Breast Reconstruction Procedures

Nipple Sparing:
Implant
Reconstruction
using Tissue
Expanders

Non-Nipple Sparing:
Implant
Reconstruction
using Tissue
Expanders

Non-Nipple Sparing:
Latissimus Flap
Reconstruction
using Tissue
Expanders

Non-Nipple Sparing:
TRAM Flap
Reconstruction
using Tissue
Expanders

Nipple Sparing: Implant Reconstruction using Tissue Expanders

Dr. Cohn and your breast surgeon, working together, determine your candidacy for this nipple preserving procedure. The decision is based on the tumor characteristics and pre-op MRI or x-rays.

At the time of your mastectomies, a tissue expander is placed in the pocket where your breast tissue was located. Once expansion is complete, the second stage surgery is performed to remove and replace the expanders with permanent implants. Any touch-ups, such as fat grafting, to make a more natural breast appearance will also usually be performed.

This reconstruction option is usually completed in two stages. In most cases, insurance requires at least a 90-day waiting period between surgery stages.



Non-Nipple Sparing: Implant Reconstruction with Tissue Expanders



At the time of your mastectomies, the nipples are removed and a tissue expander is placed in the pocket where your breast tissue was located. Once expansion is complete, a second stage surgery is performed to remove and replace the expanders with permanent implants. Nipple reconstruction and touch-ups, such as fat grafting, to make a more natural breast appearance will usually be performed simultaneously. Nipple tattooing is performed once the nipple reconstruction and scars have stabilized and matured. Insurance typically requires a 90-day waiting period after nipple reconstruction is completed before tattooing is covered.

This reconstruction option is usually completed in two stages. In most cases, insurance requires a 90-day waiting period after each surgery stage. Nipple tattooing is optional.

Non-Nipple Sparing: Latissimus Flap Reconstruction using Tissue Expanders

During this procedure, Dr. Cohn mobilizes the latissimus muscle from your back. The muscle is then tunneled from your back, under your arm, and then around to the site of the mastectomy defect in front. The tissue expander is placed beneath the latissimus muscle. Once expansion is complete, a second surgery is performed to remove and replace the expanders with permanent implants. During the second stage surgery, nipple reconstruction and touch-ups, such as fat grafting to make a more natural transition between implant and chest wall, are commonly performed simultaneously. Nipple tattooing is allowed once the nipple reconstruction and scars have stabilized and matured. Insurance typically requires a 90-day waiting period after nipple reconstruction is completed before tattooing is covered.

This reconstruction option is usually completed in two stages. In most cases, insurance requires a 90-day waiting period after each surgery stage. Nipple tattooing is optional.



Non-Nipple Sparing: TRAM Flap Reconstruction with Tissue Expanders



TRAM is an acronym for Transverse Rectus Abdominis Myocutaneous. TRAM flaps utilize blood supply and tissue from your lower abdomen between your waist and your pubic bone. A portion/section of the lower abdominal skin, fat, and part of the underlying rectus abdominus ("6-pack") muscle are used to reconstruct the breast mound and missing nipple in a TRAM flap procedure. This procedure typically does not use any implants to recreate the breast appearance. There can be a higher risk of abdominal hernias, bulges, or issues with changes in core strength resulting from borrowing abdominal muscle.

Which Procedure Gives Me the Best Result?

Nipple Sparing: Implant Reconstruction using Tissue Expanders

This is a good procedure for patients with early stage disease, tumors located away from the nipple, mild to moderate breast volume, and minimal droop to their breast and nipple position (B-C cup).

Non-Nipple Sparing: Implant Reconstruction using Tissue Expanders

This procedure is for patients who are unlikely to go through radiation. It may also be a good choice for patients that cannot tolerate a lengthy procedure due to health concerns. This procedure requires less time under anesthesia than procedures that mobilize tissue from one area to another.

Non-Nipple Sparing: Latissimus Flap Reconstruction using Tissue Expanders

This procedure is for women with large or small breasts. It may be a good choice for women who anticipate having chemotherapy or radiation treatments. Diabetics, smokers, and women with known healing issues may also benefit from the protective effect of using their own tissue within their mastectomy pocket. This procedure optimizes the postoperative scar appearance, by avoiding the “straight-line” mastectomy scar that results from closing the nipple-defect. Instead, the nipple is replaced by skin from the back resulting in a circular scar around the region where the nipple was once located.

Non-Nipple Sparing: TRAM Flap Reconstruction using Tissue Expanders

This procedure is for women with minimal prior abdominal surgery. This ensures a healthy blood supply and enough lower abdominal wall tissue to create one or both breasts. It is an ideal option for women that have had chest wall radiation or those who have previously experienced failed implant reconstruction. It is an excellent option for those women who are not a candidate for implant reconstruction. Scar patterns can be optimized with this procedure in the same way that the latissimus flap provides.



Here to support you

DR. COHN IS THE MOST WONDERFUL DOCTOR. MY FIRST VISIT TO THE OFFICE WAS AMAZING. HE INTRODUCED HIMSELF AND TALKED WITH ME AND MY HUSBAND ABOUT THE RECONSTRUCTION AND WHICH ONE WAS BEST FOR ME. HE EXPLAINED THE PROCESS TO US VERY WELL. HIS STAFF IS THE MOST WONDERFUL STAFF. ANY PROBLEM I HAD, THEY WERE THERE TO HELP ME OUT. IT IS SO AWESOME TO HAVE THE BEST DOCTOR AND STAFF. KEEP UP THE GOOD WORK AND THE WONDERFUL SMILE BECAUSE IT IS SO IMPORTANT.

ACTUAL PATIENT-2019

Questions Answered...

We Are Here For You

Common Questions We Are Asked.

How long does each procedure take to perform?

Nipple Sparing: Tissue Expanders - Approximately three hours including mastectomies.

Non-Nipple Sparing: Tissue Expanders - Approximately three hours including mastectomies.

Latissimus Flap with Tissue Expanders - Approximately five to six hours including mastectomies.

TRAM Flap - Approximately six to eight hours including mastectomies.

Where will my surgery be performed?

We operate at most community hospitals and will work with your general surgeon. We accept BCBS of Alabama.

How long will I stay in the hospital?

Nipple Sparing: Tissue Expanders - 1 night/2 days

Non-Nipple Sparing: Tissue expanders - 1 night/2 days

Latissimus Flap with Tissue Expanders - 2 nights/3 days

TRAM Flap - 4 nights/5 days

What type of anesthesia will I have?

All surgeries are performed with general anesthesia.

Will I have drains? How many? Where?

Nipple Sparing: Tissue Expanders - Two drains, one on each side in mastectomy pocket.

Non-Nipple Sparing: Tissue Expanders - Two drains, one on each side in mastectomy pocket.

Latissimus Flap with Tissue Expanders - Four drains, two in mastectomy pocket and two in back.

TRAM Flap – Four drains, two in abdomen, one in each mastectomy pocket.

How long will I have drains?

Most patients have some type of drain in place for around two weeks. Drains are removed based on daily output and accessed individually. Typically, we do not remove all drains at the same time. Drains prevent fluid accumulation in the breast and back cavities. They are vital to proper healing. It is important to keep a log of your drain output. Bring the log to each appointment until all drains are removed.

Will I have a catheter when I wake up?

Yes, if you have a Latissimus Flap Reconstruction or TRAM Flap.

Do I need to take the prescriptions you gave me to the hospital?

No, the hospital provides I.V. antibiotics and pain management the duration of your stay. The prescriptions provided by our office are for use after you are released from the hospital.

Will I see Dr. Cohn the day of my surgery?

Yes, you will meet with him on the day of your surgery, before your surgery. He will typically mark you and answer any questions you might have.

Do I need to take vitamins before surgery?

You may take a multi-vitamin. We also offer vitamins specifically designed to aid in healing for purchase in our office. They are approximately \$90 plus tax (pricing subject to change).

How soon will I get up after surgery?

The next morning, possibly even the same day as the surgery.

When can I take a shower?

The next morning after surgery.

Can I use an ice pack after surgery?

In moderation. Always use a barrier between ice and skin.

Can I use a heating pad after surgery?

No, you could burn your skin. Your skin is likely to be numb and you will not know if the heat is too high. **DO NOT USE A HEATING PAD.**

Do I need to buy a bra or support to wear after surgery?

No, you will be placed in a surgical bra after surgery. We recommend you bring a gown or pajamas that button or zip in front. You should not lift your arms over your head. You may also remain in the hospital gown provided if you choose.

Will I need to go to the hospital prior to surgery for pre-admission testing/blood work?

Yes, detailed information on any required testing will be in the surgery packet you receive prior to surgery.

How will I sleep after surgery?

Patients say they are most comfortable sleeping in a recliner or reclined in bed. You will not want to lay flat or on your side. Having extra pillows can aid in comfort.

When can I drive?

Two weeks after surgery and only once you are off all pain medications. A good rule of thumb to follow: Can you react appropriately if another vehicle stops suddenly in front of your car?

When can I raise my arms?

To the shoulders the first week. After the first week, take a slow and careful approach towards progress.

When can I exercise?

Week One-Walk inside, up/down to restroom. Week Two-you can tackle aggressive flat walks maybe even outside. Week 4-you can begin a faster paced walk. No bouncing for four to six weeks.

How long will I need to request off from work?

At least four to six weeks, depending on the type of work. Most patients report less pain after the second week but experience continued energy level issues.

Will I need in home care after I am released from the hospital?

Yes, you will need a responsible adult to stay with you for the first week after surgery. It is also a good idea to have assistance with driving and any personal needs while taking prescription pain medication.

Will insurance cover my surgery?

Blue Cross Blue Shield of Alabama will cover breast reconstruction surgery. Because each policy is different your deductible, coinsurance, and out of pocket expenses will depend on your policy. It is your responsibility to know your policy. Insurance usually requires a 90-day waiting period between surgery stages and before nipple tattooing.

Who will approve my surgery?

We do. We work directly with BCBS of Alabama to determine any pre-certification and policy requirements.

When is my first post-operative appointment after my initial surgery?

Typically, two weeks after surgery. An appointment card with the date and time will be included in the surgery packet you receive from our patient care coordinator.

How long after surgery will my expansion start?

We will begin expansion around four weeks. Typically, after all drains are removed.

How long will it be before I can have the tissue expander removed and the permanent implants placed?

Insurance requires a 90-day waiting period. Typically, you will need this amount of time, or longer, before your expansion is complete and the breast pocket is ready.

What type of implants are typically used in the second stage of breast reconstruction?

Silicone/gel implants

What size will my implants be?

You and Dr. Cohn will work together to determine the size of your implants. Typically, the size you are expanded to is in line with the size the implants.

Where is the second stage surgery done?

This is an out-patient procedure performed at the hospital. It takes approximately 1.5-2 hours. You will go home the same day.

What is the recovery after the second stage surgery/nipple reconstruction?

Recovery is typically one week, at most.

How long after my nipple reconstruction will I start tattooing?

BCBS of Alabama requires you to wait 90 days.

Where will the tattooing be done?

We offer two options for tattooing. If you want insurance to cover the tattooing our aesthetician will perform the procedure in office. We also offer the tattooing services of Vinnie Myers from the Vinnie Myers' Team. Vinnie takes appointments in our office two or three times a year. Any tattooing services performed by Vinnie will be at the patients own expense.

How long does tattooing take and how many visits should I anticipate?

It typically takes an hour and is generally completed in one or two visits.

When will I receive my pre-operative packet?

Once we have scheduled your surgery, we will mail your pre-operative packet. In some cases, a pre-operative appointment is required. Any prescriptions needed after surgery will be included in your pre-operative packet.

What type of things will be helpful to have at home?

Helpful items might include sanitary napkins, lanyards and pillows. Sanitary napkins are great for padding incisions or drain sites. You can use the adhesive part to stick to your bra or clothing so the tape does not touch your skin. Lanyards (like teachers use to hold a badge) are helpful for holding drains. Occasionally, ladies in our community make "aprons" that can be tied around your waist to hold the drains. If we have a drain apron available, we will give it to you at your consultation. Extra pillows can aid in comfort.



Here to support you

I HAVE SURGEONS IN MY FAMILY AND I AM AWARE OF WHAT A GREAT PHYSICIAN IS LIKE...DR. COHN IS GREAT. HE IS KNOWLEDGEABLE, FRIENDLY, AND GENUINE IN HIS CARE. I ALSO THINK IT IS AWESOME THAT HE DOES SO MANY RECONSTRUCTIVE CASES FOR PEOPLE THAT HAVE BEEN THROUGH SO MUCH TRAUMA. I HAVE FOUND HIS OFFICE STAFF TO BE JUST AS FRIENDLY AND VERY PROFESSIONAL. ANY CONCERN THAT I HAVE EVER HAD, EVEN IF MINOR, HAS BEEN ADDRESSED WITH URGENCY. THE OFFICE ENVIRONMENT IS NICE AND THE SURGICAL FACILITY IS TOP NOTCH!

ACTUAL PATIENT-2019



Breast Reconstruction: A Rewarding Journey

Breast reconstruction is a physically and emotionally rewarding journey. Our patients consistently report improved self-confidence, self-esteem and a renewed quality of life. Dr. Cohn has helped these and many other breast cancer survivors on their journey to a new sense of wholeness and well-being. He and his staff are here to provide all the support and guidance you need throughout your journey.

**Cohn Plastic Surgery
Reconstruction Patients**

OCTOBER 2018

We are here for you!

AL COHN, MD & STAFF

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paint,
peaks,
& party.

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