

Perfect symmetry

Memorial surgeons reconstruct breasts in tandem

Plastic surgeons Frank DellaCroce, MD, and Scott Sullivan, MD, are partners with similar experience in performing breast reconstruction procedures for mastectomy patients that use the body's own tissue. Dr. DellaCroce happens to be left-handed, and Dr. Sullivan is right-handed, producing mirror-image surgical skills.

All of these factors have led the surgeons—on staff at the New Orleans Cancer Institute at Memorial Medical Center—to collaborate on a true exercise in symmetry. They work in tandem during a single operation to reconstruct both breasts with tissue harvested from the patient's buttocks. The GAP (superior gluteal artery perforator) Flap Bilateral Simultaneous Breast Reconstruction is believed to be the first procedure of its kind in the world.*

"The results are better than I even hoped."
—Karen Ivie, patient

"The Bilateral GAP Flap allows us to perform what is usually done as two operations in one procedure," explains Dr. DellaCroce. "It allows patients to have both breasts reconstructed at once, rather than in two procedures weeks apart, saving hospitalization and recovery time and putting the patient under anesthesia only once. Doing both breasts together also helps achieve better symmetry and aesthetics."

Surgeries that reconstruct a breast of the woman's own warm, living tissue with its own blood supply are called autogenous or perforator flap breast reconstructions. Performed by skilled microsurgical plastic and reconstructive surgeons, these procedures can use tissue from several sites and can be done without sacrificing muscle.

The first choice of surgeons is using tissue from the abdomen, which also results in a tummy tuck for the patient. These reconstructions are known as DIEP (deep inferior epigastric perforator) Flap and SEIA (superficial inferior epigastric artery) Flap. However, some slender women or those with previous surgeries may not have enough abdominal tissue. The GAP Flap, which harvests tissue from the buttocks, is an alternative.

As in all perforator flap procedures, surgeons use meticulous microsurgical techniques to dissect, close off and reconnect

tiny blood vessels. With the GAP Flap, there's also the technical issue of repositioning the patient during surgery, so harvesting and reconstruction procedures can be done on opposite sides of the body. Reconstructing one breast with the GAP Flap generally takes six to 10 hours.

"One surgeon using GAP Flaps to reconstruct both breasts at once would be a marathon surgical session," says Dr. Sullivan. "Operating simultaneously, we have been able to complete more than 100 reconstructions over the past 14 months with an average operating time of seven hours and 47 minutes."

These board-certified reconstructive surgeons, who have written on autogenous breast reconstruction, are publishing the results of using the Simultaneous Bilateral GAP Flap in an initial group of 20 patients in an upcoming issue of *Plastic and Reconstructive Surgery*. Their article reports that the procedure was performed



**Simultaneous breast reconstruction procedures, in which other teams of two surgeons work together, have been reported in medical literature by other surgical teams.*



New Orleans Cancer Institute surgeons Scott Sullivan, MD (left), and Frank DellaCroce, MD.

safely, with reproducible success with a complication rate comparable to other commonly performed autogenous tissue techniques.

The partners' being right- and left-handed adds to surgery's symmetry. Dr. DellaCroce works on one side while Dr. Sullivan works on the other.

The shape of the tissue flap itself makes it favorable to use buttocks tissue from the opposite side of the body to reconstruct each breast. The surgery usually results in a buttocks lift for the patient.

Most all women who have lost a breast to cancer are candidates for breast reconstruction. Reconstruction can be done at the same time as the mastectomy and is an option for women who had mastectomies years ago. Several months after reconstructive surgery, surgeons do a second-stage outpatient procedure to reconstruct the nipple. Later, tattooing of the nipple-areola is done to restore a natural look to the breast.

Reconstruction has no known effect on the recurrence of breast cancer, nor does it interfere with treatment if cancer comes back.

Advanced surgeries such as the GAP Flap give women with mastectomies a new opportunity to have reconstructed breasts that can be close in form and appearance to natural breasts.

To learn more about breast reconstruction at New Orleans Cancer Institute, call us at **1-888-TENET-4U (836-3848)**.

Reconstruction helps patient put cancer in the past

Karen Ivie, 43, had a double mastectomy last year.

An energetic woman, she became determined to take action to recover fully from her cancer. For Ivie, that meant reconstructing her breasts, which she had done with implants.

"I was never happy with them," she says. "They shifted. The left one was lodged firmly and directly underneath my armpit. In addition, they both were hard and tight." When she had to have the implants removed after only several months to undergo radiation therapy, she was relieved.

Ivie began researching other breast reconstruction methods on the Internet and corresponded with other women who had procedures. She became interested in breast reconstruction that uses the body's own tissue.

Soon she was leaving her home in Kentucky to travel to New Orleans to undergo GAP Flap Simultaneous Breast Reconstruction at Memorial performed by Frank DellaCroce, MD, and Scott Sullivan, MD. A self-described workout fiend, Ivie felt she would not have enough abdominal tissue to use for reconstruction, and doctors confirmed it. The GAP Flap, which takes tissue from the buttocks, is designed for women like her.

"It was a draw that I could have both breasts reconstructed at the same time," she says. "I've seen what seems like a million doctors in the past year, so I felt good about not having to come

back to do the second breast separately."

Ivie had surgery on Dec. 2 and spent several days in Memorial before returning to her room in McFarland Inn, which provides guest accommodations in the Women's Pavilion on Memorial's campus. She was pleased to find a recliner in her room because she was unable to lie flat after surgery without discomfort. After 10 days in New Orleans, Ivie went home and, after working at home for several weeks, returned to work in January.

"The results are better than I even hoped," Ivie says. "I look fabulous. I think my breasts look real. I love the fact that they are my own tissue."

Ivie returns to Memorial this spring for the second outpatient stage of the procedure to reconstruct nipples, which will be followed later by tattooing to color the areola.

Ivie says she does not hesitate to speak out about breast reconstruction because sharing experiences gives other women in her situation information, empowerment and hope. "There is nothing I am embarrassed to talk about," she says. "This is important to discuss."

This testimonial reflects the experience of the patient. As each case is different and must be independently evaluated and managed, actual results will vary.