

HIDDEN SCAR™  
BREAST CANCER SURGERY

by I

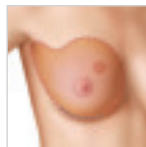
*Breast Cancer Surgery*

# CONSULTATION GUIDE



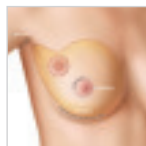
# WHAT ARE MY SURGICAL OPTIONS?

Take action and learn about the surgical options you have available from breast conserving surgery to mastectomy including Hidden Scar™ Nipple Sparing Mastectomy and Hidden Scar™ Breast Conserving Surgery.



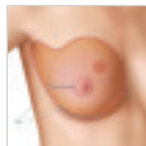
## **HIDDEN SCAR™ NIPPLE SPARING MASTECTOMY**

An advanced surgical approach using an inframammary fold incision (the natural crease beneath the breast) that removes the underlying breast tissue while preserving the nipple-areolar complex and breast skin.



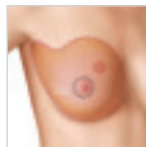
## **HIDDEN SCAR™ BREAST CONSERVING SURGERY (LUMPECTOMY)**

An advanced approach that removes the tumor along with a small portion of the surrounding healthy tissue (margin), while preserving the majority of the breast, through a single incision hidden in one of three places.



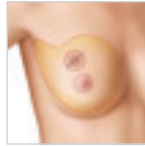
## **NIPPLE SPARING MASTECTOMY**

A technique for mastectomy that removes the entire contents of the breast through a single incision on the outer side of the breast or in the inframammary fold (the natural crease beneath the breast), while preserving all of the breast skin in addition to the nipple-areolar complex.



## **SKIN SPARING MASTECTOMY**

A technique for mastectomy that removes the entire contents of the breast through a single incision around the areola while preserving all of the breast skin except the nipple-areolar complex.



### **BREAST CONSERVING SURGERY (LUMPECTOMY)**

A breast conserving surgery (often referred to as a lumpectomy or partial mastectomy) removes only the tumor and a small area of surrounding healthy breast tissue but saves the majority of the breast, including the nipple area.



### **MASTECTOMY**

A simple mastectomy (or referred to as a total mastectomy) removes the breast tissue along with the majority of the breast skin and the nipple areola complex.



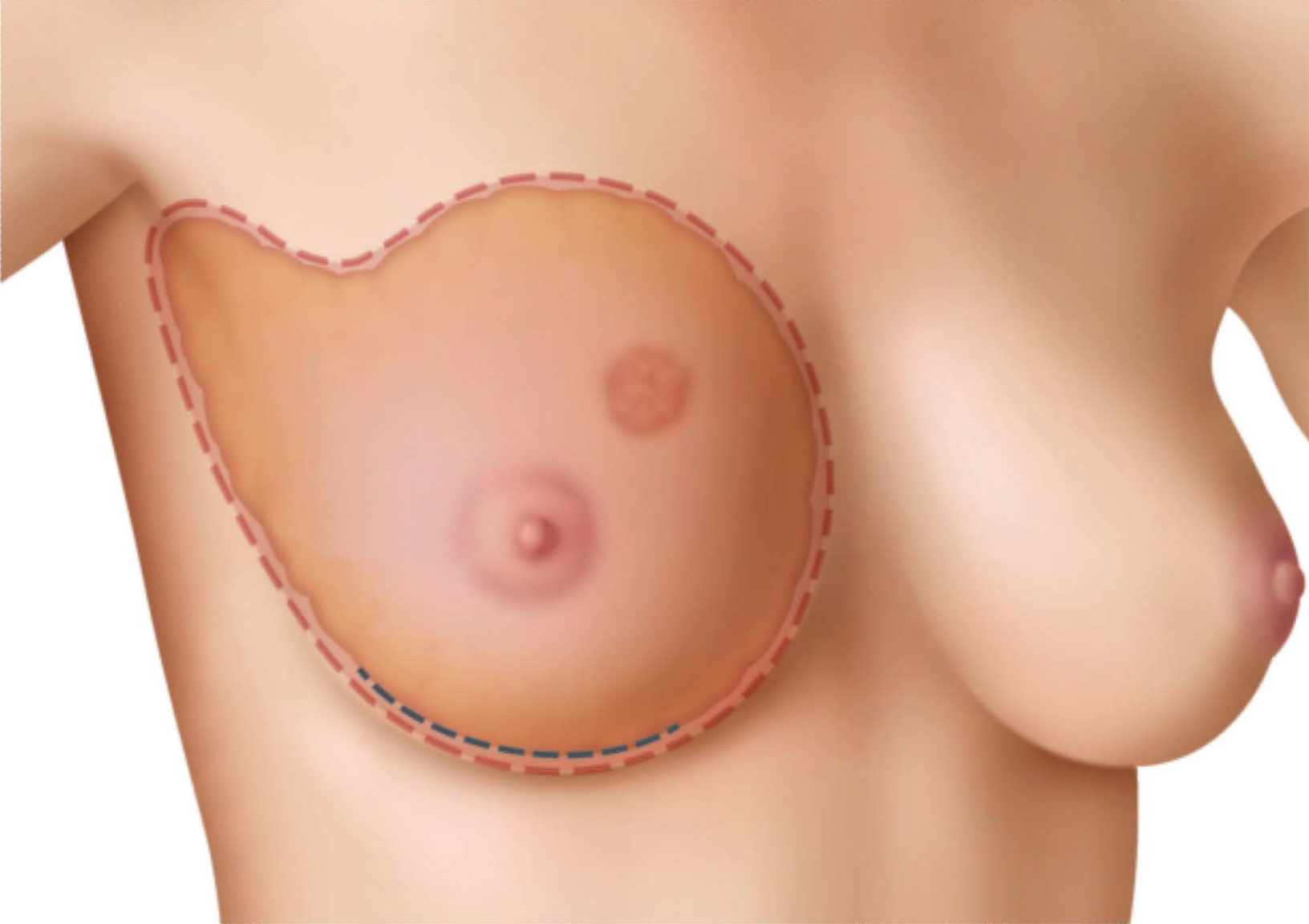
### **BREAST RECONSTRUCTIVE SURGERY**

Breast reconstruction surgery is typically performed after a mastectomy – either at the time of the cancer surgery or at a later date. Typically performed by a plastic surgeon, breast reconstruction may utilize either implants or autologous (uses your own body fat and/or muscle from the back or abdomen) reconstruction to achieve optimal aesthetic results.



black dashed lines = incision location

red shaded area within red dashed lines = tissue removed





OPTION 1



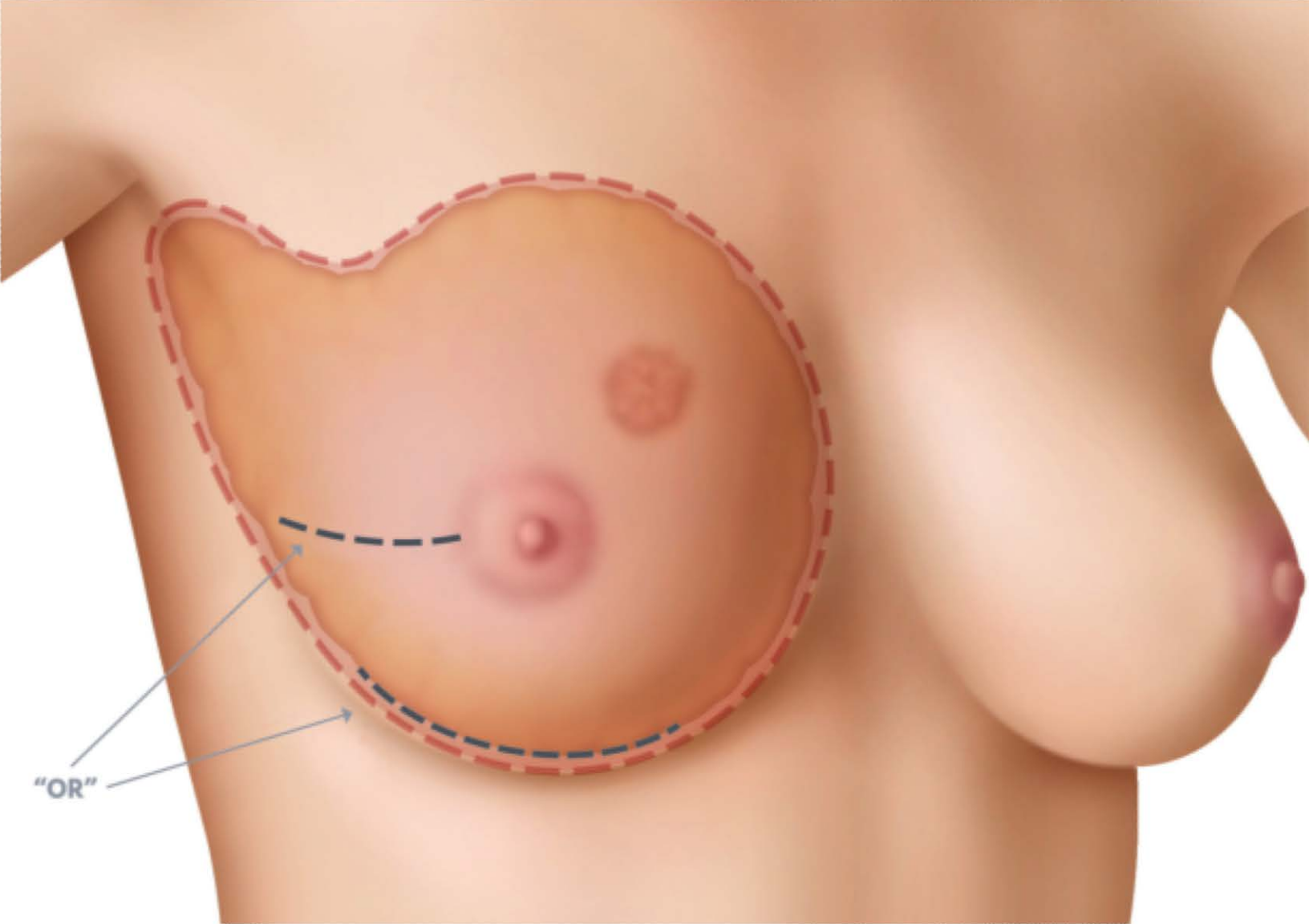
OPTION 2



OPTION 3



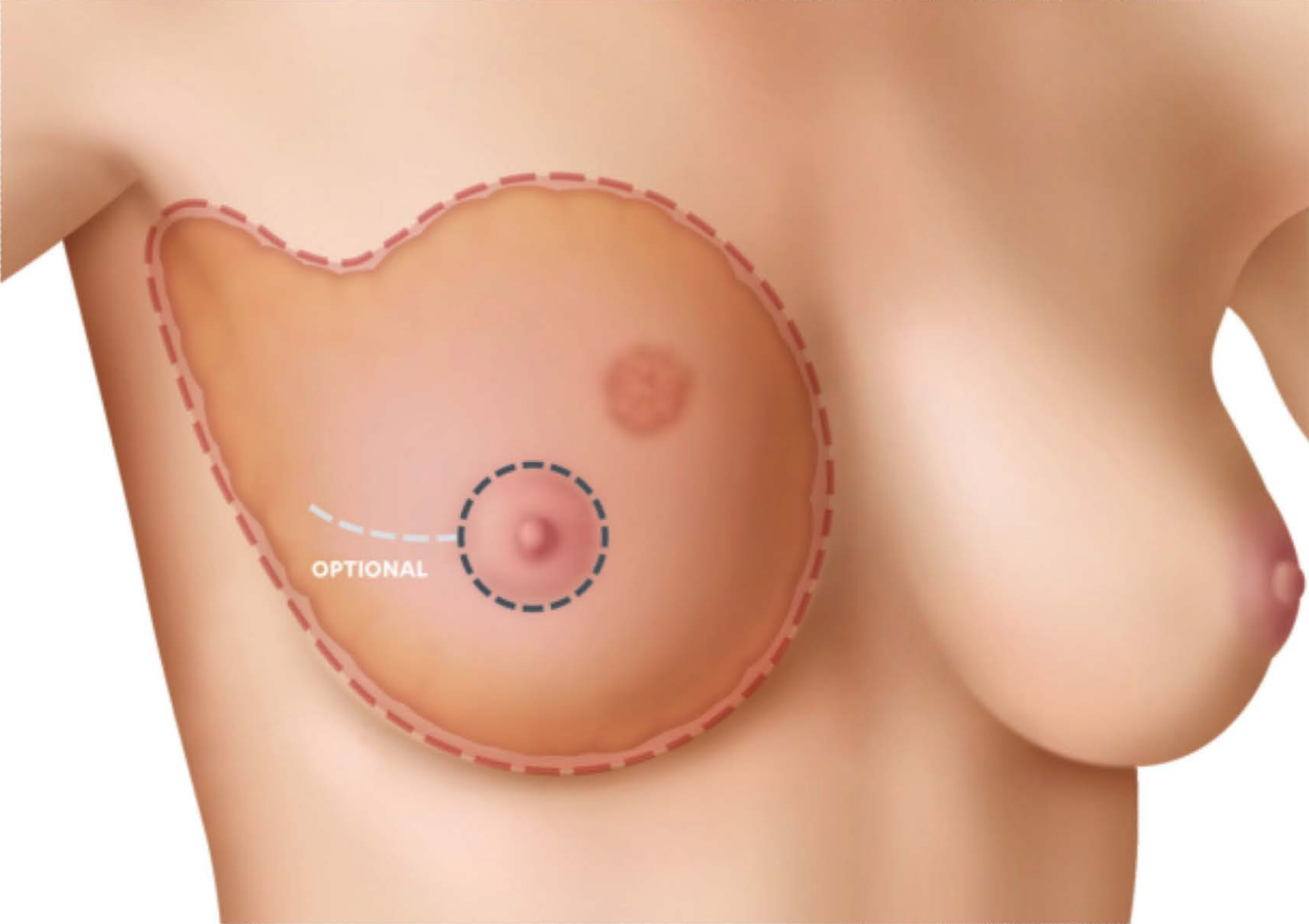




"OR"





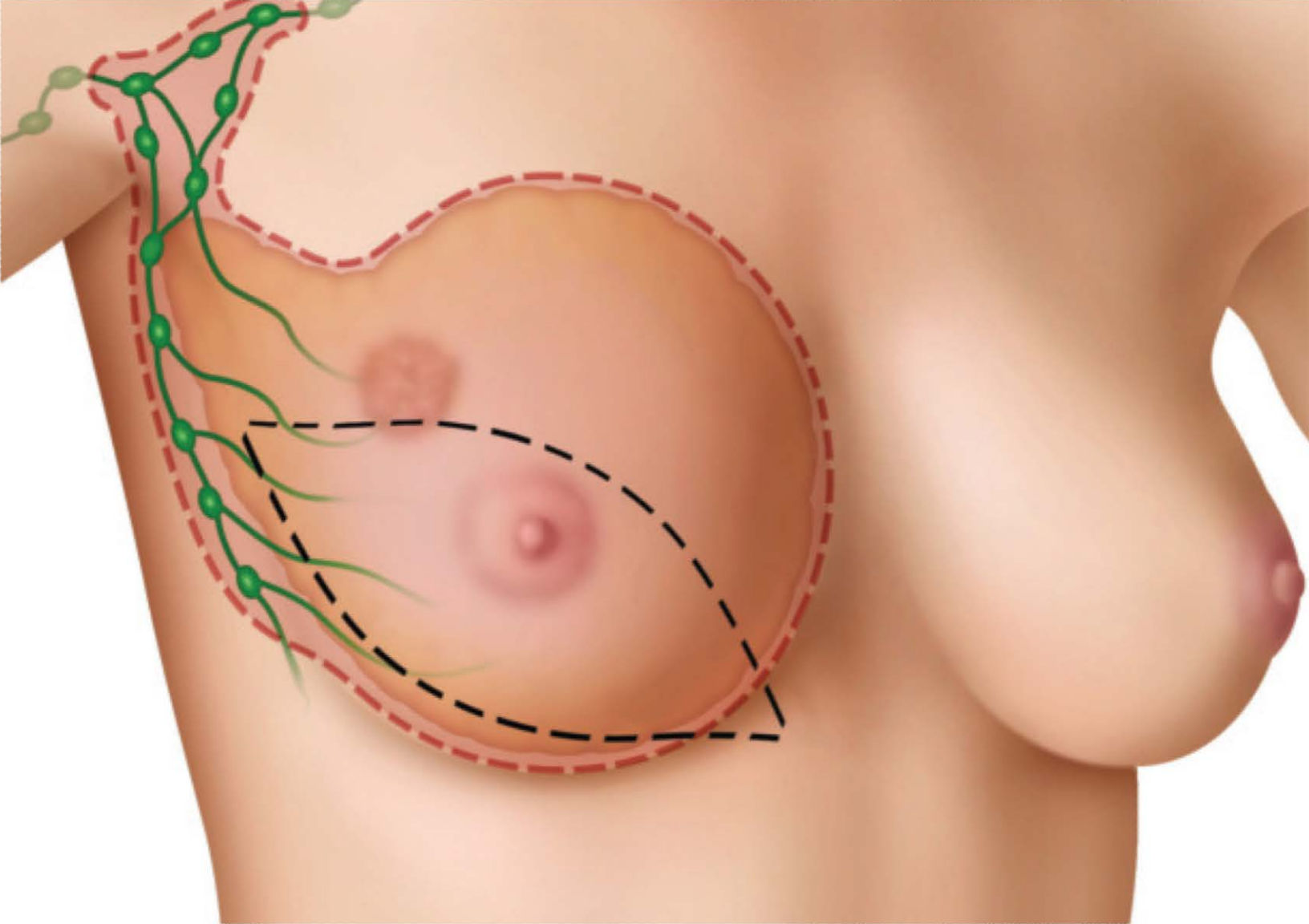


OPTIONAL

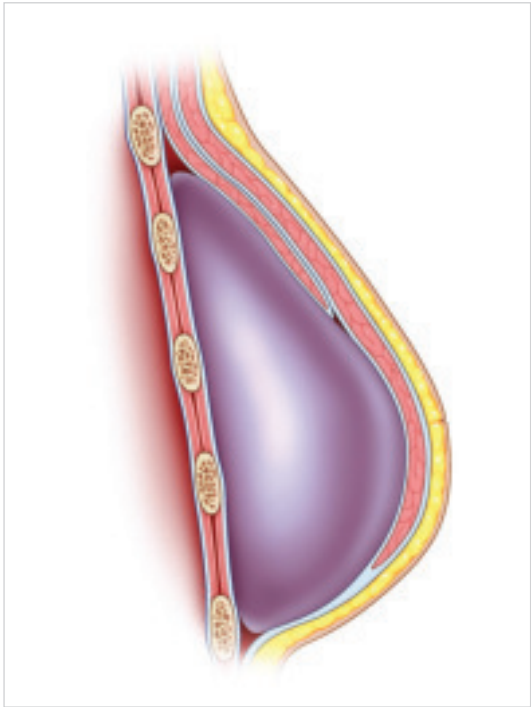










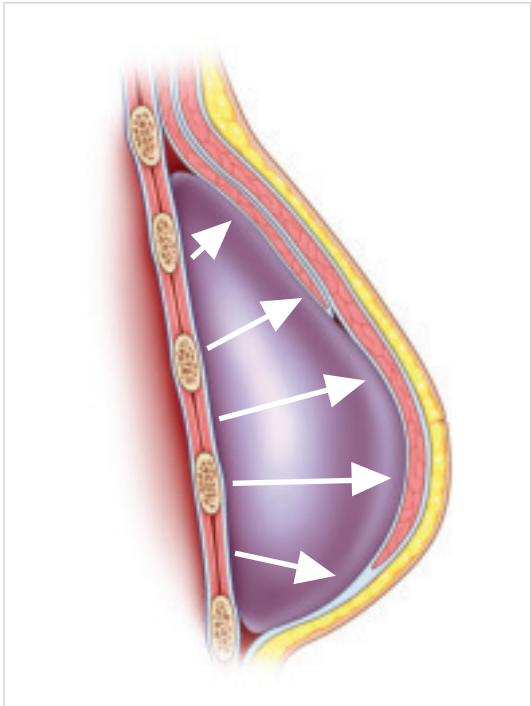


**IMPLANTS**

# **BREAST RECONSTRUCTION SURGERY MAY UTILIZE EITHER IMPLANTS OR AUTOLOGOUS TISSUE.**

Breast reconstruction surgery is typically performed after a mastectomy – either at the time of the cancer surgery or at a later date. Typically performed by a plastic surgeon, breast reconstruction may utilize either implants or autologous (uses your own body fat and/or muscle from the back, abdomen or buttocks) reconstruction to achieve optimal aesthetic results.

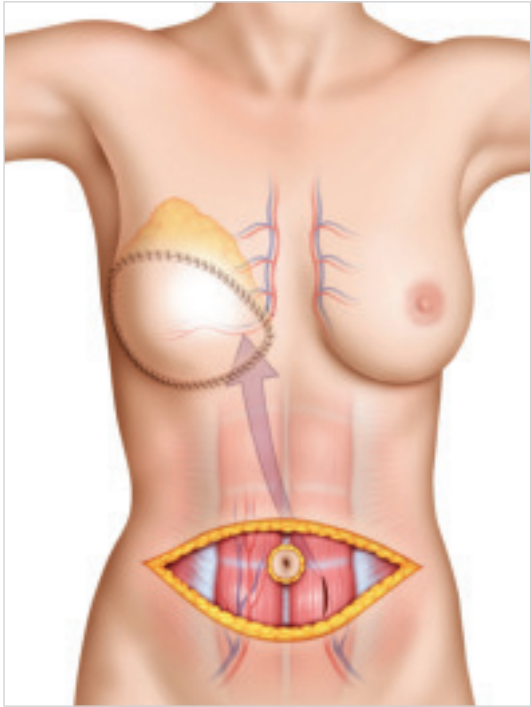




### **TISSUE EXPANDER**

A common breast reconstruction technique is tissue expansion, which involves expansion of the breast skin and muscle using a temporary tissue expander to make room for the permanent breast implant. At the same time the mastectomy is done by your breast surgeon, the plastic and reconstructive surgeon will insert a tissue expander beneath your skin and chest muscle. The expander will gradually be filled over several weeks or months to obtain the desired size. A few months later, the expander is removed and the patient receives a permanent breast implant. This type of breast reconstruction requires two separate procedures and the permanent implant can be placed during an outpatient procedure.

### **TISSUE EXPANDER**



# AUTOLOGOUS BREAST RECONSTRUCTION OPTIONS

## ABDOMEN

### **DIEP (DEEP INFERIOR EPIGASTRIC PERFORATOR)** **SIEA (SUPERFICIAL INFERIOR EPIGASTRIC ARTERY)**

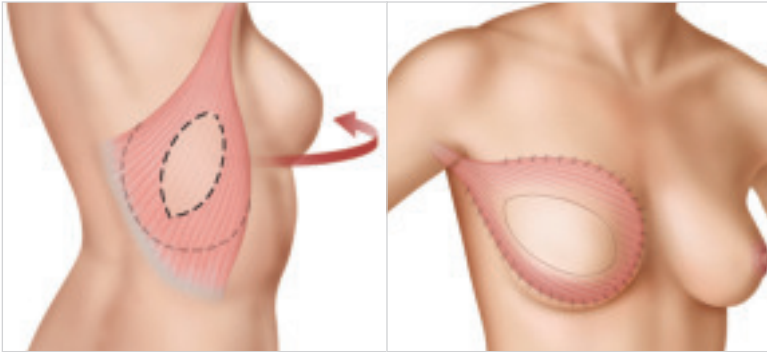
This procedure uses abdominal tissue but no muscle. The fat, with local blood supply, is used. It is also possible to include nerves with the tissue to restore the sensation to the breast when it is reattached. Because there is no transfer of muscle, the structural integrity of the abdomen is maintained.

### **DIEP**

(deep inferior epigastric perforator)

### **SIEA**

(superficial inferior epigastric artery)



**LD**  
(latissimus dorsi)

# BACK

## **LD (LATISSIMUS DORSI)**

This is the back muscle which is used with an eye-shaped piece of skin and fat. The blood supply is left in place (pedicle flap), and the skin, fat and muscle are tunneled to the breast and attached. In most cases an implant may also be required for the desired results.

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**BREAST CANCER SURGERY**

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