A different approach to breast reconstruction

SPECIAL TO FLORIDA WEEKLY

Breast cancer.

The two words strike fear in the hearts of women.

And the fear multiplies if a cancer patient requires a mastectomy, or surgical removal of the breast.

Dr. Matthew Goodwin helps these patients through this traumatic experience by rebuilding their breasts.

He is trained in the most advanced techniques in reconstruction, offering options to breast cancer patients not commonly provided by most reconstructive plastic surgeons in South Florida.

The most commonly performed type of breast reconstruction is with the use of a prosthetic implant either in a single or staged surgery.

While this technique can provide excellent results, there are circumstances in which it may not be the most appropriate method of reconstruction.

These include patients who have had effects from radiation therapy, previous failed implant reconstruction, or are uncomfortable with the idea of having a breast implant.

Some patients have excess abdominal tissue that they’d like removed with the added benefit of creating a breast.

Historically, the method of using abdominal tissue to reconstruct the breast has been with the TRAM (Trans-Rectus Abdominus Myocutaneous) flap.

This involves taking the abdominal fat and skin attached to the underlying rectus abdominus muscle and bringing it to the chest to form the breast.
The blood supply either can be based on the muscle tunneled up through the abdomen to the chest (pedicle TRAM) or separated from the abdomen and reattached to the blood vessels in the chest as a free flap (free TRAM).

These methods are time-tested and remain a mainstay technique in reconstruction. However, they require taking the abdominal muscle, which can lead to abdominal wall weakness or hernia, especially when both breasts are being reconstructed.

Dr. Goodwin offers an advanced method of reconstruction that preserves the abdominal muscle known as the DIEP (Deep Inferior Epigastric Perforator) flap.

In this technique, the lower abdominal fat and skin are brought to the chest to reconstruct the breast similar to the TRAM flap.

However, instead of using the muscle, the blood vessels that perforate through the muscle are carefully dissected to preserve as much of the muscle as possible. The blood vessels in the lower abdomen are then divided and then reattached to the vessels in the chest.

Often secondary procedures for finalizing the reconstruction are required for optimum breast symmetry and contour.

These may include a reduction or lift of the other breast.

Once healed the patient now has all her own natural tissue as a reconstructed breast and maintains her abdominal muscle often with an improved cosmetic contour.

While the abdomen is the most common donor site for breast reconstruction, there are others including the back, buttock, flank, and thighs. These may be considered if the previously discussed options aren’t ideal.

These advanced reconstructive techniques require microvascular surgical skills.

Dr. Goodwin feels the complexity of the surgery is best performed in conjunction with another microvascular trained surgeon.

Dr. Goodwin performs DIEP flap reconstruction at Good Samaritan Medical Center with Dr. Avron Lipschitz, who practices in Martin County.
They are the only two surgeons in Palm Beach and Martin Counties offering this technique in breast reconstruction.

The reconstructive plastic surgeon considers the patient’s medical history, physical condition and goals when counseling her on the ideal method of breast reconstruction. It is important to fully inform her of her surgical options.