

Breast surgeons develop technique for less scarring

By GLENN SINGER
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For women who undergo mastectomies, reconstructive surgery often is unsatisfactory because of scars left when removing breast tissue.

—During early procedures, surgeons removed both tissue and the breast muscle through an incision that left a scar extending from mid-chest to armpit.

—In recent years, surgeons performed the operation by making an arc above and below the breast and lifting the muscle rather than removing it. In the process, they took less skin.

Now, some surgeons are creating a circular incision made around the nipple-areolar area to remove the breast tissue. Because even less skin is taken, the outcome is a small scar that barely can be seen or can be disguised during the reconstruction phase.

"It's not exactly a new procedure, but actually bits and pieces of what we've done in the past," Boca Raton plastic surgeon Hilton Becker said. "The goal has always been to leave smaller scars with each refinement."

Becker has joined with surgical oncologist Lee Porterfield of Boca Raton to perform the newest technique, and the two say the results have been encouraging.

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"This is a relatively new development in the course of an ongoing effort in medicine to do less traumatic and disfiguring surgery and try to lessen the emotional pain with breast cancer," Porterfield said. "The scar that results following a mastectomy is adding insult to injury."

Porterfield said roughly 65 percent of women diagnosed with breast cancer can undergo a lumpectomy that saves the breast. For the remaining 35 percent for whom a mastectomy is recommended, one-third can have the "skin-sparing" procedure.

"It depends on the location and size of the tumor and the size of the breast," Porterfield said. Still, when looked at from a national perspective, a large number of women can be

spared significant scarring with the new technique, he said.

The reconstructive surgery is performed during the same operation, employing expandable, saline-filled implants Becker developed. Often, a new nipple can be formed using purse-shaped tissue formed when closing the circular incision, he said.

"The patient leaves the hospital virtually fully reconstructed, requiring only saline injections and a minor office procedure to remove the injection dome," he said.

"Dr. Becker is an artist; he's done a wonderful job. I know this sounds strange, but I look better than I did before I had the double mastectomy," said one patient from Parkland upon whom Becker performed reconstructive surgery.

The 35-year-old patient, who asked that her name not be used, said her experience has prompted her to encourage other women to have regular mammograms, follow-up testing if indicated, "and most of all not to be mortified if surgery is required."

She said her cancer fooled mammography and ultrasound, but was detected through needle biopsy.

"People say to me, 'Oh, God, you've been through hell,'" she said. "But you know, I feel very lucky. If the cancer hadn't been detected, I wouldn't have been here a few years from now."