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Texas Center for
Breast Reconstruction



DIAPHRAGM / SIEA BREAST RECONSTRUCTION

DIEP (DEEP INFERIOR EPIGASTRIC PERFORATOR) SIEA (SUPERFICIAL INFERIOR EPIGASTRIC ARTERY) FLAP BREAST RECONSTRUCTION

One of the most exciting new advances in breast reconstruction following a mastectomy is the use of DIEP (Deep Inferior Epigastric Perforator) Flaps (or the SIEA which is a variation of the DIEP).

This procedure, which is a type of perforator flap, allows patients the advantages of using their own tissues, as with the traditional TRAM Flap, while reducing the risks of abdominal hernias and abdominal weakness. In addition, most patients find the procedure to result in far less discomfort postoperatively and a faster recuperation time.

Not every patient is a candidate for a DIEP / SIEA flap, and each patient should consider all the available options before making a decision about reconstruction. Dr. Duffy and Dr. McKane are proud to offer their patients all the currently available options for breast reconstruction, which allows them to work with each patient to meet their individual preferences and needs.

Breast reconstruction following mastectomy for cancer is one of the procedures Dr. Duffy and Dr. McKane perform most frequently. It is clear that patients who have had breast reconstruction have a better body image and are more comfortable with their bodies following reconstruction. Occasionally patients will choose not to have reconstruction at the time of the initial surgery or may never choose to have reconstruction. Whether or not a patient chooses to have a breast reconstruction and what type of reconstruction they choose to have should be a decision made by the patient in conjunction with her physicians.

When Dr. Duffy or Dr. McKane first meet with patients they strive to present them with as much information as possible regarding their options for reconstruction. This can be a very complicated decision, because of the wide variety of options.

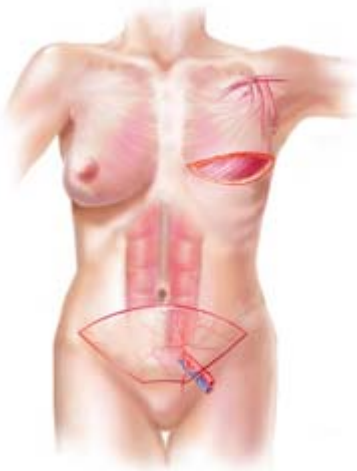
These options include:

- No Reconstruction
- Expanders/Implants
- Latissimus Flaps
- TRAM Flaps
- DIEP / SIEA Flaps (Perforator Flaps)

For more information on these options, see our main breast reconstruction site at www.dallasbreastreconstruction.com.

PROCEDURE DETAIL

The most common method of breast reconstruction using a patient's own tissues (as opposed to breast implants) has been TRAM flaps. A TRAM flap involves the surgeon removing tissue (skin, underlying fatty tissues, and muscle) from the abdomen and using it to create the new breast. The tissue needs a blood supply to keep it viable, so the surgeon has to harvest the blood vessels that run through the underlying muscle to the abdominal wall fat and skin. Although what is really needed to form the new breast is the skin and underlying fatty tissues, the blood vessels supplying those tissues go through the muscle, and that is the reason the muscle is also taken. When this type of procedure is done, patients are left with a long scar that is very similar to the scar that is left when a cosmetic abdominoplasty ("tummy tuck") is performed, with the abdominal wall nicely recontoured.



Although TRAMs are highly successful and still a very good option for many patients, there are a few disadvantages to a TRAM flap. Because the abdominal muscles are cut and a portion removed, patients are left with some abdominal wall weakness. In addition, they are also at increased risk for abdominal wall hernias. Also, much of the discomfort many patients feel after the surgery is not in the area of the new breast but rather from the abdomen where the muscles were cut.

A DIEP flap is a microsurgical technique that many feel represents an improvement over the TRAM flap. When a DIEP flap is harvested, the skin and underlying fatty tissues from the abdomen are removed, but the muscle and abdominal wall fascia are preserved and left in place.

In a DIEP flap, what the surgeon does instead is to microsurgically dissect out the major blood vessels (called perforator vessels). This illustration represents the blood vessels being dissected from the surrounding muscle which leaves the muscle intact. These vessels that run through the muscle are called perforator vessels.



Because this approach leaves the muscle wall and its overlying fascia intact, there is much less risk of abdominal wall weakness and hernia. In addition, patients clearly have less discomfort following DIEP surgery as compared to a free TRAM flap. Because of the reduced pain and fact that the muscle wall remains intact, patients are often able to get back to their normal daily routines more quickly than after a TRAM flap reconstruction. Patients undergoing a DIEP flap have essentially the same scar as those undergoing a TRAM flap, so their abdominal wall is nicely recontoured.



As with any surgical procedure, there are disadvantages to a DIEP flap. Because it is a more complex procedure, the DIEP flap takes longer so the patient's anesthetic is also longer. If a patient has previously had abdominal surgery, or if the patient does not have enough extra skin and underlying fatty tissues in the abdomen, the patient may not be a candidate for this type of procedure. Also, because of the complexity of this procedure, there are only a handful of surgeons in the country who are experienced at performing a DIEP flap.

An SIEA flap is essentially a variation on the DIEP flap. The difference is in which blood vessels are utilized. The decision as to which blood vessels will be used is one which is made intraoperatively by the surgeon, based upon the patient's own anatomy. For the vast majority of patients, the DIEP flap is the best alternative. However, in the hands of a surgeon who is highly experienced with perforator flaps, it may be possible to do the SIEA flap.

DIEP / SIEA AND INSURANCE

Since there are literally thousands of different insurance policies out there, it is impossible for us to state definitively what your insurance would cover. However, if your insurance would cover other types of breast reconstruction, such as TRAM flaps or implants, then it should cover DIEP / SIEA flaps. Because DIEP / SIEA flaps are relatively new, we often must educate the insurance companies about these flaps but we are very familiar with doing this.

If you are on a managed care plan (particularly HMOs), then you may be restricted as to which physicians you can see. Since there are so few physicians in the country that do DIEP / SIEA flaps, it is possible that your insurance plan will not have a physician on it that can do the DIEP or SIEA. If that is the case, be aware that you have the option of appealing this with your insurance company. You can tell them that you need a procedure done and no physician on the plan can do it. Most plans have provisions which allow you to go "out-of-network" in order to get a procedure done, without any financial penalty, in these types of cases. If you need help in doing this, we will be happy to assist you.

If you have any questions about how your insurance would work with a DIEP flap, please feel free to call our office.

Here in Texas (as well as some other states) there is a State Law regarding insurance coverage of breast reconstruction following a mastectomy. For the text or an Analysis Summary of the Texas law (HB 262, 75th Legislative Session), you can link to the State's website from our breast reconstruction website.

TRAVELING FOR BREAST RECONSTRUCTION

Because Dr. Duffy and Dr. McKane are among the few surgeons in this part of the country providing all currently available options in breast reconstruction, including the DIEP and SIEA flaps, our practice sees patients from around the country. Of course, traveling for surgery involves additional considerations.

Although we are always happy to have new patients, our doctors recognize that travel may present problems for some patients. Therefore, we recommend that patients first research whether there is an experienced surgeon in their home town area who can provide the DIEP/SIEA reconstruction. Our office is happy to assist you with names of other practices if we know of one in your area to recommend. The first priority is finding the best option for you, the patient.

When considering traveling for surgery, the first decision is whether this is a primary reconstruction or secondary. Primary reconstruction means you will be needing the mastectomy performed by a breast surgeon at the same time as the reconstruction performed by your plastic surgeon. Secondary reconstruction means the mastectomy has already been done at a previous surgery and you are now ready for the reconstruction.

Traveling for a primary reconstruction is more difficult than for a secondary. There are numerous reasons for this. First, you would not only need to locate the reconstructive surgeon but also find a new breast surgeon in the same city. Since the breast surgeon will need to review your history, including any biopsies, mammograms, etc, before recommending the type of surgery this may entail additional time and/or additional trips. Depending on the urgency of the mastectomy, it is often better for patients to proceed with the mastectomy in their home town with the surgeon who is already providing your care locally and then do the reconstruction at a later date. For patients whose mastectomy is not as urgent and who really want to proceed with a primary reconstruction, it is possible to do so with traveling but we believe it is important for patients to recognize this is not always the best option. The most important consideration is always the treatment of the cancer. The recommendations of your local breast surgeon and/or oncologist relating to the urgency of the mastectomy are very important. If you have the mastectomy and reconstruction done out of town, you will need to be certain the information from the mastectomy including pathology reports and any test results done out of town are all provided to your local oncologist for followup treatments, if any are necessary. Although traveling for a primary reconstruction is an option, we want patients to understand traveling for surgery is much easier and may be better for your overall results if it is done as a secondary reconstruction. For this reason, the information below relates to traveling for a secondary reconstruction. If you are considering a primary reconstruction our office can assist you in the additional needs beyond those described below.

Number of Trips Required

Of course, prior to any reconstructive surgery you will want to meet with the physician to learn about your options, determine if you are a candidate for the DIEP/SIEA, and about the physician himself. That first consultation involves an office visit that is typically an hour in length or more as we want you to have as much time as necessary to ask questions. Some patients choose to schedule a mid-day appointment so they can fly in and out on the same day for this consultation. Because it is often difficult for patients to make multiple trips, many will call or email with questions before and after this consultation in addition to what is discussed at the appointment.

After that initial consultation and a decision about the type of reconstruction, the actual scheduling of the surgery can be done. For patients who are proceeding with a DIEP/SIEA reconstruction, you typically will need to arrive 1-2 days prior to your surgery for preoperative appointments and testing. The length of stay in the hospital varies with each patient but is usually 3-5 days. You will need to stay in town after being discharged from the hospital until your surgeon has determined you are ready for travel and he has seen the early postoperative results. The length of stay after being discharged from the hospital varies with each individual also and with how quickly you heal. However, as a very general guideline most patients should expect to be in Dallas for a total of approximately 2-4 weeks.

It is important to remember that no one can predict exactly how quickly an individual patient will heal from surgery, and complications sometimes develop, although rarely. Therefore only an estimate of the length of stay can be provided and you should be prepared for a longer stay.

Once you are home you will still need to be followed by a physician throughout the healing process. This is typically done by your local breast surgeon or a plastic and reconstructive surgeon in your home town. If appropriate, your surgeon can speak with that physician prior to your leaving Dallas to update him or her on your surgery and how you are doing at that time so they are prepared to take on your care. Of course, we will want you to continue to update our office on how you are doing after you are home!

Your surgeon will need to see you again postoperatively. Typically this is at 6 months postop and a year postop, although it may vary depending on the patient. Ideally he likes to see patients regularly postoperatively but we realize travel makes this difficult so we try to keep the number of trips to a minimum and to structure them at times that are as easy as possible for the patients.

Additional Surgeries

Some patients need additional surgeries after their first reconstruction. This can occur for a variety of reasons. In some cases, the reconstructed breasts need minor revisions to improve the size/shape. For patients who choose to have nipple/areola reconstruction there is an additional procedure for this (it can usually be done at the same time as any revisions of the size/shape of the breast). If a patient has had a unilateral (one-sided) breast reconstruction and needs surgery on the other breast to improve the symmetry, this can be done as a later stage or can be done at the same time as any revision on the reconstructed breast.

Depending on the type of additional surgery needed, you may be able to have it done by a local surgeon rather than having to make an additional trip. Although our surgeons prefer to be able to do the additional surgeries here, it is not always possible for patients to do this so we are happy to work with your local surgeons as well.

Travel Arrangements

Medical City Dallas Hospital is proud to offer a Guest Services department to assist patients. At their website you can find information about the hospital and its services ([Guest Services](#)), as well as information about [local hotels](#), many of whom offer special rates for patients. You can also call the Guest Services department at (972) 566-2400 or our office at (972) 566-3939.

Driving Directions

If you will be driving to Dallas, you can contact our office with what interstate you will be driving in on and we will be happy to provide you directions specific to your needs. In addition, general directions are at our main website's [Practice Location page](#).

ABOUT OUR DOCTORS AND OUR PRACTICE

You can learn more about our doctors and practice at our main website:

www.TexasPSA.com

You can contact our office by telephone at 972-566-3939 or by email at patients@TexasPSA.com. We encourage your questions and input.