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[Living the Dream, 3 Reconstructive Surgeries Later](#)

Is there a woman alive who hasn't fantasized about taking some of "this stuff down here" and "moving it up there"?

Let me just say, I'm living the dream.

Truth be told, the dream started out as a nightmare in 2002 when at age 36 I was diagnosed with Stage II breast cancer. I decided to have both of my breasts removed as both a treatment (for the breast harboring the cancer) and as a precaution (for the other breast, which I assumed would one day betray me too). Even as I prepared for major surgery, I was excited at the

prospect of trading in the old girls for a spanking new saline pair. Visions of stripper-quality boobs danced in my head.

I should have been more realistic in my expectations, I know. I mean, consider what a double mastectomy consisted of, at least in 2002: my breasts were going to be sliced open at the center and scooped out like a couple of cantaloupes, right down to the rind. Then much of the skin covering the breasts, including the nipples, was going to be sliced off. What was left was to be sewn back together in a long horizontal scar line across what used to be each breast.

Adding a saline implant behind each of those horizontal scar-lines was a sad, sad consolation prize, particularly since when I left the hospital, those implants were only partly filled: it would take a number of months to gradually stretch what was left of my skin to accommodate the saline required to bring my breasts up to a small C cup, which was what I had been before the cancer.

The good news is that my unrealistic expectations got me through those first few months. I left the hospital after Reconstruction v.1 pleased that there was anything aboard my otherwise bony chest. Over the next several months, my then-plastic surgeon, Dr. A, filled the implants gradually with more and more saline until one day, we were done. Only there was a problem: my saline implants were rock-hard. In an attempt to soften them up, I asked Dr. A to take them down in size. And then again. And then again until Dr. A had removed as much saline as he could without completely deflating me, until my breasts were small A's but still hard as rocks.

Hard as rocks and they never sat naturally on my chest. They were puckered and seemed to be morphing from teardrops into squares. Dr. A had promised me that my breasts would be perky enough that I would never need a bra again. Turns out that this was more than true: my breasts were so oddly shaped and so immobile, that it was impossible to find a bra that would fit.

For several years, I accepted this as my lot and adapted my style of dress to hide the dents and corners, becoming a fan of camisoles and wrap sweaters. Then a friend told me about a relatively new implant surgery that used silicone gel implants plus something called "Alloderm". Alloderm is a substance processed from cadaver skin that is used as "breast-scaffolding" to shape the new breast and provide some degree of padding over the implant (since, again, after a mastectomy, there is nothing left but skin and, usually, muscle). I got in touch with one of the surgeons who pioneered this surgery, and soon I was back in the OR with Dr. S.

Sadly, Reconstruction v.2 was also a fail. My new breasts looked fairly nice at first, within a few days after the surgery, I could feel the Alloderm bunching along my right armpit. And whereas Dr. S promised that my new implants would soften up over time, once the swelling and inflammation went down, it was not to be. Ultimately, not even a year after my surgery, my silicone implants began to lose their shape and take on the same dents and corners as the salines. And newly developing scar tissue left me with unsightly fatty bulges in unexpected places -- under my arms, for example.

In 2007, I made one half-hearted attempt at looking into a possible Reconstruction v.3. I met with a highly regarded plastic surgeon who told me that with two failed implant reconstructions behind me, there was nothing he could do for me. In fact, he was rather dismissive and cold about it. BUT, he could recommend a plastic surgeon who knew how to harvest fat from either the abdomen, buttocks or thighs and turn that fat into breasts. If I had enough fat to use. And if I was willing to deal with a nine-hour

surgery that required two surgeons.

Since I liked my butt, and I felt that nine hours of surgery was too much to put my body through for the sake of vanity, I put the idea of a new reconstruction out of my mind.

Then a year later, I got curious again. What was this butt-breast surgery anyway?

In the summer of 2008, I met with Dr. V., a surgeon who had experience in this fat-transplant-type of breast reconstruction, or as it is known in the business: Flap surgery. Dr. V. told me that neither my abdomen nor my thighs carried enough fat to create two small breasts, but that he could take a portion of each side of my buttocks and form them into breasts and that what remained of my buttocks would end up being "lifted". The breasts would be small, the surgery would, indeed, take at least nine hours and, yes, would require not one, but two surgeons.

So daunting, I thought. I'm a mother of two. I have a life. When would I squeeze in all of that surgery, all of that recovery? All for vanity? No. I just couldn't.

Then in late 2009, a mishap involving a heating pad led to a terrible burn on my right breast. That, in turn, led to a staph infection in January of 2010 for which I was hospitalized for nearly a week. To my horror, part of the treatment for the infection was surgical removal of my right implant. And if that wasn't bad enough, I was told that I could never have another implant - my skin was simply too damaged from the burn and from radiation treatments, which I had had back in 2002 for the original breast cancer.

Disheartened, even as the doctors talked about my reconstruction options, I secretly planned to have my other implant removed and just be done with the whole breast reconstruction nightmare. I had always wondered what it would be like to be completely flat-chested. And now was my chance to try it out.

When I finally announced those plans, one of those doctors, Dr. K, took me into his office, closed the door and put it to me this way: "You're too young to give up when there is a surgery that you can do that WILL be a success, that will give you REAL breasts and end this nightmare once and for all." For reasons that even I cannot explain, I began to weep. Maybe all of my bravado about giving up on breasts, about going totally flat ... maybe it was all just rationalization. Maybe it was the last thing I really wanted. Dr. K asked me if it were alright for him to call his friend and colleague, Dr. Maria Lo Tempio, who he considered to be the very top of her field, that field being Flap reconstructions, and in particular, Gluteal Flap reconstructions of the breast - or, as I like to say, Booty To Booby, or B2B.

Wiping my eyes, I nodded. Dr. Lo Tempio and I spoke on the phone and exchanged several emails, including my sharing of photos of my destroyed breasts as well as of my still untouched buttocks. She told me that I was a perfect candidate for B2B surgery, and that she would like to perform it on me with an assist by the doctor who had pioneered the surgery in the 1990's, Dr. Robert Allen.

In Charleston, South Carolina.

What?

To my surprise, during our conversations, I had discovered that Dr. Lo Tempio is not actually based in New York City, or even New York, although she does have an office on the Upper East Side and sees patients there. It turns out that what Dr. Lo Tempio does is so specialized and so unusual in her talents that she is compelled to travel from state to state performing her surgeries where she is needed. Dr. Lo Tempio divides her time between Charleston, South Carolina, New Orleans and New York City. And while I could have opted to have my own surgery performed in New York City, I decided that it was far better to travel to Charleston, where it seems that more of these B2B surgeries are performed, and where the hospital staff is geared up for the care needed by a B2B patient and is ready to deal with any and all possible complications.

And shockingly, it also turns out that there is no plastic surgeon in all of New York City who specializes in the B2B surgery. I know because my insurance company forced me to do the research before they would agree to allow me to travel to South Carolina for my surgery (as if that should be there business ... but that's a whole 'nother Huff Po Post isn't it?).

And so plans were made, including an MRI that showed a map of the blood supply to my buttocks, which would be used to plan which blood vessels would be transplanted to my chest along with the skin and fat that would make up my new breasts. Without a blood supply, the transplanted flesh would simply shrivel and die. With a blood supply, carefully transplanted and sewn into the existing blood supply in my chest, the transplanted flesh - the Gluteal Flaps - had a chance of surviving.

On June 27, 2010, Maria Lo Tempio performed my bilateral Gluteal Flap surgery, taking the flaps from the upper portion of my buttocks and lifting the bottom portion up for shape, leaving my 44 year old butt completely cellulite free, as a bonus. The six days that I spent in the Charleston hospital are a blur of pain killers and muscle relaxants interrupted by hourly visits by Dr. Lo Tempio and her nurses who tended to my new breasts as if they were newborn babies. Every hour, the temperature of each new breast was recorded. Every hour, a doppler device was used to listen to the pulse within each new breast. The color was checked. For a laymen such as myself, it came down to: Were they warm? Were they pink? Was there blood flowing?

It was strangely comforting to be tended to in this manner, and it was comforting that Dr. Lo Tempio's presence was so nearly constant. Maybe it was just the drugs that colored my perceptions, but it did truly seem to me as if Dr. Lo Tempio had checked out of her normal life and had checked into the hospital along with me. And it didn't stop there. When I finally left South Carolina 10 days after the surgery, Dr. Lo Tempio was a constant email and text message presence, and she had timed her own return to New York a few weeks later to coincide with what she considered to be the most risky period of time in the recovery period.

Fast forward to seven months later. I'm alive and well, and I have the most beautiful, perky breasts I could have ever imagined. They are round and soft and warm to the touch, and each is topped with a small pink nipples the size of quarter. There are no dents, no puckers, no bunching of scar tissue or foreign bodies. I have even regained some feeling in them, which was never supposed to happen, at least not as far as I was told in 2002. To be 45 years old and to have survived breast cancer and to have survived Reconstructions v.1 and v.2 and to wind up in with the incredible, beautiful success that is Reconstruction v.3. ... it is just amazing.

Would I have wanted to come to this place through the circuitous path that I took? Hell to the no. But here I am. And It is lovely.

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