BREAST RECONSTRUCTION

A resource for patients and their families.

YOUR OPTIONS FOR BREAST RECONSTRUCTION SURGERY

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INTRODUCTION

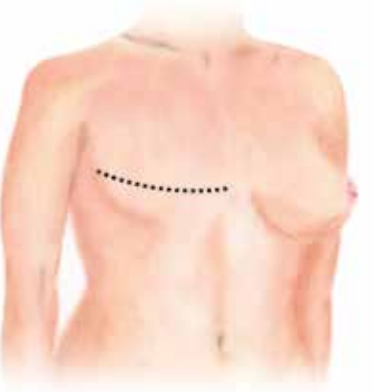
The decision to pursue breast reconstruction is personal and your options vary based on your personal and medical history. This resource intends to give you information to help you make a decision about breast reconstruction and to provide you with knowledge about breast reconstruction, the different types, the post-surgery care, and the resources available to you.

Not all patients are candidates for all types of breast reconstruction surgery. Your health care team can give you the best information about your breast reconstruction options based on your particular needs, body type and previous treatments.

It is important that you understand and feel comfortable with your options for breast reconstruction. If you have concerns or questions, talk to a member of your healthcare team.

ABOUT BREAST CANCER RECONSTRUCTION SURGERY

Your Breast/General Surgeon may recommend a mastectomy (removal of your breast) in order to treat breast cancer or to prevent cancer if you are at a high risk of the disease. The other option for breast cancer treatment is a lumpectomy with radiation. These options will be discussed at the time of your initial consult with the breast/general surgeon.



Breast reconstruction is surgery designed to rebuild your breast after a mastectomy. It also includes changes that can be made to the contralateral breast after lumpectomy.

In the case of reconstruction after mastectomy, it is important to know that your Plastic Surgeon will be creating an entirely new breast mound, which will not be the same as your original breast.

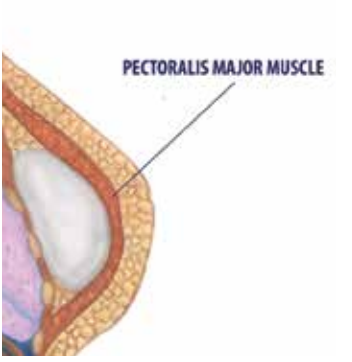
Despite this, it has been shown that patients who undergo breast reconstruction experience many benefits, including increased self-esteem, a sense of wholeness, as well as practical benefits such as getting rid of an external breast prosthesis.

Please note that **lost sensation** is an unfortunate side effect of breast removal surgery, caused by injuring and severing the small nerves that innervate the skin around the breast area. Most women regain some feeling in their reconstructed breasts as nerves regenerate through time and varies significantly between individuals. Regeneration is more likely to occur after reconstruction with tissue flaps than with implants.

It is recommended by patients that each patient should consistently bring a person (spouse, partner, family member, or friend) to each appointment for note taking, support and an extra pair of ears and eyes. This person can also phone in to the appointment if not available in person.

THREE MAIN STEPS IN BREAST RECONSTRUCTION

1. Creating a new breast MOUND.
2. Making small changes to the reconstructed breast or the contralateral/other breast to achieve symmetry. **This is optional.**
3. Creating a new nipple and areola in the new breast. **This is optional.**



This resource is designed to guide you through these three steps, and to help you decide along with your Plastic Surgeon what reconstruction option is best for you.

TIMING OF BREAST RECONSTRUCTION SURGERY

Immediate Reconstruction: For some people, breast reconstruction can be done at the same time as a mastectomy.	**Delayed Reconstruction:** Breast reconstruction can also be done at a later time. Delayed reconstruction is performed several months or even years after the mastectomy and other cancer treatments are finished. If you are having radiation therapy to your breast, you may need to wait up to 1 year after your radiation therapy to allow time for the chest skin to heal before doing breast reconstruction. Please note that radiation increases the risk of complications, especially in implant-based reconstruction.

Talk to your health care team about the best timing for your breast reconstruction.

TYPES OF RECONSTRUCTION

1. IMPLANT / EXPANDER
2. DIRECT TO IMPLANT
3. AUTOLOGOUS
4. TISSUE AND IMPLANT

YOUR BREAST RECONSTRUCTION OPTIONS

This is a quick reference of your options for reconstruction. All timelines are approximate and should only be used as a guide when making decisions. Remember, every person is different and your care team will be able to provide you with more details specific to your case as you review these options with them. More details of each option are located on the following page.

YOUR BREAST RECONSTRUCTION OPTIONS

	SURGERY	RECOVERY
DELAYED **IMPLANT / EXPANDER**	**Two surgeries:** 1. Inserting expander 2. Replacing expander with permanent implant 2 hours each, day surgeries	2-4 weeks for each surgery
IMMEDIATE **DIRECT TO IMPLANT / EXPANDER**	• Mastectomy and Reconstruction within a single procedure • One-stage implant reconstruction technique with the additional use of tissue replacement. Approx. 6-8 hrs.	2-4 weeks
IMMEDIATE OR DELAYED **AUTOLOGOUS** **(ex. DIEP flap)**	• One surgery, 6-12hrs • Approx. 5 days in hospital after your surgery	6-8 weeks
IMMEDIATE OR DELAYED **TISSUE AND IMPLANT/ EXPANDER** **(ex. Latissimus dorsi flap)**	Two surgeries: 1. Harvesting flap and inserting tissue expander. Surgery is 3hrs, overnight stay in hospital 2. Replacing expander with permanent implant. Surgery is 2hrs, day surgery	3-4 weeks 2 weeks

**Note:* *Radiation after reconstructive surgery will always change the look and feel of the reconstructed breast. There may be further surgery recommended to help correct this.*

	CONSIDERATIONS
	• Return visits required to fill expander every 2 weeks; pressure and discomfort after injections • Scar from mastectomy only • Breast feels more firm due to scarring around implant, looks less natural over time • No natural sag
	• Patients who are eligible for this procedure are typically non-smokers, have small to moderate-sized breasts, require a prophylactic mastectomy, or have either a DCIS or low-stage breast cancer that does not involve the nipple or areola area.
	• Scar from mastectomy and where tissue was removed (donor site) • Surgery does not work for some (1-3% risk of total failure/flap loss) • Not an option for all patients based on multiple factors • The breast is made of native tissue eliminating potential implant complications
	• Flap insert at mastectomy scar • Scar where tissue was removed (donor site) • Return visits required to fill expander every 2 weeks • More natural than implants alone • Less strength when doing overhead activities

STEP ONE: CREATING A NEW BREAST SHAPE

1. Implant/Expander

Using a breast implant to make the new breast shape.

This type of reconstruction involves two separate surgeries. In the first surgery, a temporary tissue expander (a balloon) is placed underneath the pectoralis major muscle. Over the next few months, the tissue expander is slowly filled with saline to the desired size. This requires visits to your Plastic Surgeon every few weeks to slowly expand the balloon. During this procedure, you will feel pressure as the saline is injected but this will resolve after a few days. In a second surgery, the tissue expander is replaced with a permanent implant. This is done after 4-6 months to give the skin time to relax.

In very specific cases, you may be able to have a permanent implant at the time of your mastectomy. In these cases, your Plastic Surgeon creates a special "sling" either from your own skin or other human tissue. This type of reconstruction is offered at Windsor Regional Hospital.

Considerations:

In general, the reconstructed breast will feel firmer than the natural breast. This is usually caused by scarring around the implant. This occurs with every implant and is called capsular contracture. In few cases, this scar becomes very firm or painful and requires surgery to fix. Other complications can include infection, exposure of tissue expander or implant, implant rupture, implant malposition and/or visibility/wrinkling of the implant.

2. Direct To Implant

One-stage implant reconstruction technique with the additional use of tissue replacement.

It is a newer procedure that may be an option for some women. This type of implant uses special donated human skin tissue called

acellular dermal matrix (AlloDerm, DermMatrix). The cells are removed from the donated tissue to prevent rejection. The surgeon stitches strips of the acellular dermal matrix to the breast tissue to create a pocket for the implant. Acellular dermal matrix may also be used to cover the edges of an implant. Over time, the acellular dermal matrix grows into the healthy breast tissue.

Considerations:

Loss of sensation in the breast after breast surgery. Other complications can include infection, exposure of implant, implant rupture, implant malposition and/or visibility/wrinkling of the implant.

3. Autologous Free Flap

Using your own tissue to make a new breast shape.

In this type of reconstruction, you are "borrowing" or transplanting tissue from another part of your body to create the breast. The typical area is your stomach (DIEP flap), but other areas include thighs or buttocks. Tissue transplanting requires microsurgery, as the skin and fat is separated with its blood vessels and has to be reconnected (sewed) to blood vessels in the chest wall.

Considerations:

In general, the reconstructed breast will feel soft and more like your natural breast. Because it is your own tissue, the breast will respond to changes in your body such as weight loss. The surgery is 6-12 hours long. You will be admitted to hospital for up to 5 days to ensure the surgery is successful, as in some cases the flap may not work. More commonly, fat necrosis can occur. This is when the transplanted fat cells die due to lack of blood supply and can occur months after reconstruction. With this type of reconstruction, you will have a second surgical site, typically the stomach. The most common complication of using the stomach is having an abdominal bulge. This type of reconstruction is not an option for all depending on many factors.

4. Tissue and Implant
Combining the use of both "borrowed" tissue from your body, as well as an implant to make a new breast shape.

This type of reconstruction is reserved for specific situations, commonly if you have had radiation and are not a candidate for Autologous Free Flap. It combines the use of "borrowed" tissue from your body and an implant because using your own tissue is typically not enough to create the breast size. The usual combination is using the Latissimus Dorsi (back) muscle flap with the implant.

STEP TWO: SMALL CHANGES FOR SYMMETRY

Completing Your Breast Reconstruction

Symmetry: If only one breast is affected, it alone may be reconstructed. To make your breasts look more similar, a breast lift, breast reduction or breast augmentation may be recommended for the opposite breast. This surgery is covered by OHIP.

Fat grafting can also be used to make changes to your breasts. This is a technique of transferring fat cells from one part of the body to the chest wall or the reconstructed breast. The fat is harvested through liposuction and then purified before the transfer. Not all of the fat cells survive the transfer and you may require multiple surgeries for the best results. The indications for using this technique are very specific and your Plastic Surgeon will discuss this with you if you are a candidate for this.

STEP THREE: CREATING A NEW NIPPLE AND AREOLA

You may also choose to have "finishing touches" that make your breast look more natural.

Your Plastic Surgeon can usually make a nipple and areola (the area around the nipple) from the skin and fat of the reconstructed breast, and tattoo this tissue to add colour.

Alternatively, a tattoo artist can create a 3D nipple and areola to

match the natural colour and look of your opposite breast. This will make it look more real than what can be done with surgery. The tattooing is done about 4 months after your breast reconstruction so the reconstructed breast can "settle". This is usually recommended for implant based reconstruction.

There are local tattoo artists who can do these 3D tattoos.

NIPPLE TATTOOING RESOURCES

Local Artists

The Windsor Cancer Centre Foundation is committed to providing financial assistance for breast cancer patients undergoing tattooing to complete their reconstruction. For more information or for inquires on funding assistance, please ask your social worker.

Jennifer Hoffard
Permanent Makeup and Medical Aesthetics
5920 Sovereign Dr., Windsor
519-962-5699
jenniferhofford.com/services/permanent-makeup/
Instagram: @jenniferhofford

Emily Anne
Luxe-Tique Nail Studio
2435 Dougall Ave., Windsor
519-972-7778
Facebook.com/luxe-tique-nail-studio
Instagram: @luxetiquenailstudio

WHERE WILL I HAVE MY SURGERY?

Surgery for your breast reconstruction is performed in a hospital setting, possibly including a short hospital stay. Your doctor will likely use general anesthesia.

Some follow-up procedures (such as filling the tissue expander) may be performed on an outpatient basis. Depending on the type of surgery, it may be performed in Windsor-Essex, or you may be required to go to a different hospital.

THINGS TO KEEP IN MIND ABOUT BREAST RECONSTRUCTION

Look and Feel of the Reconstruction:

- A reconstructed breast will not have the same sensation or feel as the breast it replaces.
- You may see incision lines on the breast, whether from reconstruction or mastectomy.
- If you choose to "borrow" tissue from your own body, there will be another surgical scar at the "donor site", commonly located on the stomach, back, thighs or buttocks.

Risk of Complications:

- Remember, as with any type of surgery, there is a chance you may have complications from breast reconstruction. These risks depend on the type of surgery you choose and if you are receiving other treatments, such as radiation. Your surgeon will review with you the risks before your procedure.

Follow-Up Appointments

- You will need to follow-up with your health care team and have regular check-ups with a physical examination of your chest wall and breasts.
- You may need imaging if you have changes or unusual symptoms in your reconstructed breast, such as lumps or skin changes.

AFTER SURGERY

Going Home after Breast Surgery with Jackson Pratt (J.P) Drain(s)

Call your doctor or nurse right away if you notice any of these signs:

Nausea (wanting to throw up) that does not go away	Skin around the incision (cut) gets very red
Vomiting (throwing up) that does not go away	Foul smelling drainage (fluid) coming out of the incision
Bleeding that does not stop in the area that had surgery	Pus coming out of the incision
Fever higher than 38 °C (100.4 °F)	Area around the wound is swollen and hard

If you notice any of these signs on a weekend or at night, go to the nearest walk-in clinic, family doctor or hospital emergency department. Tell the staff at the front desk that you have had breast surgery.

How to care for your incision (cut)

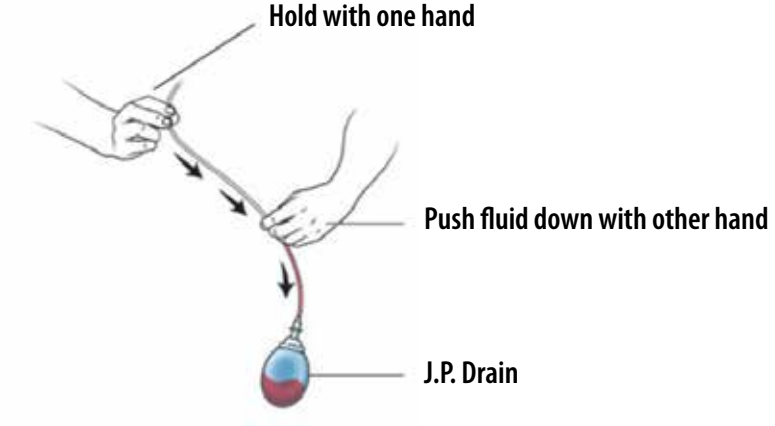
You will have a gauze dressing (bandage) over your incision. Keep your dressing clean and dry for 48 hours after surgery. You or your surgeon can remove this gauze dressing 48 hours after surgery when your incision has started to heal. Under the gauze dressing, you will have steri-strips (skin tape) on the incision. Keep the steri-strips on for 14 days after your surgery. Your surgeon will direct you further with respect to wound care. Do not put anything on your incision unless your surgeon says you can. **If a clear dressing (called Tegaderm) was used, do not remove it.** Leave it on until your next visit with your surgeon. This is commonly used with breast reconstruction. Most surgeons will ask you refrain from swimming, hot tubs, or soaking in a bathtub until the wounds are completely healed.

How to care for your J.P Drain

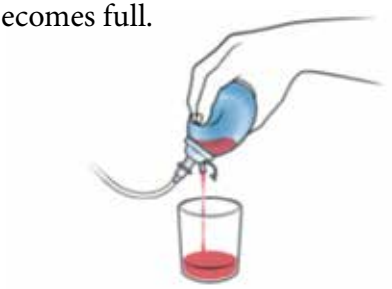
Follow the instructions below until your J.P Drain(s) is removed.

1. **Secure the J.P Drain to your clothing.** This will help prevent the drain pulling on your skin. You can use a safety pin or the clip provided. It is useful to wear clothing with pockets sewn inside to hold the J.P drains.

2. **Milk the J.P Drain every 3 hours.** This will prevent the drain from becoming blocked. You only need to milk the J.P Drain when you are awake. Your nurse will teach you how to do this right after surgery. See the image below. to hold the J.P drains.



3. **Empty the J.P Drain 2 times a day.** You can empty it more often if it becomes full.



Measure the amount of fluid you remove each time and what time it was emptied. Ideally, you would record the drainage at the same time once per day so that we can calculate a 24 hr total. For example, every

day at 9am record the output and calculate the total drainage from the previous 24 hrs. Use the J.P Drain Record sheets on the following pages to record what time you emptied the J.P Drain. Squeeze the J.P Drain while putting the cap back on to start the suction again.

What if fluid comes out where the J.P Drain leaves my skin?

If fluid comes out where the J.P Drain leaves your skin, pat it dry. Cover the place where your J.P Drain leaves your skin with gauze padding.

What do I do if the J.P Drain falls out?

Do not panic if your J.P Drain falls out. This does not happen often. If it does happen, it is not an urgent problem.

- Cover the incision where the J.P Drain left the skin with gauze. Use gauze or a bandage to soak up any drainage.

Call your surgeon or nurse coordinator to let them know what happened. If this happens on a weekend, you can wait to call your surgeon or nurse coordinator on Monday.

Other important information about your J.P Drain:

- It is highly recommended to sleep on an upward incline in order for the fluid to continue to drain out.
- You may have more than one drain after breast surgery.
- The amount of fluid you drain will be different each time. The amount will decrease over time.
- The fluid will change colour. This is normal. It will change from red to pink and then yellow. Usually, the fluid will have very little odour.
- A home care nurse is available to assist you in emptying the drains.

- Your J.P Drain can be removed when the fluid you collect is less than 25-30 millilitres a day for 2-3 days in a row. Your surgeon will remove your drains when applicable.

J.P Drain Record Sheet

Your doctor would like you to record the drainage (fluid) from your J.P drain(s).This will help the Home Care Nurse know when to pull out your J.P Drain(s).

DATE: May 15 (example)				
TIME:	**DRAIN #1**	**DRAIN #2**	**DRAIN #3**	**DRAIN #4**
8:00 am	60 ml	30 ml		
12:00 pm	50 ml			
4:00 pm	30 ml	10 ml		
8:00 pm	30 ml			
TOTAL FOR DAY:	170 ml	40 ml		

DATE:				
TIME:	**DRAIN #1**	**DRAIN #2**	**DRAIN #3**	**DRAIN #4**
TOTAL FOR DAY:				

DATE:				
TIME:	**DRAIN #1**	**DRAIN #2**	**DRAIN #3**	**DRAIN #4**
TOTAL FOR DAY:				

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TIME:	DRAIN #1	DRAIN #2	DRAIN #3	DRAIN #4
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TOTAL FOR DAY:				

What you need to know about your pain medicine

You will get a prescription (a doctor's order) for pain medicine after your surgery. Follow your doctor's instructions for taking the pain medicine. For break through pain, you will be prescribed an opioid such as oxycodone or hydromorphone. This can cause constipation (trouble having a bowel movement). Here are some things you can do to help with constipation:

- Drink lots of water.
- Eat foods with a lot of fibre.
- Take your stool softener.

Your pharmacist can suggest a stool softener if your doctor has not given you a prescription for one. If you are still constipated after using the stool softener, take a laxative such as Senokot. You can buy this at your local drugstore.

Your prescription pain medicine can make you sleepy and make it difficult to think clearly. Do NOT:

- drink alcohol as this can make you more sleepy
- drive any type of vehicle like a car, motorcycle or boat

Do not take aspirin for 5 days after surgery. Do not take ibuprofen (Advil) for 2 days after surgery. These medicines can cause bleeding. Let your health care team know if your pain is not better after taking your pain medicine.

When can I shower?

For the first 48 hours after surgery, you can wash with a sponge. Keep all incisions dry until instructed by your surgeon.

When instructed to do so, you can remove the dressing and have a shower. Leave the steri-strips in place. Use mild soap (like Dove,

Ivory or baby shampoo or soap) to wash gently around the incision (cut). Gently pat the area dry and do not rub. Leave the steri-strips uncovered. You do not need a new dressing on the incision.

Do not soak in a bathtub or swim for at least one month after surgery. You must wait until your surgeon says it is okay to do so.

What should I wear?

While you heal, wear clothes that are loose. Make sure they are easy to take on and off. Shirts or blouses that have buttons or zippers at the front are easiest to wear.

Follow the advice of your surgeon, depending on your reconstruction for specific post-operative clothing including:

- a surgical bra
- camisole with foam prosthesis
- a bra (with no underwire)
- just a top without any bra

What kind of activities you can do while you heal

During the first day you are home from the hospital, try to get back to your usual activities, using both arms. For example:

- make breakfast
- brush your hair
- go for short walks
- do gentle stretches

Try not to spend too much time in bed during your recovery. You can help prevent problems like blood clots in your legs by being active.

Here are some guidelines for daily activities:

- Do not lift, push or pull anything more than 5 pounds (or 2.5 kilograms) with your arm (on the surgery side) for 4-6 weeks after your surgery.
- Slowly start to increase the movement in your arm and shoulders.
- Read the next section called "Exercises after Breast Surgery". It has information about exercises you should do.

EXERCISES AFTER BREAST SURGERY

Exercises to improve your shoulder movement

It is important to start moving your arm on the side you had breast surgery as soon as possible after surgery; usually one week after surgery should you begin exercises. This will help prevent scar tissue from forming. Too much scar tissue could reduce the movement in your shoulder. Moving your arm and doing exercises will also help you return to your daily activities sooner.

Get back the full range of motion in your shoulder

In the first 6 weeks after surgery, your goal is to get back the full range of motion in your shoulder. Full range of motion means being able to move your arm and shoulder the same way you did before your surgery.

If you get your full range of motion back before 6 weeks, include stretching exercises as part of your exercise routine. This is especially true if you feel a stretch in your chest or under your arm during certain exercises. The exercises will help prevent scar tissue from forming that can get in the way of your range of motion later.

These exercises are also important to help keep your arm and shoulder flexible if you have radiation therapy.

Manage your pain

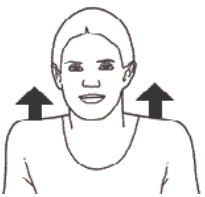
Feeling sore or some pain when exercising is normal. For example, you may feel like something is pulling inside. This is normal. You are feeling your scar tissue stretching. If it is very painful or uncomfortable, take a break. However, do not stop exercising completely. Start slowly, and keep doing the exercises 1 step at a time. Be patient with yourself. You will slowly get stronger.

First Set of Exercises

You can start these gentle and safe exercises on the first day after surgery.

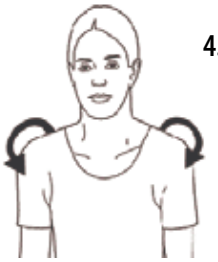
Do each exercise 10 times. Repeat each exercise 3 times a day.

1. **Making a fist – ball squeezes**
   A. Open and close your fist 10 times every hour during the day.
   B. Try using a soft squeeze ball or sponge.



2. **Shoulder shrugs**
   A. Sit upright in a comfortable position.
   B. Raise your shoulders up towards your ears, bring your shoulder blades together at the back
   C. Lower your shoulders, and relax.
   D. Repeat 5 to 10 times

3. **Head turning and tilting**
   A. Stretch your neck as tall as possible, while keeping your chin in.
   B. Turn your head slowly, looking over each shoulder as far as you comfortably can.
   C. Tilt your head to one side and then the other, bringing y our ear as close to your shoulder as you comfortably can.
   D. Repeat 5 to 10 times.



4. Shoulder circles

A. Begin by making small, slow forward circles with your shoulder. Make sure you are moving your shoulder and not your elbow.
B. Slowly increase the size of the circles as you are able.
C. Reverse the direction of the circles and repeat steps A and B.

5. External arm rotation

A. Sit or stand.
B. Keep your upper arms and elbows close to your sides and elbows at right angles.
C. Turn your forearms outwards while keeping your elbows at your side.
D. Repeat 5 to 10 times.

Pendulum

A. Bend over and use your unaffected hand to support yourself on a table.
B. Swing your affected arm (like a pendulum) from left to right and back.
C. Then, swing your whole arm forward and back.
D. Repeat 5 to 10 times.

Second Set of Exercises

The purpose of these exercises is to help regain the full movement of your shoulder.

Start these exercises, once your drain is removed.

If you do not have a drain, start them 4 days after your surgery.

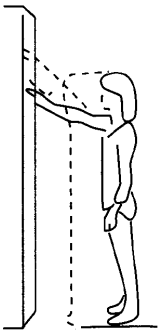
- Hold each exercise for 15 to 30 seconds.
- You should feel a stretch or pulling feeling, not sharp pain.
- Repeat each exercise 10 times
- Do these exercises 3 times a day.

7. Elbow push-back

This exercise helps increase the movement in the front of your chest and shoulders. You can do this exercise standing up against a wall or lying down on your back on a bed or the floor.

A. Place your fingers behind your head or your upper neck.
B. Spread your elbows out to the side as far as possible.
C. When you get to the point where you feel a good stretch (but not pain), take 3 to 5 deep breaths and hold the stretch. Keep your neck straight and relaxed as you do this.
D. Repeat 5 to 10 times.

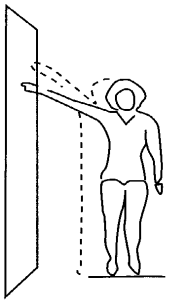
8. Shoulder flexion wall exercise



This exercise helps increase the forward movement of your shoulder. Try to reach a little higher each time. As you improve, move your feet and body closer to the wall.

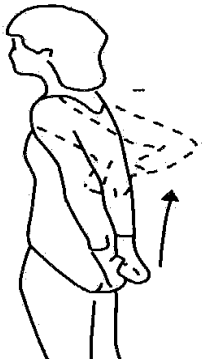
A. Stand facing a wall.
B. Slide or walk your fingers up the wall as far as possible. When you get to the point where you feel a good stretch (but not pain), take 3 to 5 deep breaths and hold the stretch for 15 seconds.
C. Return to the starting position by walking your fingers back down the wall.
D. Repeat 5 to 10 times.

9. Shoulder side lifts wall exercise



A. Turn sideways with your affected side toward the wall.
B. Slide or walk your fingers up the wall as far as possible. When you get to the point where you feel a good stretch (but not pain), take 3 to 5 deep breaths and hold the stretch for 10 seconds.
C. Return to the starting position by walking your fingers back down the wall.
D. Repeat 5 to 10 times.
E. Try to reach a little higher each time. As you improve, move your feet and body closer to the wall.

10. Back climb exercise



This exercise helps you improve the movement behind your back. You need this for activities such as hooking your bra, buttoning up a blouse, or zipping up a dress. You can do this exercise sitting or standing.

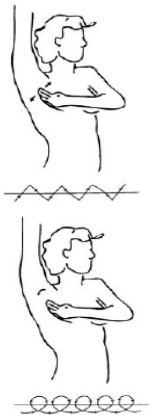
A. Place your hands behind your back holding your surgery-side hand.
B. Slowly slide your hands up the centre of your back as far as possible. When you get to the point where you feel a good stretch (but not pain), take 3 to 5 deep breaths and hold the stretch for 15 seconds.
C. Lower your hands slowly.
D. Repeat 5 to 10 times.

Note: When exercising after the 6 weeks, if you have implants you should no longer activate chest muscles in workouts. Doing so may cause your implants to retreat into your armpits. *Ask your fitness instructor to offer modifications.*

How can scar massage help?

Scar massage is another way to help your shoulder get back its full range of motion and function. Begin scar massage after your incisions (cuts) are completely healed and your drains are removed. This is usually about 3 weeks after surgery. You may find that your scar feels very sensitive, tight or itchy. Scar massage can help improve any sensitivity, tightness or itchiness you feel. It will help soften and loosen the scar and get the movement in your shoulder back more quickly.

To massage your scar:



1. Put a small amount of oil or lotion on your index and middle finger. If you are doing a scar massage while you are having radiation, please talk to your radiation oncologist about which oils or lotions to avoid (for example vitamin E).
2. Place 2 fingers or your thumb on the scar.
3. Press firmly but gently along your scar in an up and down zig-zag pattern. Move in 1 direction and then back in a circular motion.
4. Do this 2 to 3 times a day for about 10 minutes.

PATIENT RESOURCES

Look Good . . . Feel Better Program

The best medicine does not always come in a bottle - that is why Look Good Feel Better provides complimentary workshops. It is more than makeup - it is a safe environment alongside other women dealing with similar issues and challenges. You will also take home a complimentary kit with information and products.

What you will experience at a two-hour workshop:

- Information on how to alleviate appearance-related effects of cancer and its treatment, including cosmetic hygiene, sun care, skin care, cosmetics and nail care
- Discussion and demonstrations on hair alternatives

In our region, Look Good Feel Better workshops happen regularly, year-round, in three places:

- Windsor Regional Cancer Centre
- VON Chatham – Kent

Register for a workshop online at http://www.lgfb.ca/en/

YOUR PLASTIC SURGERY TEAM

Dr. Kristina Lutz

Dr. Kristina Lutz graduated from medical school at the University of Western Ontario in 2010. She completed her Plastic Surgery residency at the University of Western Ontario and became a Fellow of the Royal College of Physicians and Surgeons (FRCSC) in June 2015. She has a special interest in hand/microsurgery surgery and breast reconstruction. She spent one year in New York City at Mount Sinai and NYU doing a fellowship in hand and microsurgery. Dr. Lutz is an Adjunct Professor at Western University and is committed to providing excellent care in our community and advancing our field through clinical research and the mentoring of residents and medical students.

Dr. Jesse Hackett

Dr. Jesse Hackett completed medical school at the University of Western Ontario and continued in London with his surgical training in Plastic and Reconstructive Surgery. He became a Fellow of the Royal College of Physicians and Surgeons of Canada (FRCSC) in 2022. Following this, he completed a Breast Reconstruction fellowship in Vancouver, through the University of British Columbia. This subspecialty training had a broad exposure to reconstruction, including pre-pectoral implant placement and microsurgical reconstruction in addition to cosmetic breast procedures. Dr. Hackett is committed to helping the team in Windsor offer a wider range of reconstructive options to patients closer to home.

Dr. Laschuk

Dr. Matthew Laschuk graduated from medical school at the University of Ottawa in 2015. He completed his Plastic Surgery residency at the University of Ottawa and became a Fellow of the Royal College of Physicians and Surgeons (FRCSC) in 2020. Dr. Laschuk completed a one-year fellowship in upper extremity surgery at the Roth McFarlane Hand and Upper Limb Centre (HULC) in London, Ontario. His practice includes hand, wrist, aesthetics and microsurgical reconstruction and he has a special interest in microsurgical breast reconstruction. Dr. Laschuk is an Adjunct Professor at Western University and participates in both undergraduate and postgraduate medical and surgical education

ADDITIONAL RESOURCES

Breast Reconstruction Information Booklet*
University Health Network (UHN)

SCAN ME

Breast Reconstruction – Facts and Patient Information *
Canadian Cancer Society

SCAN ME

Healing Pretty Book
by Jackie Apostol-Pizzuti

SCAN ME

*Denotes sources used and consulted in the creation of this material.

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September 2023