

Questions for your Surgeon:

1. What percentage of your practice is breast reconstruction? How many times have you performed this procedure? How many failures have you had with this procedure?
2. Which type of reconstruction am I the best candidate for? What are the risks and benefits of this procedure?
3. How many surgeries are involved with this procedure? How long is the recovery for each step?
4. What are the complications that can arise from this type of procedure? How are complications handled?
5. What is the lifetime maintenance requirement for each procedure?
6. Are you certified by the American Board of Plastic Surgery?
7. May I see your before and after photos?
8. Do you have a former patient that I can talk to over the phone?
9. What are the next steps - including insurance approvals and preparing for surgery?
10. Will you be making my other breast similar to my new breast? How and when do you do this?
11. What if I am dissatisfied with the outcome?
12. I am uninsured. Do you provide pro-bono (for free) surgeries? Does your hospital have a foundation to help uninsured, or are there any programs locally you can refer me to? Would you be willing to work with me at a "cash pay" rate, on a payment plan?

If you are uninsured or need assistance to attain reconstructive surgery, contact the My Hope Chest organization to see if you qualify for assistance.

Fast Facts

More than 22,000 women lost their breast in 2010 and did not have the insurance for reconstruction. *How many years has this figure been growing?*

A cost of a typical breast reconstruction for an **uninsured** individual at a "cash pay" rate is \$25,000. The cost of the complicated "Flap" reconstruction, with a hospital stay of 3-5 days, ranges from \$45,000 to \$200,000. For uninsured survivors, this surgery is often not an option. MHC assists **"insured"** survivors with **Co-pays** of \$6,000-7,000.

For testimonials and more information visit www.myhopechest.org

2017-18 SUPPORTERS



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MAKING WOMEN WHOLE AGAIN

For more educational brochures
PO Box 3081, Seminole, Florida 33775
www.myhopechest.org

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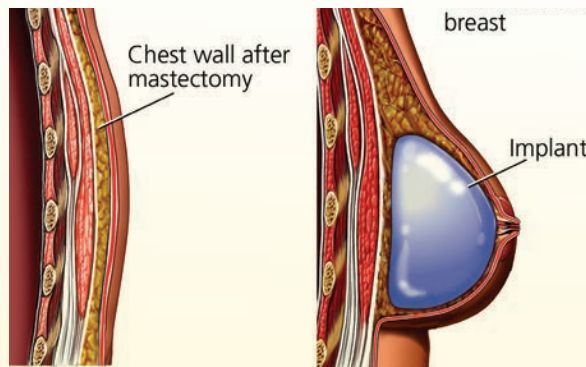
Breast Reconstruction...

...*Education*
and **Options.**

“The final step of breast cancer *treatment*”

The Process

Your Breast Reconstruction may begin at time of mastectomy, an “immediate” reconstruction or at a later date, a “delayed” reconstruction. Both are perfectly safe. Some patients prefer to wait until they have completed their recommended cancer treatment, others, often with insurance, elect to begin reconstruction at time of mastectomy... it is a personal choice. A typical reconstruction is a two or three-step process and takes up to a one year to complete.



Implants

There are TWO types of implants used in breast reconstruction, Saline (Salt Water) or Silicon. Manufacturing of implants is highly regulated. At this time, there are only 3 FDA approved manufacturers in the United States. Speak to your surgeon to learn more about which implant choice would create the breast reconstruction you desire.

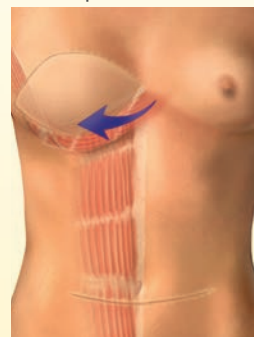
Most Common Types of Breast Reconstruction

TISSUE EXPANDER – Typically a 3 step process, expanding the chest skin gradually to accept silicon or saline implants. This can be done as an out patient surgery. Or, Hospital Stay is 1-2 days with full recovery in several weeks.

DIEP OR TRAM FLAP – Uses your own body tissue usually from the belly or hips. A hospital stay is 3-5 days with full recovery time from several weeks to several months.

IMMEDIATE RECONSTRUCTION – with **Nipple Sparing Mastectomy** – The process begins by retaining the patient’s nipple after the cancer is removed. This procedure is an option when reconstruction surgery begins “at” time of mastectomy, using an implant or natural tissue.

Examples of:



Flap Procedure



Latissimus Dorsi Procedure

Please visit
www.myhopechest.org for complete video
explanation of a reconstructive surgery.

Final Steps

Nipple Areola Reconstruction and Tattoo.

After the breast mound is completely healed, the nipple creation is performed in a day surgery or often in office procedure. The tattooing of the areola is seldom painful and performed in as little as 15 minutes in the office or in the case of a delayed reconstruction, can be created at a permanent cosmetic office.

Recovery

Every cancer journey is personal... from the first step of treatment to the last. Should you chose to have breast reconstruction, your healing process will also be a personal one.

Depending on the type of reconstruction, strenuous activity should be avoided for a period of time. Be proactive, ask your surgeon questions following your surgery.

Know Your Rights

The Women’s Health and Cancer Rights Act (WHCRA) of 1998 requires all health insurance providers and health maintenance organizations (HMOs) that pay for mastectomy also pay for:

- Reconstruction of the breast removed with mastectomy.
- Surgery and reconstruction of the opposite breast to get a symmetrical look.
- Prostheses.
- Treatment of any complications of surgery, including lymphedema.