

# Breast Reconstruction Offers Options



There are several types of breast reconstruction operations available, including:

- A saline or silicone breast implant
- Autologous tissue reconstruction – tissue is transplanted from the abdomen, back, or buttock
- TRAM flap – tissue is transplanted from the abdomen (with or without additional implants)
- Reconstruction of the nipple and areola – this is considered optional and is performed at a later date

The TRAM procedure is a popular option, because the patient ends up with a “tummy tuck” afterward.

In autologous reconstruction, the surgeon leaves the tissue connected to its blood supply and slides it under the skin to recreate the breast mound. “This method is advantageous because it increases the chances the tissue will thrive and often looks and feels more natural,” says Drew Kreegel, MD, FACS, a plastic surgeon with the Kreegel Aesthetic Surgery Center.

Another important decision is whether to have reconstruction performed at the same time as the mastectomy or to delay it until a later time.

For some women, delayed reconstruction is advised for medical reasons, but most women given the choice prefer immediate reconstruction. “The women who choose immediate reconstruction seem to do better emotionally,” says Dr. Kreegel.

There are many decisions to think about regarding breast reconstruction. Be sure to discuss them with your doctors to ensure you make the best decision for you. For more information, contact a member of your cancer care team or Dr. Kreegel, MD, FACS, with the Kreegel Aesthetic Surgery Center at 239-343-9777.

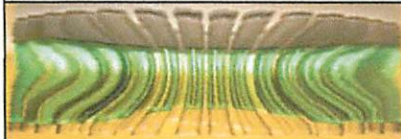
While new techniques allow women to choose surgery that minimizes the loss of breast tissue after breast cancer, some women still choose, or need, a mastectomy.

As a result of the harsh psychological consequences of mastectomy, more than 75 percent of women choose to have surgical reconstruction of one or both breasts.

The primary goal of breast reconstruction is to help a woman regain her sense of self by making her breasts look more normal and balanced.



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## INTERSTIM HELPS MANAGE URINARY URGES

A unique device that sends mild electronic pulses to nerves located just above the tailbone offers relief for those suffering from certain types of urinary incontinence. The nerves, called the sacral nerves, influence the bladder and surrounding muscles that manage urinary function.

Medtronic's Interstim system includes a small neurostimulator that is surgically placed under the skin, along with a hand-held “remote control” that is used to manage the device. A physician inserts the neurostimulator during a brief outpatient surgical procedure that requires no hospital stay.

“The key to success with this procedure is proper patient selection,” says Dr. William Evans of Southwest Florida Urologic Associates, who has been performing the Interstim procedure for three years. “A good candidate is one who has voiding issues such as urinary urge incontinence or urgency-frequency, and who has not responded well to more conservative treatments such as medication.”

Those who suffer from urinary urge incontinence usually have trouble making it to the bathroom before leaking urine. Urgency-frequency patients typically have frequent, uncontrollable urges to urinate and go to the bathroom an excessive number of times daily. The Interstim system is not used to treat stress incontinence, which occurs from sneezing, coughing, laughing, running or other activities that put pressure on the bladder.

“The beauty of the Interstim system is that you can run a test phase with a temporary electrode,” says Dr. Timothy Hughes, a gynecologist with the Lee Physician Group who has recently been certified to offer the MedTronic Interstim procedure. “The test phase provides a good idea of the results the patient can expect before they commit to the full procedure.”

For more information, contact Dr. Evans at Southwest Florida Urologic Associates at 239-772-0500 or Dr. Hughes at Lee Physician Group at 239-432-3322.

## SURGERY CAN BE CURE FOR COLON CANCER

Surgery is considered standard operating procedure when it comes to curing colon cancer. It may be used alone or in conjunction with chemotherapy or radiation therapy.

The operation is performed by a physician specially trained in gastrointestinal surgery, colorectal surgery or both.

“The most important aspect of curing colon cancer is the surgeon's clinical experience and training,” says Eric Goldsmith, D.O., FACOS. “It is absolutely vital that the correct amount of the colon and surrounding lymph nodes are removed if the surgery is to be a success.”

The surgery may be performed with a standard incision in the abdomen, or laparoscopically. The type of surgery a patient will have depends on a number of things, including the patient's health, weight and preferences.

The most commonly performed operation is a segmental resection, where the surgeon removes the cancer, part of the colon and nearby lymph nodes, then reattaches the remaining sections of the colon.

If the surgeon finds the tumor has blocked the colon, he may insert a stent and perform the surgery after a few days. Occasionally, if the surgeon is unable to place a stent or if the tumor has caused a hole in the colon, the patient may need a temporary colostomy, where the end of the colon is brought through an opening in the abdomen to a pouch for waste elimination. Only rarely do patients need a permanent colostomy.



As with all cancers, early detection is crucial. Experts recommend both men and women begin obtaining regular colorectal cancer screenings at age 50.

For more information about screenings and treatment for colon cancer, contact your primary care physician or Dr. Eric Goldsmith with Cape Surgical Associates at 239-424-1810.



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