

REDEFINING THE NATURAL WOMAN

An advanced breast reconstruction procedure retains natural tissue without sacrificing muscle.

Until recently, there were few options in the past for women who needed breast reconstruction after a mastectomy, but an advanced surgical technique known as the DIEP flap is opening a new path for women on their journey to survivorship.



DIEP stands for deep inferior epigastric perforators, which are blood vessels in the skin and fat taken from a woman's abdomen and then used to reconstruct her breast. Using a patient's own tissue in reconstruction is what separates this procedure from tissue expanders (also known as breast implants), the most common technique currently in place.

Breast implants often have results that are aesthetically inferior to procedures that use natural tissue, and they can lead to other complications such as an implant rupture or a distorted breast.

Breast implants often have results that are aesthetically inferior to procedures that use natural tissue, and they can lead to other complications such as an implant rupture or a distorted breast.

“Radiation therapy distorts a tissue expander,” explains plastic surgeon Cliff L. Cannon III, MD. “A woman's own tissue tolerates the radiation burn much better than the expander.”

Flap reconstruction techniques retain the natural tissue by transferring the skin, fat, and blood vessels (together referred to as the flap) from one area of the body to where the breast has been removed. The current gold standard for flap reconstruction is the Transverse Rectus Abdominis Myocutaneous, or TRAM.

But this procedure also has a disadvantage. The TRAM flap transfers not only skin and fat from the abdomen but muscle as well.

“Even if the patient is happy with the result of her reconstruction, it's distressing to meet someone whose abdominal integrity is lost following surgery,” Cannon says. “With the TRAM, patients are done faster, but they're in more pain. They've lost abdominal strength and are most susceptible to complications such as a bulge or a hernia.”

The DIEP flap procedure grew out of the TRAM technique, with a significant difference—the preservation of muscle in the woman’s abdomen. While the TRAM flap transfers the muscle to supply the new breast with blood, the DIEP flap involves reattaching the blood vessels in the skin and fat to the blood vessels at the mastectomy site.

This difference was a strong consideration for Becky Griffin, a nurse from Baxley, GA, who consulted with Dr. Cannon after her breast cancer diagnosis.

“Because I work in a hospital and may have to lift and pull patients, I was leery about losing my abdominal muscle,” Griffin says. Though still in the healing process, Griffin is pleased with her post-surgery experience. “Two weeks after surgery, I said ‘I’m not hurting,’” Griffin recalls. “I feel good.”

Dr. Cannon concedes that this is an exceptionally difficult and delicate surgery, but it is also one that results in an aesthetically pleasing breast without the sacrifice of abdominal muscle. “If you give patients a choice between preserving or sacrificing muscle, they are going to choose preservation every time,” Cannon says.