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## Breast reconstruction after cancer - options and processes

**August 23, 2008**

Prairie du Sac, Wis. -John Noon, a board-certified plastic surgeon specializing in reconstruction, helps patients who suffer from life-threatening conditions and congenital defects by using surgery to restore damaged areas of the body. Noon reconstructs areas impacted by melanoma, breast cancer, facial cancer, injuries, cleft palettes and more. The lion's share of his patients - 30-40 percent - are women who have suffered mastectomies or lumpectomies, in which part or all of a breast was removed due to cancer.



"One in seven women get breast cancer," said Noon. "Some women are treated with a lumpectomy, where just the lump is removed, or a mastectomy in which the breast, nipple and some skin is removed." Since mastectomies result in significant defects, many women opt for reconstructive surgery. The good news is that all breast reconstructions due to cancer are covered by insurance, according to Noon, thanks to a Federal mandate: The Breast Reconstruction Law of 1998.

### **Learning About Breast Reconstruction Options**

And, while breast reconstruction can reestablish breast contour, restore balance of the breasts and eliminate a woman's need for an external prosthesis, it isn't for everyone. "Breast reconstruction is a very personal decision," said Noon. "Women need to know that the new breast won't exactly resemble or feel like the one that was removed."

But, for many women, the creation of a new breast can dramatically improve self-image, quality of life and self-confidence. Breast reconstruction, which usually involves several procedures, can be performed using different techniques depending on the health history and treatment of the patient.

"Some women are fine with using an external prosthesis," said Noon. "But active women tend to find them cumbersome. So we have ways of reconstructing the area."

It's critical for patients to explore which procedure is most appropriate for their health history and method of cancer treatment, he added. "Breast reconstruction isn't for everyone, but everyone should have the option to talk about it," he said. "My first appointment with my patients is a frank discussion of the options, expectations and treatment process."

### **What to Expect**

During the initial consultation, Noon evaluates a patient's health status, pre-existing conditions and risk factors; examines her breasts and takes detailed measurements of the size and shape and location of the areolas and nipples; takes photos for the patient's medical record; discusses the options and possible treatments; and talks with her about the risks and likely outcomes of the reconstruction. It is important for any woman considering reconstruction to talk with their doctor and plastic surgeon before undergoing a lumpectomy or mastectomy, said Noon. Sometimes breast reconstruction begins during the same surgery as the mastectomy. Depending on the patient, there are several reconstruction options

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### **Tissue Expansion and Implant**

One technique uses a tissue expander, or balloon, which is placed beneath the chest wall and inflated at the time of the mastectomy. During follow-up office visits, the balloon is expanded through an internal valve to expand the skin a little bit at a time. "This actually stretches the skin and stimulates more tissue to grow," said Noon. "That's the magical part. Given enough time you can create a fairly large pocket. The saline or silicone breast implant is placed into the pocket during surgery once that pocket is large enough." Typically, this second surgery occurs four to six months following the mastectomy.

### **Tram Flap**

Another technique is transverse rectus abdominis muscle (TRAM) flap reconstruction, in which skin and fat from the tummy replaces the tissue removed by the mastectomy. "This is a nice result because you are using tissue that is similar to breast tissue," said Noon. "It's fatty and it's the patient's own tissue, not a foreign object, so it looks and moves more naturally and works very well on patients who receive radiation treatment." As part of the procedure, patients end up with a tummy tuck as well, according to Noon, but they lose one or two abdominal muscles. There are other tissue flap procedures that use tissue and muscle from the back, thighs and buttocks, as well.

Women should discuss the options with their doctors so they understand the risks, benefits and recovery time of each method, according to Noon.

### **Creating a New Nipple Area**

Sometimes women who undergo reconstruction also choose to have their nipple area recreated. This optional surgery - performed three to four months after breast reconstruction surgery - is the last phase of reconstruction and is often performed under local anesthesia. "We can create a nipple complex and tattoo the area to color it," said Noon. Typically, the nipple is recreated from the reconstructed breast skin to achieve similar size, shape and projection as the opposite nipple. Tattooing can be performed to match the color of the nipple and areola of the other breast, as well. Most breast reconstructions, according to Noon, are fully complete within 18 months.

Noon, who is in private practice at Midwest Plastic and Reconstructive Surgery Inc., in Madison, also sees patients on Wednesdays at Surgical Associates, 35 Prairie Ave., in Prairie du Sac. Conveniently, he performs reconstructions and other surgeries locally at Sauk Prairie Memorial Hospital. To make an appointment with Noon, call 608-643-2431. For detailed information about breast reconstruction, visit [www.cancer.org](http://www.cancer.org).

A board-certified plastic surgeon since 1985, Noon is a graduate of the University of Wisconsin Medical School, a member of the American Society of Plastic and Reconstructive Surgery and has served as Chief of Surgery and Chief of Staff at St. Mary's Hospital in Madison, Wis. He has also served on the Board of Directors of Dean Health System, Sisters of St. Mary's Medical System SMS of Wisconsin and Wisconsin International Medicine Service, in addition to his post as Associate Clinical Professor of Plastic Surgery at the University of Wisconsin.

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