



Emme Jackson, MD | Board Certified Plastic Surgeon

As a plastic surgeon, supporting breast reconstruction patients and working together during the breast restoration process is the most rewarding and gratifying work that I do. I collaborate with oncologists and general surgeons throughout Maryland, Pennsylvania, Virginia and West Virginia to provide breast cancer patients with the best-coordinated care possible.

It's the time I spend with you personally, before any procedure, that is as important as the procedure itself. Thoroughly covering your questions, your expectations, your individual desires and wishes, respect for your privacy... all of this and more will be addressed with sensitivity and understanding. After your consultation you should feel completely comfortable with your decision.

Dr. Emme Jackson

UPMC Western Maryland Plastic Surgery



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About Dr. Jackson

Dr. Emme Jackson graduated from West Virginia University School of Medicine in 2006. She then completed a five-year residency in general surgery at WVU and a three-year residency in plastic surgery at the University of Tennessee Chattanooga. She is board certified in general surgery and plastic surgery.

Dr. Jackson joined the medical staff at UPMC Western Maryland Health System in October of 2014.

She has developed a plastic surgery practice to combine state-of-the-art surgical techniques with impeccable judgment and an artist's eye. Dr. Jackson specializes in cosmetic and reconstructive surgery of the breast, body, and face.

For a personal consultation with Dr. Jackson, call **240.964.8931**. Visit **wmhsplasticsurgery.com** for patient testimonials and additional information on breast reconstruction.





A mastectomy can be a lifesaver, and not the end of your life.

A woman's breasts are integral to her femininity and self-confidence which makes a diagnosis of breast cancer so life changing. Most women with breast cancer have some type of surgery - either a lumpectomy that removes malignant tissue while sparing the rest of the breast or a mastectomy that removes the entire breast.

If you've been diagnosed with breast cancer or are at very high risk of developing it in the future, your doctor may have told you about options to rebuild your breast or breasts — a surgery called breast reconstruction.

Ideally, breast reconstruction is performed at the same time as the mastectomy. In some cases, however, reconstruction is performed at a future date for medical or personal reasons. It is important to involve your reconstructive surgeon as early as possible to determine the best plan for your health.

Breast reconstruction helps to restore both physical and emotional balance after the surgical treatment of breast cancer.



A Consultation to Understand Your Options

If you are undergoing a mastectomy or lumpectomy, it is important to consider a consultation with a reconstructive plastic surgeon soon after your breast cancer diagnosis. The consultation will help you understand reconstructive options. Making an informed decision early in the treatment plan can affect your reconstructive results.

Whatever your age, relationship status, sexual activity or orientation, it is a difficult and painful journey to lose a breast. Feelings of anxiety, uncertainty, sadness - even mourning are all understandable and expected when giving up a part of your body that was one of the hallmarks of becoming a woman. Moving forward, you now have the opportunity to determine what you want to have happen next.

Breast reconstruction consultations with Dr. Jackson are provided at no charge to the patient.

Quick Facts

- Breast reconstruction can be performed at the same time as the mastectomy (immediate) or at a later date (delayed).
- Reconstruction does not affect cancer detection in future screenings or influence the odds of cancer returning.
- Breast reconstruction can be done with breast implants (filled with saline or silicone), natural tissue flaps (using skin, fat and muscle from your own body) or a combination of these methods.
- Breast reconstruction rebuilds the shape of the breast, however, it doesn't restore sensation to the breast or nipple.
- Recovery from breast implants normally takes 4-6 weeks, while recovery from natural tissue flaps is expected to take 6-8 weeks.
- Smokers and women who are overweight have an increased risk of complications for all types of breast reconstruction.
- All group health plans that pay for mastectomy are also required to cover prostheses and reconstructive procedures to both the cancer side and contralateral breast for symmetry.



Breast Reconstruction Options

The decision to undergo reconstructive surgery is extremely personal and there are many techniques designed to meet the individual goals and physical needs of each patient.

Dr. Jackson will help you choose the type of reconstruction that will give you the best results and "fit with your lifestyle."

Tissue Expander Plus Implant Reconstruction

The most common way to reconstruct a breast is to use a combination of a tissue expander and an implant. A tissue expander is a small "balloon" that is inserted in the envelope formed by the breast skin and chest muscle. In the following weeks, the balloon is filled with saline (sterile salt solution) through a small valve. This process allows for the creation and stretching of skin, much like what happens to a woman's belly during pregnancy.

Remodeling of the skin requires about six weeks. Several months later, after sufficient skin has been created, a second procedure is performed in which the tissue expander is removed and a permanent breast implant (saline or silicone) is placed. This is done in an operating room, but is usually an outpatient surgery. Recovery normally takes 3-4 weeks.

Some women do not need tissue expansion and can have an implant directly inserted at the time of mastectomy. These cases, however, are the exceptions rather than the rule.



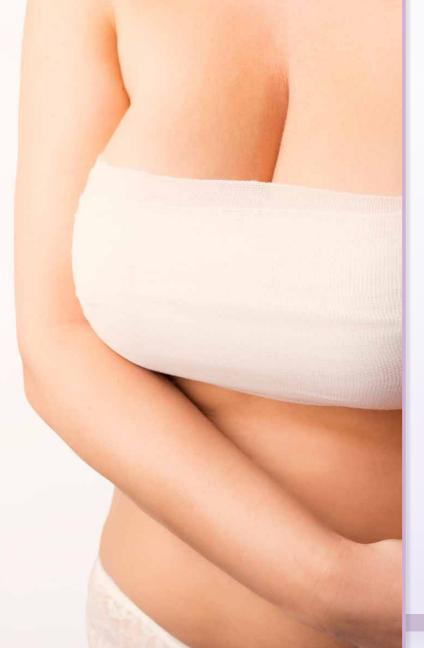
Natural Tissue Flap Surgery

This procedure uses the patient's own tissue to build the new breast(s). A section of tissue is taken, generally from the belly area, back, buttocks or thighs. This will leave a large scar in the area of the body that the tissue was taken. The tissue is brought to the mastectomy site, and shaped into a new breast closely matching the opposite breast.

Natural tissue flap surgery is lengthier than other reconstructive options and requires more time for recovery, approximately 6-8 weeks.

For women who will need radiation therapy after mastectomy, a flap breast reconstruction is usually required as their second procedure. This greatly lowers the chances that the reconstructed breast will not be harmed by the radiation therapy and provides soft, non-radiated tissue at the mastectomy site.





Nipple and Areola Reconstruction, The Final Step

Creating the nipple-areola area is the last step in completing a breast reconstruction. However, some patients are comfortable without having a nipple, and do not wish further procedures.

One approach is to create a nipple mound from skin taken as a local flap on the reconstructed breast. The areola can then be tattooed or reconstructed with a skin graft taken from elsewhere on the body. Common donor sites are the inner thigh and labia.

Others choose tattooing without reconstruction. This allows coloring to create a three-dimensional (3D) tattoo to create the look of the nipple and areola.

We advise checking with your insurance before getting a tattoo as this step may not be covered.



Follow-up Care and Rehabilitation After Breast Reconstruction

Any type of breast reconstruction increases the number of side effects a woman may experience compared with those after a mastectomy alone. Most women feel tired and sore for several weeks following their breast reconstruction.

For some types of surgery, you may have one or more small tubes called a surgical drain in place when you go home from the hospital. This allows extra fluid from the surgery to escape. You will learn how to take care of the drain. You will need to wear a dressing while your reconstructed breast heals.

Overhead lifting, strenuous sports and sex should be avoided for 4-6 weeks after reconstructive surgery. Most women can resume normal activity within 8 weeks.

Remember that it may take some time to see the full results of your reconstructed breast. The bruising and swelling from the surgery may take up to 8 weeks to go away.

Most women have a period of emotional adjustment after breast reconstruction.

Feeling anxious or depressed is common. It may help to talk with a counselor or other women who have had breast reconstruction.

Contact the American Cancer Society at 1-800-ACS-2345 for support groups in your area.



Cost of Breast Reconstruction After Mastectomy

Breast reconstruction procedures should be covered by your health insurance plan, whether they are done right away, soon after mastectomy, or many years later. This includes procedures that may be needed over time to refine the reconstructed breast and/or to create symmetry (balance) between the two breasts.

The Women's Health and Cancer Rights Act of 1998 requires all group health plans that pay for mastectomy to also cover prostheses and reconstructive procedures. In addition, Medicare covers breast reconstruction, while Medicaid coverage can vary from state to state. Government-and church-sponsored plans are not necessarily required to cover reconstruction, so you may need to check with your plan administrator.

It's always best to communicate with your health insurance provider up front and check on what exactly is covered so you can avoid the work of trying to get payment later.

For additional information, contact UPMC Western Maryland Plastic Surgery, (240) 964-8931.

Patient Safety

Reconstructive breast surgery carries risks, so safety is an important consideration. Our patients enjoy the peace of mind that comes from receiving treatment at UPMC Western Maryland Health System, a renowned regional medical center known for its unyielding commitment to providing high-quality, safe care.

The purpose of this brochure is to give you a basic understanding of breast reconstruction. It is designed to assist you in making an informed decision. It is not meant to replace a thorough consultation with a plastic surgeon.

Surgical Procedures

Face

- Face Lift
- Neck Lift
- Eyelid Surgery
- Rhinoplasty (Nose)
- Brow / Forehead Lift
- · Cheek Augmentation
- Chin Augmentation
- · Facial Fat Grafting
- Maxillofacial Trauma

Body

- Tummy Tuck
 Abdominoplasty
- Liposuction
- · Mommy Makeover
- Massive Weight Loss
- Arm Lift
- Thigh Lift
- Butt Augmentation
- Hand Surgery / Carpal Tunnel Syndrome

Breast

- Breast Augmentation
- · Breast Reconstruction
- Muscle Flap Reconstruction
- Breast Lift Mastopexy
- Male Breast Reduction
- Breast Reduction
 Mammoplasty

Nonsurgical Procedures

- Chemical Peel
- Lip Augmentation
- Fillers
- BOTOX® Cosmetic
- Juvederm^e
- Kybella[®]

Breast Reconstruction

- Simultaneous Breast Reconstruction
- Staged Breast Reconstruction
- Delayed Breast Reconstruction
- Muscle Flap Reconstruction



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