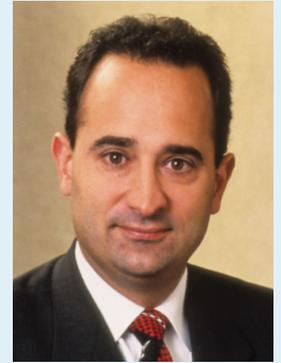


NY BLUE NOW MAGAZINE INTERVIEWS

DR. DAVID ABRAMSON

ON BREAST RECONSTRUCTION AFTER CANCER

By Beth Sarafraz



In acknowledgement of Breast Cancer Awareness Month this past October, we interviewed Dr. David Abramson, a physician who practices plastic and general surgery in New York (Manhattan) and New Jersey (Englewood).

Dr. Abramson, born in New York City and raised in Tenafly, New Jersey, graduated Johns Hopkins University in Baltimore, graduating Phi Beta Kappa. He then attended New York University School of Medicine, graduating as president of his class, in 1988. After that, Dr. Abramson completed a residency in general surgery at the State University of New York Health Science Center at Brooklyn (Downstate). In 1993, he completed a residency in Plastic and Reconstructive Surgery at the prestigious Harvard/Brigham/Children's Division of Plastic Surgery. He then continued at Harvard/Brigham to complete a fellowship in Craniofacial Surgery.

Dr. Abramson has published more than 30 articles and book chapters on various topics in plastic and reconstructive surgery and lectures at various hospitals on new techniques for breast reconstruction, among other medical topics. He is certified by the American Board of Plastic Surgery and serves as President of the New York Regional Society of Plastic Surgeons. Dr. Abramson is the Chief of the Department of Plastic Surgery at Englewood Hospital and Medical Center and Associate Clinical Professor of Surgery at the Mount Sinai School of Medicine. He also practices at Lenox Hill Hospital in Manhattan.

Once a woman hopefully survives surgery and treatment for the cancer, she will usually seek out a doctor who can put her back together to look and feel like a woman again. We wanted to know more about this aspect of medical intervention for breast cancer patients and convey our thanks to Dr. Abramson for being so kind to answer our questions.

NJBN: Have you seen an increase in women coming in for breast reconstruction after cancer? What are their ages? Their occupations?

Abramson: There has been an increase over the past few years as more patients are aware of reconstructive options. Also, more patients are requesting bilateral mastectomy, particularly those with BRCA genes. Their ages range from the 20's to the 70's and they are from all walks of life.

NJBN: How would you describe the typical woman's mood after a mastectomy and looking forward to reconstruction? Are her expectations realistic? Do women bring family members, husbands, boyfriends or others to a consultation in your office? Do women with support from friends and families do better?

Abramson: The mood and mindset of patients varies greatly and sometimes cannot even be predicted at the initial visit. The more support a patient has, the better she will do, psychologically. Family and friends are always welcome at the consultation. I have actually added some videos and information that I show patients at the consultation and they have access to it from home so that they can review the information either alone or with a family member.

NJBN: What kind of reconstruction surgery do you do? Have there been any advances in this type surgery since you first started doing it? How long do breast implants last? What other reconstructive surgeries are available besides using implants -- for example, creating breasts from stomach fat, etc.? What is the process like, from beginning to end? Do you come into the operating room with the breast surgeon, to insert tissue expanders immediately after the mastectomy is performed? Or do you see women at a later time after that?

Abramson: There are reconstructions using implants, tissue from the abdomen and from the back. The use of implant reconstruction has increased in recent years with the reintroduction of silicone gel implants and also the multitude of patients requesting bilateral reconstruction. Breast implants are not lifetime devices but some patients can keep them for more than 20 years without problems. These patients need to be followed yearly and if a problem develops with the implant, that can be addressed.

NJBN: After reconstruction, can you describe the changes you see in women?

Abramson: The reconstruction is a process. The initial concerns are usually related to the cancer and as the reconstruction draws towards its completion, most patients regain a sense of comfort with their appearance.

NJBN: Are there any women you cannot help? Are there women who choose to use foam pads instead of getting reconstruction surgery?



Abramson: There will always be people that have increased risk of complications that may outweigh the benefits of the reconstruction. All factors need to be evaluated. Breast prosthesis can be used for these patients.

NJBN: Can you describe, in anecdotal form, the typical woman coming to see you after cancer surgery, how you advise her, etc., what happens next, following her into the operating room with you, after her recovery, etc. You don't need to give her name (due to privacy laws), just paint the picture for our readers. For example, what do you do when a woman comes to see you and says: "Doctor, I just survived breast cancer surgery, but every time I look at myself in the shower, I want to die. Can you help me?"

Abramson: Most patients that I see have not had their mastectomy yet. They come with a level of knowledge from the breast surgeon because we will work as a team in these circumstances. There are a minimum of two consultations. The patient is marked prior to going into the operating room. After the first side mastectomy is complete, I will start the reconstruction while the second mastectomy is being performed.

I will then proceed to reconstruct the second breast. The patient will usually stay in the hospital for 1-2 nights. The tissue expanders (temporary implants) are filled every other week in the office. There are usually 3-4 months between the first and second stage, which could be either an implant exchange or nipple reconstruction. Additional stages are usually 3-4 months apart. The whole process will take about 8-12 months, unless chemotherapy and radiation delay things.

NJBN: Do insurance companies always cover this type surgery? Do they also cover plastic surgery on the non-cancerous breast, to make it match the breast being reconstructed?

Abramson: These procedures are covered by both state and federal law, including symmetry procedures for the opposite breast.

[Editor's Note: Dr. Abramson can be contacted at his New York office, 42A East 74 Street, New York, NY 10021, at 212-774-1828, or at his New Jersey office, 363 Grand Avenue, Englewood, New Jersey 07631, at 201-568-6977. He can also be reached via email, at: plasticsurgerydoc@yahoo.com.]