

## **Nipple-Sparing Mastectomy and Breast Reconstruction Can Preserve the Natural Look of the Breast, Says Houston Plastic Surgeon Norman Rappaport, MD, FACS**

*A study in the Sept. 8, 2009 Journal of Clinical Oncology reports that nipple-sparing mastectomy may be suitable for some breast cancer patients, as well as for women undergoing a preventive mastectomy. The researchers found that leaving the nipple and areola in place during mastectomy allows plastic surgeons to reconstruct a more natural-looking breast--and may even preserve a degree of nipple sensation.*

Houston, TX ([PRWEB](#)) October 1, 2009 -- "The loss of the nipple and areola is basically the largest deformity after a mastectomy, but now some women have a promising new option," says Houston board-certified plastic surgeon Norman Rappaport, MD, FACS.

"There's a trend of [conserving the nipple and areola](#) in certain mastectomy patients, with replacement of the breast mound itself but sparing the anatomical landmarks of the breast," Dr. Rappaport explains.

"Being able to keep my nipples after my mastectomy has made every difference in the world for me personally," says Stefanie, who was diagnosed with breast cancer at age 30. "Was it for vanity reasons? Of course it was. Having my natural nipples and breast reconstruction has helped me mentally, emotionally and physically."

The Sept. 8, 2009 Journal of Clinical Oncology reports that nipple-sparing mastectomy may be suitable for selected breast cancer patients with small tumors and a low risk of nipple involvement in their cancer. It is also an option for women who choose to have a prophylactic, or preventive, mastectomy after testing positive for the BRCA1 or BRCA2 gene.

Traditionally, [breast reconstruction surgery](#) is done in several phases. The breast mound is replaced with implants, the patient's own tissue or a combination of the two. Then, in a later procedure, the plastic surgeon tattoos an areola (the darker area surrounding the nipple) and uses a flap of the patient's skin to make a small bump resembling a nipple, then grafts it onto the breast mound. "But when the nipple is spared, mastectomy and reconstruction can be done at the same time," Dr. Rappaport explains.

Leaving the nipple and areola in place after mastectomy allows women to have very natural-looking breasts after reconstructive surgery. "After nipple-sparing mastectomy and reconstruction, some women actually have a better shape to their breasts than they had before," says Dr. Rappaport.

"Being able to keep my nipples has helped my self-esteem, self-confidence and sexuality," says Stefanie. "I didn't want to feel less of a woman when I started dating again. Being free of disfigurement has made me feel more accepted into society."

On Sept. 29, Dr. Rappaport presented a lecture on nipple-sparing mastectomy to the Breast Cancer Tumor Board at Houston's Methodist Hospital. "This is a controversial topic," he acknowledged.

"There is a risk of residual tumor, but we can always go back and remove the nipple and areola if necessary," he

told the doctors. "In that case, the nipple-sparing mastectomy will have saved a significant amount of skin, which then makes reconstructive surgery that much easier."

"It's important for mastectomy patients to meet with a plastic surgeon before any surgical intervention so they fully understand their options," says Dr. Rappaport. "If the woman opts for reconstructive surgery, it's best for her general surgeon, oncologist and plastic surgeon to work together as a team."

What determines whether a woman is a suitable candidate for nipple-sparing mastectomy? "A lot has to do with the mentality and philosophy of the general surgeon and the breast tumor board you're working with," Dr. Rappaport explains.

"Not every patient is a candidate for nipple-sparing reconstruction. There are certain criteria you need to meet aside from the tumor, its location and distance from the nipple-areola complex. Many factors need to be taken into consideration."

"But, given an appropriate team approach, there is a possibility of being able to preserve the anatomical landmarks of the breast rather than just replacing the breast mound itself," Dr. Rappaport adds.

"I think it's crucial to be sure that every breast cancer patient knows about the option of nipple-sparing mastectomy," says Stefanie. "Some women might not care about it as much, but it should be a personal choice. The Breast Preservation Foundation offers more information about skin-sparing mastectomy at [www.breastpreservationfoundation.org](http://www.breastpreservationfoundation.org).

Breast reconstruction surgery after mastectomy is covered by health insurance under U.S. law. [The Women's Health and Cancer Rights Act of 1998](#) requires coverage for all stages of reconstruction of the breast on which a mastectomy was performed. The law also requires insurers to cover surgery and reconstruction of the other breast to produce a symmetrical appearance.

For more information about nipple-sparing mastectomy and reconstruction, visit [www.normanrappaportmd.com/reconstructive/nipple-sparing](http://www.normanrappaportmd.com/reconstructive/nipple-sparing).

For more information on breast reconstruction, visit [www.normanrappaportmd.com/reconstructive/breast](http://www.normanrappaportmd.com/reconstructive/breast).

For more information about lumpectomy, visit [www.normanrappaportmd.com/reconstructive/lumpectomy](http://www.normanrappaportmd.com/reconstructive/lumpectomy).

Norman Rappaport, MD, FACS, is a Houston, Texas plastic surgeon board-certified by the American Board of Plastic Surgery. For more information, visit [www.normanrappaportmd.com](http://www.normanrappaportmd.com).

###



### **Contact Information**

**Susan Raef**

Houston Center for Plastic Surgery

<http://www.normanrappaportmd.com>

312.923.0100

### **Online Web 2.0 Version**

You can read the online version of this press release [here](#).

### **PRWebPodcast Available**

[Listen to Podcast MP3](#) [Listen to Podcast iTunes](#) [Listen to Podcast OGG](#)