

BREAST RECONSTRUCTION

Old way

Breast cancer surgery used to be “radical mastectomy,” which deformed the chest wall and was not suited for creation of a replacement breast.

New way

Breast cancer surgery and breast reconstruction has evolved so that now women have several different options, says Dr. Shashi Kusuma, of Suria Plastic Surgery, who practices in Plantation and Miami.

“The surgery has gone through a dramatic change in the last few years,” he says. “We can just leave it alone and put a prosthesis in the bra, but we have learned over time how to put expanders into the chest wall to create a space to put a new breast.” That can be done with implants.

Another alternative is building a new breast using the woman’s own tissue taken from the inner thigh, the buttocks, the back or the abdomen using just the skin and fat and the associated blood supply, which is then connected to vessels in the chest using microsurgical techniques, Kusuma says.

“It can oftentimes be superior to the breast tissue the woman had before surgery, but you need a team of properly trained people and a hospital equipped to do it. These operations can take up to six hours to do, but this is the latest way, and it has really changed women’s outcomes,” he says. A natural-feeling nipple can also be constructed using a bit of cartilage taken from elsewhere in the body, along with tattooing to create the area around it, the areola.

But Kusuma says only about 20 percent of women in the United States are offered reconstruction after breast surgery.

“Some doctors don’t recommend it. Some women can’t afford it. Insurance is supposed to cover it, but doesn’t reimburse adequately for it. Or women may not have enough time off to do it,” he says. But they should be informed of all their options.



Dr. Shashidhar Kusuma did his undergraduate studies at Emory University in Atlanta and his medical education at the Medical College of Georgia, Augusta, graduating at the top of his class. He interned in general surgery at Vanderbilt University Medical Center in Nashville, and completed Otolaryngology/Head and Neck Surgery at the same institution. He was board certified in the field in 2005 by the American Board of Otolaryngology, before pursuing additional training for two years in Plastic and Reconstructive Surgery at the prestigious Cleveland Clinic Foundation, in Cleveland, Ohio. He was board certified by the American Board of Plastic Surgery in 2007, then served as a staff surgeon in the Department of Plastic and Reconstructive Surgery at the Cleveland Clinic Foundation for four years. He currently seeks to establish a center of excellence in plastic surgery in South Florida.

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