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There is life—and beauty, and naturalness—after cancer

BREAST RECONSTRUCTION POST-MASTECTOMY Q&A WITH DR. FREDERICK N. LUKASH

No longer does a mastectomy patient have to settle for a special bra with a prosthetic breast or else worry about the effects of reconstruction surgery. It's safe, and it's being done to most breast cancer patients

IMMEDIATE RECONSTRUCTION IS REALLY THE STANDARD

Reconstruction of the breast after a mastectomy due to cancer (or other disease) is quite possible with today's surgical procedures. Congress has enacted mandatory insurance coverage for breast reconstruction. Using the newest medical techniques, a plastic surgeon is often able to create a breast that is similar in form and appearance to that of the natural breast. A consultation will provide you with information on the many available options for post-mastectomy breast reconstruction.

Long Island Image spoke with Dr. Frederick N. Lukash, M.D., FACS, FAAP, who has consistently been voted one of "America's Top Doctors" by the Castle Connolly guide, and by the Consumer Research Council of America (www.bestdoctors.com). A board-certified cosmetic and reconstructive plastic surgeon in practice in Manhattan and Long Island since 1981, he is an Assistant Clinical Professor of Surgery at the Albert Einstein College of Medicine.

Dr. Lukash received his college and medical degrees from Tulane University. His postgraduate training in surgery and plastic surgery includes Emory University, State University of New York, and Harvard University, where he held the position of Instructor in surgery.

Long Island Image: Who is a candidate for post-mastectomy reconstruction?

Frederick Lukash: Any patient who is going to have a mastectomy should be considered for reconstruction. Every woman should be given the information needed to make a decision, whether she considers implants or reconstruction with her own

body tissue, and whether the reconstruction is delayed following breast removal or whether she ultimately decides it should never be done.

LII: Have there been changes in views on reconstruction?

FL: My career spans 30 years, and it has dramatically changed. There were those, years ago, who were against immediate reconstruction. They thought there might be problems in detecting disease. As time went on and there was an increased understanding of recurrence rates, the old-time philosophy was replaced by a more forward-thinking one.

(According to the American Cancer Society, studies show that reconstruction does not make breast cancer come back. Studies also have shown that, if the cancer does come back, reconstructed breasts should not cause problems with chemotherapy or radiation treatments. The ACS also advises that if the patient is thinking about breast reconstruction, with either an implant or flap, she needs to know that reconstruction rarely, if ever, hides a return of breast cancer. The ACS says patients should not consider this a significant risk when deciding whether to have breast reconstruction after mastectomy.)

LII: Wasn't there a concern at one time about silicone implants?

FL: There was a media-induced scare with silicone implants, and a moratorium was put on them for cosmetic use. Saline implants were always allowed. But it was found that silicone had no deleterious effects on a person's health.

LII: How can the patient choose which reconstruction procedure to get?

FL: It's a cooperative decision between patient and surgeon, but it is ultimately the patient's choice. She has to be presented with all the options. For example, someone may

want to use her own body tissue for reconstruction but may be too thin.

LII: What about risks?

FL: With use of body tissue, it's a bigger operation and it takes more time, a bit more work. But the basic risks with surgery are the use of anesthetic and the possibility of bleeding and infection. And they are all very low.

LII: When can reconstruction occur? Is there a time limit?

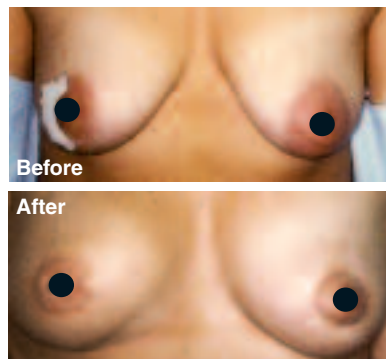
FL: We want to do most of them immediately, for psychological and healing reasons. Immediate reconstruction is really the standard. But you could wait forever. There is no statute of limitations on getting it done. Only women who are very old or very sick are the ones who choose not to do reconstruction.

(*Delayed reconstruction* means that the rebuilding is started later, according to The American Cancer Society. For some women, this may be advised if they need radiation to the chest area after the mastectomy. Radiation therapy given after breast reconstruction surgery can cause complications, according to the ACS.)

LII: What about expectations regarding results?

FL: Plastic surgeons usually set up relationships with breast surgeons. It is a process that has evolved into a very sophisticated art form. With the advent of tissue expanders, we can recreate a voluptuous pocket to receive the implants. With the utilization of body tissue, we can build up replicas of the breast. But you don't functionally need a breast. It's a big part, however, of the female psyche. We let patients know that one-sided reconstruction may age differently if only one breast is done. We show photos so patients can get a good idea of what to expect.

(The American Cancer Society reminds patients that they can decide if they want to have the nipple and areola [the dark area around the nipple]



Here are before and after photos of an immediate reconstruction with abdominal tissue

reconstructed. Nipple and areola reconstructions are optional and usually the final phase of breast reconstruction. This is a separate surgery that is done to make the reconstructed breast look more like the original breast. It can be done as an outpatient under local anesthesia. It is usually done after the new breast has had time to heal—about three to four months after surgery.)

LII: What about types of procedures?

FL: There are better choices now. Incisions have been made smaller. What we are attempting to do is a 100 percent quality-of-life maneuver. Patients are given a thorough briefing before they have the surgery. There are lots of ways to use your own body tissue, for example, but some may not choose this procedure because it takes more time, and more time off may be required.

LII: What is your goal as a plastic surgeon?

FL: I try to outline the entire scheme for the whole journey. I let the patient know that ultimately, we have to match one breast to the other. I make my judgment and call the breast surgeon up so we have mutually agreed on how much skin to leave, etc. The breast and the plastic surgeons have learned to be complementary. Most are staged reconstructions taking from six months to a year.

LII: How do patients react to reconstruction?

FL: The patients have become very enthusiastic. They see themselves getting rehabilitated.

LII: Does insurance cover these procedures?

FL: All reconstruction is covered, but it may not be free for the patient.

Costs to the patient are based on the rate scale of the insurance she carries.

LII: Are there patients who may have more trouble in recovery or not be as good candidates?

FL: Smokers, those with cardiac disease, or patients who suffer from obesity may find these conditions can have an impact.

(Surgeons may suggest you wait to get reconstruction, according to the ACS, for one reason or another, especially if you smoke or have other health problems. Many surgeons require you to quit smoking at least two months before reconstructive surgery, to allow for better healing. You may not be able to have reconstruction at all, says the ACS, if you are obese, too thin, or have blood circulation problems.) **IMAGE**

A Helping Hand at a Rough Time



by Isaac Leov

In addition to the physical toll taken by cancer, the emotional damage to patients and their loved ones can be devastating. Luckily, Long Island is home to several support organizations that offer numerous programs to help heal the mind while tending to patients' physical needs. Two of the most successful are run by Strength to Strength in Roslyn and Hewlett House in Hewlett, and *neither organization charges for any of its services.*

"Strength to Strength: FREE Cancer Wellness Program for Adults" is part of a wide array of services offered by Partners in Community Care (PICC), which includes counseling and support groups as well as resources and referrals for social service needs. It operates out of the Sid Jacobson Jewish Community Center in East Hills and is non-denominational and open to the public.

Licensed social worker Randy Hight is a co-facilitator of the program, along with certified exercise instructor Susan Touch. Randy says that the program has a twofold aim: "Our hope is to restore and maintain range of motion, improve strength

and flexibility to the body, increase lung capacity and endurance, and improve cardiovascular and cardiopulmonary fitness," she says. In addition, "The social service aspect hopes to minimize psycho-social distress, including depression, stress, anxiety, and loneliness."

Participants are taught proper breathing techniques to enhance endurance, engage in strength training and pilates and range of motion exercises, and are given supportive counseling services, both individual and group. Classes meet twice weekly and are customized to a person's physical and emotional needs. A physician's clearance is needed for the exercise classes.

If you are interested in the Strength to Strength program, contact Randy Hight at (516) 484-1545. The address is: Sid Jacobson JCC, 300 Forest Drive, East Hills, NY 11548, Attn: PICC.

Hewlett House is a community resource center operated by 1 in 9: The Long Island Breast Cancer Action Coalition. Despite the "Breast Cancer" specification in its name, Hewlett House has a long list of ongoing and regularly scheduled classes and support and discussion

groups that encompass all cancer-related illnesses as well as related referral and charity services. A small sampling of their offerings includes: family, cancer, and bereavement support groups; art therapy; yoga/stress reduction; adolescent support; a writers' roundtable; and discussions on a wide range of topics relating to the illness.

In addition to these, private and family counseling is offered, as is a long list of services and referrals to help someone who is trying to get back into the mainstream of life. These include such offerings as pro bono attorneys, beauty salons, eyeglass manufacturers, and prescription cards. To further ease the lives of those in need, Hewlett House celebrates Thanksgiving in July and Christmas in September, or any birthday whenever anyone feels the need. "Our goals are to be there with lots of hugs, love, and support, says Executive Director Geri Barish, "to help get each person who enters our doors, whether they are the patient, or someone in the patient's family, or a friend, to get that person to the next level, to relieve their anxieties, and offer information on legal, insurance, medication, doctors, and so on." Hewlett House services all of Long Island.

For information, contact 1 in 9 at 86 East Rockaway Road, Hewlett, NY 11557. They ask that you call to pre-register for classes and support groups at (516) 374-3190. Go to their websites at www.1in9.org and www.hewletthouse.org.



Sid Jacobson JCC