

02:56:00

DR. COHEN: Um, so you met with Dr. Peterson, right?

BARBARA L: I met Dr. Peterson.

DR. COHEN: Okay, fine.

X: Dr. Peterson's the one who sent you here?

DR. COHEN: Why don't you tell me a little bit about what's been goin' on? 'Cause I just have sort of a very cursory history here.

03:00:06

BARBARA L: Okay. Uh, I'll make it as brief as I can.

Um, I was diagnosed in the end of January with breast cancer, stage one.

DR. COHEN: Okay.

BARBARA L: Um, intraductal. Um...

DR. COHEN: And how'd they diagnose that? Did you have a mammogram, or was it...

BARBARA L: Mammogram.

DR. COHEN: ...a mass that you felt? Okay.

03:00:20

BARBARA L: Nothing was felt. Uh, they went in; I had a mammogram; then I went back for an ultrasound...

DR. COHEN: Okay.

BARBARA L: ...and then they sent me along for a biopsy.

DR. COHEN: All right. And that was on what side?

BARBARA L: The right side.

DR. COHEN: Okay. And the biopsy was positive, obviously.

BARBARA L: Correct.

DR. COHEN: For all intraductal? Noninvasive?

03:00:38

BARBARA L: Intraductal noninvasive, uh, in situ...

DR. COHEN: In situ, right, exactly, yeah.

BARBARA L: [UI].

DR. COHEN: Yeah, that's okay.

BARBARA L: Yeah, uh, and then after that, I had to go back for, they wanted to test the lymph nodes...

DR. COHEN: Um hm.

BARBARA L: ...in the area. And...

DR. COHEN: Um hm.

BARBARA L: ...um...

03:00:53 **DR. COHEN:** Did you have a sentinel node, or did you have...

BARBARA L: Yes. That's what I had. With the blue dye?

DR. COHEN: With the ch-, with the blue dye, exactly, okay.

BARBARA L: Yes, I'm still blue.

03:01:00 **DR. COHEN:** And that was all all right?

BARBARA L: That was fine.

DR. COHEN: Okay.

BARBARA L: The lymph nodes were all negative; they tested four. Uh, they did take out a broader piece...

DR. COHEN: Um hm.

BARBARA L: Some people call it lumpectomy, it was partial mastectomy...

DR. COHEN: Okay.

03:01:11 **BARBARA L:** ...different words were used.

DR. COHEN: Okay.

BARBARA L: But um, so that was taken out. And the margin came back differing at two different hospitals.

DR. COHEN: Oh, okay.

BARBARA L: So I was, you know, content moving at the hospital I was with.

DR. COHEN: Uh huh.

BARBARA L: Right to the oncology stage.

DR. COHEN: Okay.

03:01:29 **BARBARA L:** Then it was suggested, “Barbara, this is very serious, better get a second opinion.”

DR. COHEN: Okay.

BARBARA L: So I went to another place. Two very different ways of treatment.

DR. COHEN: Okay.

BARBARA L: I said, okay, now what do I do?

DR. COHEN: Um hm.

BARBARA L: Picked up all my films; everything I owned;

DR. COHEN: Um hm.

BARBARA L: ...went to the hospital; and off I went here.

DR. COHEN: Okay.

BARBARA L: Which family and friends had suggested I...

DR. COHEN: Right, okay.

BARBARA L: ...we come here.

DR. COHEN: Okay. You from around here? You are. Okay.

03:01:54 **BARBARA L:** Right. And so here I am.

DR. COHEN: And here you are. Okay. So, uh, when you spoke with Dr. Peterson, what did, you know, what, what did you determine? I mean, he had mentioned to me that there might be a possibility you were thinking about doing both sides?

BARBARA L: Correct. That’s...

DR. COHEN: Okay.

BARBARA L: ...that’s exactly where I’m at.

03:02:15 **DR. COHEN:** Okay. And uh, you came to that decision because?

BARBARA L: Kind of a gut feeling, actually.

DR. COHEN: Um hm.

BARBARA L: What I thought would be, would be best for me.

DR. COHEN: Okay.

03:02:23 **BARBARA L:** I mean, he presented it to me; this is where you are; you’re gonna be fine...

DR. COHEN: Uh huh.

BARBARA L: ...however, we need to get you all the facts you can to make your decision.

DR. COHEN: Okay.

03:02:33 **BARBARA L:** Um, and he sent me off for genetic testing.

DR. COHEN: Okay. And was, h-, ha-, is, was all of that back yet, or not?

BARBARA L: No.

DR. COHEN: Okay. It takes a while.

BARBARA L: I, yeah.

03:02:40 **DR. COHEN:** It's very frustrating. Do you have children?

BARBARA L: No.

DR. COHEN: Okay. Do you have sisters?

BARBARA L: I have one sister alive; one sister that's passed.

03:02:49 **DR. COHEN:** Okay. Is there breast cancer in your family?

BARBARA L: No.

DR. COHEN: Okay. So you're still, but you're still waiting for the gene.

BARBARA L: Right. I think, I went on, um, April 6th for that.

DR. COHEN: Okay.

BARBARA L: So, but irregardless of that, I...

DR. COHEN: Right. Uh huh.

BARBARA L: ...you know, had this feeling that this is, you know the best.

03:03:12 **DR. COHEN:** Okay. Um how old are ya? Let's get some basic...

BARBARA L: Forty one.

DR. COHEN: ...stuff. Forty one. And are you otherwise healthy? You don't have any medical problems? Any asthma?

BARBARA L: Not...

03:03:21 **DR. COHEN:** Thyroid problems?

BARBARA L: Just allergy and sinus.

DR. COHEN: Okay.

BARBARA L: That I could do without.

03:03:25 **DR. COHEN:** All right. Um, you don't smoke, do you?

BARBARA L: No.

DR. COHEN: Good. Never have?

BARBARA L: I smoked for about three years, when I was 20 to 23.

03:03:34 **DR. COHEN:** Okay. Some people say, oh yeah, I smoked up until last week, when I quit. Ha.
Ha ha ha. Um, okay. But not, not a smoker in recent history. Um...

BARBARA L: No.

03:03:42 **DR. COHEN:** ...activity level? Do you work during the day?

BARBARA L: Yes.

DR. COHEN: What do you do?

BARBARA L: Uh, administrative assistant.

03:03:47 **DR. COHEN:** Okay. So you're sitting at a desk, and you're not doing a lot of running...

BARBARA L: Uh huh.

DR. COHEN: ...around with heavy lifting, things like that?

BARBARA L: No.

DR. COHEN: Okay.

BARBARA L: No.

03:03:53 **DR. COHEN:** And how about normal activities? Do you...

BARBARA L: Um...

DR. COHEN: ...play a sport? Do you work out?

BARBARA L: Uh, I walk.

DR. COHEN: Okay.

BARBARA L: I'm a walker.

DR. COHEN: Okay.

BARBARA L: Do a little bit of running, but not enough to write home about.

DR. COHEN: Okay.

BARBARA L: But I'm a walker.

03:04:06 **DR. COHEN:** Well, I just like to get an idea of your sort of activity level. Sometime, eh, eh, it may play into what we discuss later on, as far as...

BARBARA L: Okay.

DR. COHEN: ...what types of procedures you're a candidate for.

BARBARA L: Okay.

DR. COHEN: Uh, so I just kinda like to get a, an idea of your activity level.

BARBARA L: Okay.

03:04:20 **DR. COHEN:** Do you have any history of back problems?

BARBARA L: None.

DR. COHEN: Disc problems?

BARBARA L: None.

DR. COHEN: Anything like that? No.

BARBARA L: No.

03:04:23 **DR. COHEN:** Okay. Um, well what we're gonna talk about, obviously, is what the options are for breast reconstruction.

BARBARA L: Okay.

DR. COHEN: Um, if you're abs-, you're, you're absolutely decided that it's gonna be both sides, right?

BARBARA L: Correct.

DR. COHEN: Okay. So I'll, just gonna talk about it as if it's, you know, assuming it's both sides. 'Cause sometimes it's a little different.

BARBARA L: Okay.

DR. COHEN: If it's one side versus two sides.

BARBARA L: Okay.

03:04:44 **DR. COHEN:** Uh, so it's actually sort of nice that you've had that decision already, 'cause a lot of people come and they want me to help them make that decision. But it's, it's...

BARBARA L: Oh.

DR. COHEN: ...good that you've done that already. So we know. And it's a little easier to focus on what we're gonna do.

BARBARA L: Okay.

03:04:56 **DR. COHEN:** Um, is your, um, is your weight stable? Does it fluctuate a lot, you know?

BARBARA L: Um...

DR. COHEN: Sometimes after the stress of finding out, things change.

BARBARA L: Yeah.

DR. COHEN: But um, just for, usual?

BARBARA L: Probably within 5 or 10 pounds. On and off. Well, that was really over the past year. But now, I think, you know underlying maybe the stress a little bit is making me just stay so thin, because, uh, you know.

03:05:19 **DR. COHEN:** Right. So you're a stress loser.

BARBARA L: Eating a lot.

DR. COHEN: Okay.

BARBARA L: Doesn't make sense.

03:05:23 **DR. COHEN:** I understand. So what we're gonna do is, um, basically talk about breast reconstruction, obviously.

BARBARA L: Okay.

03:05:28 **DR. COHEN:** Um, sort of the interesting thing about breast reconstruction is that it's all elective. Uh, it's all your choice. And uh, nowadays, you know, unfortunately there are more choices, and sometimes that makes it more difficult. But um, at the same time, at least, you know, my job is to sort of give you all the information, and that way you can make what's right for you. There really is no medical answer to what's...

BARBARA L: Okay, okay.

03:05:49 **DR. COHEN:** ...gonna be best for you, okay? Uh, there are basically two types of procedures. Uh, there's one type that's going to utilize implants, in one way or another. And there are other procedures that use only your own body tissue.

BARBARA L: Huh.

03:06:00 **DR. COHEN:** And whether you're a candidate for those or not, I don't know yet. I'm gonna take into an exam room, and I'm gonna take a look atcha.

BARBARA L: Okay.

03:06:06 **DR. COHEN:** And we'll determine part of it based on your body habits, 'cause that's an important part of it. And then, um, we'll come back in and we'll talk about all the different issues. Okay?

BARBARA L: Okay.

DR. COHEN: So we're gonna go move into an exam room, and I'll give you a gown and everything, and I'll just take a look at you. That's only gonna take like five minutes.

BARBARA L: Okay.

DR. COHEN: And then we'll come back here and we'll talk about it. Okay?

03:06:24 **DR. COHEN:**

All right, have a seat.

Now, did my office give you the, uh, the handout that I have?

// Basically what it is is it's just sort of a, a, an overview of everything we're gonna talk about.

BARBARA L: Okay, great.

03:06:35 **DR. COHEN:** Um, and I was sort of saying before that, you know, if, some-, sometimes people bring other people 'cause there's a lot of information that I'm gonna give you? And sometimes when you go home, you're gonna forget 90 percent of it.

BARBARA L: Oh.

DR. COHEN: So, but that's why I have a handout. 'Cause it's gonna really...

BARBARA L: Okay, good.

03:06:47 **DR. COHEN:** ...give you sort of the, the, the, the basic kind of nuts and bolts of all the information I'm gonna give you. And uh, that way you can go home, and if you forget anything, you can, you know, just sort of review it. It's all in there.

BARBARA L: Okay.

03:06:58 **DR. COHEN:** Um, and then if anything's not in there, and you get home and you go aha, that one most important thing I forgot to ask her, you can just give me a call; it's not a problem.

BARBARA L: Oh, sure.

DR. COHEN: Okay?

BARBARA L: Okay.

03:07:07 **DR. COHEN:** Um, so basically, like I said before, there are two types of breast reconstruction. There are ones that utilize implants; and there's ones that utilize your own body tissue. I want to start with the body tissue one, because of your specific instance, you know, instance...

BARBARA L: Okay.

03:07:19 **DR. COHEN:** ...you don't have a lot of body tissue. Which is a good thing; nice and skinny. Um, but, uh, you know, the, the issue of using the tummy tissue for reconstructing the breast is, it's pretty straightforward. Uh, like I was saying, um, I can basically use the tissue between your belly button and your pubic bone to reconstruct a new breast. And...

BARBARA L: Okay.

03:07:39 **DR. COHEN:** ...the point of using that is, in most women, uh, who are of the age category of getting breast cancer, you've got a lotta extra stuff down there. Um, and so because that's an area that I can transfer up to the area of the breast and still maintain its blood supply —

BARBARA L: Um hm.

03:07:55 **DR. COHEN:** — any time we move things around in plastic surgery, we're concerned about how to get blood supply to it.

BARBARA L: Right.

03:08:00 **DR. COHEN:** Uh, what I can take from down there generally is the skin and the fat that will fill in the area where the breast had been.

BARBARA L: Okay.

03:08:07 DR. COHEN: Uh, in someone who's as thin as you, what is, what is the issue is, how much of a breast are we gonna get if we just take what you have there. And the fact that you're having two breasts done obviously makes a difference, 'cause I have to cut it in half, and only use half...

BARBARA L: Right.

DR. COHEN: ...for one side and half for the other side.

BARBARA L: Okay.

03:08:23 DR. COHEN: So, uh, I, I just want to sort of draw you a quick schematic of what that means, and then you'll sort of have a little better understanding of what I'm talking about.

BARBARA L: Okay.

03:08:31 DR. COHEN: So, uh...that you know what I'm talking about when we get into it. Um, [if] that's just sort of the quick schematic of you, you have...

BARBARA L: Okay.

03:08:43 DR. COHEN: ...muscles — called erector muscles; those are the ones that give you, you know, your washboard abdomen — and everybody has them. They run up and down in your abdomen, just like that, okay?

BARBARA L: Uh huh.

03:08:54 DR. COHEN: Um, doing that — this is called a TRAM flap, you know. If, if, if...

BARBARA L: Okay.

03:08:57 DR. COHEN: ...nobody had given you sort of the official word for it yet, it's called a TRAM flap. And what it is is basically a tummy tuck. It's basically removing the same type of tissue I would remove for a tummy tuck; but it's keeping that tissue alive by a blood vessel. Okay?

BARBARA L: Oh.

03:09:12 DR. COHEN: And what you can basically do is you can take everything that you would take with a tummy tuck — which is sort of in this area, like that, okay? All that area between your pubic bone and your belly button.

BARBARA L: Okay.

03:09:24 **DR. COHEN:** And I can transfer it up to the breast. And the reason I can do that is because there's a blood vessel that runs through your muscles, like this; um, and when it gets down below, or at the level of your belly button, those little blood vessels turn, and they come out through the skin and the fat, and they branch out like the branches of a tree.

BARBARA L: Oh.

DR. COHEN: Okay?

BARBARA L: Uh huh.

03:09:43 **DR. COHEN:** And so in general, in a standard TRAM flap, what we can do is we can disconnect this skin and fat from everything it's attached to, as long as we keep it attached to these little perforating blood vessels. If we keep it attached to those little perforating blood vessels, I can do one of two things.

03:09:57 I can either cut this muscle, and then release this muscle; as long as I keep this blood vessel intact, I can swing this flap of tissue anywhere that little muscle will let it reach. And that's one of the ways that we do a TRAM flap. We just rotate this up to the breast by bringing this around under the skin this way...

BARBARA L: Okay.

BARBARA L: ...and all of this tissue now sits up in here.

BARBARA L: Okay.

03:10:22 **DR. COHEN:** Okay? There's another way of doing that, which is called a free TRAM, which, uh, you may or may not read about, if you're reading about this, where we basically cut the muscle here...

BARBARA L: Um hm.

DR. COHEN: ...and we use a little blood vessel that comes out this direction. And we take it separately from the body--

BARBARA L: Right.

DR. COHEN: Disconnect it completely; and then reconnect it up here to the little blood vessels that are in the underarm.

BARBARA L: Wow.

DR. COHEN: Okay? Um, I just want to describe...

BARBARA L: Okay.

DR. COHEN: ...the ways that it's done.

BARBARA L: Okay.

03:10:44 **DR. COHEN:** But I, I just wanted you to sort of understand what you have to do. In order to do it to both sides, you need-, you, you need to use both muscles. In order to do it to one side, you only have to use one muscle.

BARBARA L: Okay.

03:10:55 **DR. COHEN:** So to do it to both sides, we do basically the same procedure, but we're going one direction, and then we're going the other direction. And I can only use half of what we have down there. Okay?

BARBARA L: Um hm.

03:11:05 **DR. COHEN:** Now, I can't use this tissue over here, and I can't use this tissue over here because it's not connected to the blood supply...

BARBARA L: Okay.

DR. COHEN: ...of, of, of the front part of your belly right there.

BARBARA L: Um hm.

03:11:15 **DR. COHEN:** Okay? So that's basically what we have available. Now, could I do a TRAM flap on you, to both sides? Sure. It would be fairly simple, because you're thin, and you're healthy, and you don't smoke, and you have sort of all, uh, you know, none of the positive risk factors for making this a more complicated procedure.

BARBARA L: Okay.

03:11:31 **DR. COHEN:** So I could certainly do one. Um, this is a long surgery. It requires a lot of hours in the operating room, somewhere between six and eight hours of surgery.

BARBARA L: Hm.

- 03:11:41** **DR. COHEN:** Um, usually about three to five days in the hospital, and about six weeks of recovery time.
- So the question becomes, it's, it's a great operation, because you get two breasts with no implants. Okay? It's all your own body tissue. So once it heals, it does everything your body's gonna do. It's gonna gain weight and lose weight and wrinkle and sag, and fight infection, and do all the things that the rest of your body tissue does. It also looks the most like a breast, because it is made of the same stuff, essentially.
- BARBARA L:** Okay.
- 03:12:09** **DR. COHEN:** Um, but the real issue becomes what size breast are we gonna get out of what you have down there. And you can sort of, you can sort of tell; you can kinda tighten your tummy muscles, and squeeze there. And you can feel it. You can sorta put your hand around it, and...
- BARBARA L:** Um hm.
- DR. COHEN:** ...you can put your hand around the size of your natural breast, and you can kinda compare them. And you would be a lot smaller. You would be a lot smaller. Okay? Ha ha ha ha.
- BARBARA L:** Ha ha ha ha. Hard to match 'em.
- 03:12:31** **DR. COHEN:** Well maybe it's hard to match 'em, but trust me when I say, you'd be a lot smaller...
- BARBARA L:** [Okay].
- DR. COHEN:** ...if we did this procedure to both sides. Which is fine...
- BARBARA L:** Okay, which is fine.
- DR. COHEN:** ...if you don't mind being a small A cup, you know, uh, then that's okay.
- BARBARA L:** It's something to think about.
- DR. COHEN:** It's something to think about. Well, all this stuff is gonna be to think about; exactly.
- BARBARA L:** Okay, okay.
- 03:12:47** **DR. COHEN:** Uh, that's one of the options. That's basically the only viable option for avoiding having implants at all. Okay?

BARBARA L: Okay.

DR. COHEN: Um, is really the tram flap. There are other ways.

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03:12:58 you will see, um, another, another procedure, called a gluteal flap. Which is basically from the buttock... Okay? And a gluteal flap sort of utilizes the fat from the lower part, or sometimes the upper part, of the buttock.

03:13:10 Now, that sounds great. Ha. Uh, and a lotta people would like to do that as well. Um, the reason why I don't usually recommend that for people — um, I've done them —

03:13:19 but the reason why I don't usually recommend that for people is because that is a free flap; that's sort of the second procedure that I mentioned here, where we disconnect the tissue from the body completely. And then reconnect it up here.

//

03:13:28 Uh, the other choices I'm gonna talk about are gonna include implants. Okay? Uh, the simplest operation including an implant is called the tissue expander with an implant. And uh, what, what people, what you sort of have to understand is that you can't just do a mastectomy, leave the skin envelope, and take an implant, and put it into that envelope, and close it up, and be all finished, okay?

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03:13:51 **DR. COHEN:** And uh, what happens is, Dr. Peterson does the mastectomy. Then when he's finished with his part of the case, I come in, and I lift up your pectoralis muscle, and I put an implant in behind it.

Now, the downside to this operation is that, the upside to it is that it's a very quick procedure; it only takes about 45 minutes per side, whether you do one side or two sides...

BARBARA L: Wow.

DR. COHEN: ...doesn't make a difference.

//

03:14:08 **DR. COHEN:** So what I need to do in order to accomplish that type of reconstruction is to put what's called a tissue expander — which is basically an empty implant — uh, behind the muscle. One that has less than full volume in it.

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03:14:16 **DR. COHEN:** ... The other issue is, is that from a cosmetic standpoint, I can't make that tissue expander look as breast-like as I can make a regular implant look. Uh, what I do is I take the expander, the expander's job is just to make space. It will expand wherever it's easiest for it to expand; where the tension is the least.

//

03:14:29 **DR. COHEN:** Implants have basically three types of complications. It's a foreign body. And it's inside your body.

BARBARA L: Right.

03:14:33 **DR. COHEN:** And your body's gonna have a reaction to it. Now, you know, millions of women have breast implants, and they do just fine with them. Um, but what your body is gonna do is form a scar around it. And every woman who has an implant has a scar around their implant. (Most women don't know that they have it.)

//

03:14:44 Um, another complication from the implant could be rupture or leakage.

BARBARA L: Uh huh.

03:14:47 **DR. COHEN:** Which means, it's just basically a balloon, and it's filled with either saline or silicone. And the integrity of the implant can be lost.

//

03:14:54 **DR. COHEN:** Okay? So those are the three choices. And again, I gave you the handout that has all of the pluses and minuses in there.

BARBARA L: Okay.

03:14:59 **DR. COHEN:** Um, I wrote the handout a while ago. And so the latissimus is not necessarily highlighted in there, but it is in there just as much as the other ones are.

BARBARA L: Okay.

03:15:06 DR. COHEN: Um, in my practice, I probably do about, right now, I probably do about 50 percent latissimus, and probably about 40 percent TRAMs, and probably about 10 percent tissue expanders.

03:15:17 Now the, the percentages has to do more with each individual patient, because it's a different choice for every single patient, depending on how old they are, and how much they weigh, and whether they're doing one or two, and what their cancer is like, and all that kind of thing. It's a very individualized choice. But as far as what people tend to choose, that is sort of the, the breakdown of what, of what I do in my practice nowadays.

03:15:39 Um, I can do any of those operations on you. Okay?

BARBARA L: Okay.

DR. COHEN: You, you can have any of those operations. Uh, so that's why it sort of becomes a difficult choice.

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03:15:50 and it tends to get, have a less percentage of capsular contracture, or less percentage of rupture and leakage and infection, those kind of things. Uh, but that doesn't mean it can't happen.

BARBARA L: Um hm.

03:15:58 DR. COHEN: That doesn't mean it can't happen in a latissimus. Um, the tissue expander, again, is a much easier operation to go through; you're not making incisions anywhere else in the body.

But you are going through two procedures.

Have I talked your ear off? Are you completely confused now? Heh. Heh.

03:16:12 BARBARA L: Not really. A little bit...

DR. COHEN: Okay.

BARBARA L: ...but not too much. I...

DR. COHEN: Okay.

BARBARA L: The latissimus?

DR. COHEN: Yes.

BARBARA L: [UI].

DR. COHEN: Yes. Yes. You can just say that back one.

BARBARA L: [UI] that L one?

DR. COHEN: Yeah.

03:16:21 **BARBARA L:** Is that, you said what? It would cover the mastectomy. What about the nipple?

Does that...

DR. COHEN: That's exactly where, uh, the latissimus...

BARBARA L: It would be?

DR. COHEN: ...is gonna...

03:16:29 **BARBARA L:** So I wouldn't have one?

DR. COHEN: ...is gonna fill in. Uh...

BARBARA L: [Right].

DR. COHEN: If, you know, if we forget about the TRAM flap here, for a moment?

BARBARA L: Right.

03:16:36 **DR. COHEN:** Uh, Dr. Peterson told you that he's going to do skin-sparing mastectomies, right?

BARBARA L: Right, right.

DR. COHEN: Which means basically, he's just going to remove the nipple, through an incision that goes right around it.

BARBARA L: Okay.

03:16:45 **DR. COHEN:** And all the breast tissue. The rest of this skin is all still gonna be there. Right?

BARBARA L: Okay.

DR. COHEN: So when you do a latissimus, what you do is, I will take a piece of skin from the back, that's attached to the muscle...

BARBARA L: Okay.

DR. COHEN: ...that's the same size as that nipple that was there.

BARBARA L: Okay.

03:17:01 **DR. COHEN:** And so that, the muscle then will sort of be here. And that little skin flap will be there. And so when you wake up from that surgery, uh, you'll see the incision around the nipple, and then in here will just be skin from your back. So there won't be a nipple there.

BARBARA L: Okay.

DR. COHEN: Okay?

BARBARA L: Okay.

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03:17:18 **DR. COHEN:** Um, all these procedures, I have, um, photos of. And what I usually do is, um, I, I, first of all, I never just see anybody once before I operate on them.

BARBARA L: Okay...

DR. COHEN: So this is just...

BARBARA L: Okay.

03:17:28 **DR. COHEN:** This consult is really just to give you all the information...

BARBARA L: Okay.

DR. COHEN: ...to load a whole lotta stuff on top of you...

BARBARA L: Okay.

03:17:34 **DR. COHEN:** ...and let you kin-, I, I don't even sorta like when people make their decision right now. I think...

BARBARA L: I have none.

DR. COHEN: ...you should sort of go home...

BARBARA L: Ha ha ha, ahh...

DR. COHEN: ...take a breather...

BARBARA L: Okay.

03:17:40 **DR. COHEN:** ...forget about this stuff for a few hours.

BARBARA L: Okay.

DR. COHEN: Look over the, uh, look over the handout that I, that I give you.

BARBARA L: Okay.

03:17:47 **DR. COHEN:** Um, what I do, before you leave here today, is, um, I'll let you talk to Maureen — she's my office manager —

BARBARA L: Okay.

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03:17:53 **DR. COHEN:** Uh, Maureen can give you names of people, um, who have had it done. Um, the same age category; similar diagnosis; same reconstruction, whether it's a TRAM flap, a latissimus flap, or a tissue expander, I've got lots of people who are happy to talk to you about it. Um...

BARBARA L: Okay.

03:18:06 **DR. COHEN:** ...and they can answer some questions that I can't answer, like how did it feel? You know. Can't, how, how, how is your strength in your shoulder afterwards? **03:18:12** Uh, can you laugh and talk and cough after you've had a, a TRAM flap? You know, all those things that, that, that I don't know, 'cause I haven't actually physically had it done. So, um, I think that that can be helpful. It can be helpful if you're sort of deciding between two, you know...

BARBARA L: Um hm.

DR. COHEN: ...if you've sort of narrowed it down to two different procedures, and you want to sort of use a tiebreaker...

BARBARA L: {laughs} Yes.

03:18:30 **DR. COHEN:** ...it might be helpful to talk to somebody who's had it.

BARBARA L: Okay.

03:18:33 **DR. COHEN:** Uh, things like that. And certainly, I have had people who have gone home and only ended up more confused than whe-, before they came here, and I would suggest if that happens,

03:18:43 then by all means, make another appointment, come back, and we'll sit down and talk about it again. I had one lady who came back four times before we actually...

BARBARA L: Wow.

03:18:49 **DR. COHEN:** ...decided what it would be that she would do. And I think we came to the right answer, you know.

BARBARA L: Oh, good.

03:18:54 DR. COHEN: Sometimes after you leave, I'll go, you know what? I know what the right procedure for her is, and so-, and sometimes that doesn't happen. But I think we should sort of at least be in agreement on it, you know. Uh, so...

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03:19:02 Um, the only other decision-making process you have to make is if you decide to go with the latissimus muscle — and only the latissimus muscle — you have to choose between silicone and saline, because I'll be putting the final implant in at the time of the mastectomy.

BARBARA L: Okay.

03:19:14 DR. COHEN: And so if you do decide to go into that — and I think you've got enough to think about today that I don't want to start putting even more stuff in your head — um, and if you decide to go with the latissimus, just let me know, and we'll just have a five-minute discussion on what the positives and minuses are of...

BARBARA L: Of the s-...

DR. COHEN: ...silicone versus saline.

BARBARA L: Okay. Okay.

DR. COHEN: Okay?

BARBARA L: Ahhh. Okay.

DR. COHEN: A lotta stuff. A lotta stuff.

BARBARA L: Wow.

DR. COHEN: I'll make sure you get your handout and everything.

03:19:37 BARBARA L: They all laugh at me because I keep...

DR. COHEN: You walk around with a folder.

BARBARA L: I have my folder.

DR. COHEN: Right, yeah.

BARBARA L: What I do; where I go; my...

DR. COHEN: Right.

BARBARA L: ...questions.

DR. COHEN: Right, good.

03:19:43 **BARBARA L:** So if you don't mind?

DR. COHEN: Oh, no, absolutely.

BARBARA L: [UI] there?

DR. COHEN: See if there's, [UI], of course, absolutely. I tend to be chatty, so I tend to get them all in there. But if you have anything, that's no problem.

BARBARA L: I've learned.

DR. COHEN: That's no problem.

03:19:54 **BARBARA L:** But I think you answered just about everything.

So any of these procedures. I guess along the way there always could be an infection, or could be anything [UI].

DR. COHEN: Oh yeah. Infection is probably, um, uh, you know, the most common complication after a surgical procedure of any kind.

BARBARA L: Right.

03:20:13 **DR. COHEN:** Um, and as I said before, about the, the complications of implants, it is a little more significant when it happens when you have an implant of some sort. But most of the time, uh, the complications are small infections, small blisters, little areas of wounds that open up, where we treat them just...

BARBARA L: Okay.

03:20:28 **DR. COHEN:** ...topically, and the patients are fine, and uh, an-, and it's just an outpatient kind of thing that we treat.

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03:20:36 **BARBARA L:** Okay, so all of these, then, all of these operations are lifetime? They don't have to be, like this is like a...

DR. COHEN: Well, they should be....

BARBARA L: You know what I mean? Like...

DR. COHEN: They, they should be...

BARBARA L: ...there's...

DR. COHEN: ...and certainly, a TRAM flap is a lifetime, uh, thing, because the, again, the, the, the tissue up there is your own body tissue. And should do...

BARBARA L: Okay.

03:20:50 DR. COHEN: ...everything the body tissue does. Um, the tissue expander and the latissimus are lifetime as long as the ex-, implant doesn't have one of the complications that I mentioned before.

BARBARA L: Okay.

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03:21:00 DR. COHEN: I would say that if you have, um, an implant placed, at this point in your life, um, there's a, there's probably a fairly high chance that you'd need to have it exchanged for some reason in the future — you know — once in your lifetime, at least. Um...

BARBARA L: Hm.

03:21:17 DR. COHEN: ...so that, is it permanent, forever and ever? You know: it's only a matter of what happens from a complications standpoint. If you get a capsular contracture, or a rupture, or a leakage, you know, or infection down the road.

BARBARA L: Okay.

03:21:29 DR. COHEN: Those are the things that would prompt up to take it out. Otherwise, it would be there forever, you know.

BARBARA L: Okay...

DR. COHEN: Otherwise it doesn't change very much over time. In fact, the implant reconstructions change less than, than, than the, than the, than the body tissue; it doesn't sag or change position, or, or any of those type of things over time, really.

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03:21:46 BARBARA L: Okay. Are any of these procedures more, you know, dangerous, so to speak? Like, while I'm out and you're...

DR. COHEN: Yeah, you know. Really, really, no. All this stuff is... **BARABARA:**

(unintelligible)(laughs)

03:21:56 DR. COHEN: All this stuff is on the outside of your body, OK.

BARABARA: Okay

DR. COHEN: Not on the inside where the internal organs are. So there's no vital organs, there's no major blood vessels, and there's no real important nerves in that area. You lose very little blood.

BARABARA: Okay.

03:22:07 DR. COHEN: Um, so all these procedures are safe. Um, obviously the TRAM flap is the longest, so you're under anesthesia for the longest amount of time. Um... generally, the amount of time of anesthesia these days is not really, um, you know, something that I would consider to be an increase in your risk f-, a significant increase-

BARABARA: Okay.

03:22:26 DR. COHEN: -in your risk factor. You're young, you're healthy. Certainly if you were 75 and had congestive heart failure, doing six hours of surgery would be, you know-

BARABARA: Right.

03:22:33 DR. COHEN: not recommended.

BARABARA: Okay.

03:22:35 DR. COHEN: But for a young healthy person, with surgery that's all on the outside of the body, uh, really the length of time, whether it's three hours, four hours, six hours, probably isn't going to make much of a difference as far as complications rates for you.

03:22:46 BARBARA L: So then I'd be out of work with these probably...

DR. COHEN: Well...

BARBARA L: ...about six weeks, for e-, for ei-, any of them, or...

03:22:52 DR. COHEN: ...I mean, I would give s-, I would give it six weeks, and then you'd be safe. You know.

BARBARA L: Okay.

03:22:56 DR. COHEN: Um, with a, with a TRAM flap, I'd say, most patients will take up to six weeks — about six weeks. With a latissimus flap on both sides; you know, again, it depends on how badly you want to go back...

BARBARA L: I may, oh, okay.

DR. COHEN: ...and how, how much activity...

BARBARA L: Okay.

03:23:08 DR. COHEN: ...you're doing at work. I would say with a latissimus, it might be more in the three-week range. Um, you know, it, it'll be both arms. If you do a lot of arm motion, it might be four weeks. You know, somewhere in that range. And with the tissue expander, again, uh, it, it depends how much you're doing with your arms. But it's probably more like the two- to three-week range.

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03:23:25 BARBARA L: Okay. That's it for my questions...

DR. COHEN: That's good.

03:23:28 BARBARA L: ...because you've answered everything else...

DR. COHEN: All right, then. Perfect. All right. So.

BARBARA L: I like to write things down.

DR. COHEN: So why don't I have you just come down the hallway. And uh, back to Maureen's office.

BARBARA L: Okay.

DR. COHEN: And then, again, she can show you some photos, if you're interested.

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BARBARA L: Okay.

03:23:28 DR. COHEN: ...she's a great resource also. You can ask her any of the questions you can ask me, and I'm sure she knows the answer.