

Breast Reconstruction Following Cancer – Middle Eastern Women Offered Improved Lifestyle Through Advanced Microsurgery Recently Introduced in Dubai

In June of this year, certain advanced microsurgical techniques were used for the first time in the UAE, indeed possibly for the first time in the whole of the Middle East, to restore the breasts of a patient who had previously had both breasts removed following the diagnosis of cancer.

The operation was performed at the state-of-the-art Mediaclinic City Hospital in Dubai by a team lead by Dr Allen Rezai MD of Elite Plastic & Cosmetic Surgery Group based in Dubai Healthcare City, highly experienced plastic surgeons and renowned for their expertise in reconstructive microsurgery.

Following the procedure the patient, known as Victoria, together with the surgeons, agreed to be interviewed in order that the availability of this surgical technique should become more widely known in the Middle East, and thus help the lives of a greater number of women.

Breast reconstruction makes many patients feel better about their appearance following mastectomy, however it is important to be realistic about the expected outcome. A reconstructed breast may not look exactly like the original, nor will the sensation be similar. Hence the decision to have breasts reconstructed is a very personal one in which the patient owes it to themselves to explore all available options so as to make the best choice for their bodies and their emotional wellbeing in the long term.

It should first be explained that there are two main types of breast reconstruction: Implant Reconstruction and Autologous Breast Reconstruction. Implant breast reconstruction involves use of an artificial breast implant to recreate the breast mound, whereas autologous breast reconstruction uses a patient's own tissue from another part of the body to recreate the breast. It is widely agreed that of the two main types of reconstruction, it is Autologous Breast Reconstruction that provides the most natural and most enduring results.

Autologous Breast Reconstruction can itself be subdivided into two types of procedure: those involving Musculocutaneous Flaps, and those involving Perforator Flaps, the latter being the most advanced methods of autologous reconstruction and requiring microsurgical expertise. In all perforator flaps, a "free flap" technique is used. This means that a flap consisting of skin, fatty tissue and tiny blood vessels that supply nutrients to the tissue is completely detached from the surrounding tissues at the donor site, transferred to the breast reconstruction site, and the blood vessels are then re-connected to vessels close to the breast using microsurgical techniques, ensuring that the flap receives the blood supply necessary for survival.

In the following interview we first talk with Victoria (identified as V) to get a glimpse of what it is like being a breast reconstruction patient.

Q: Please describe the circumstances leading up to your decision to opt for breast reconstruction surgery.

V: I was diagnosed with breast cancer in my early 30s at the beginning of 2011 (right breast triple-negative with BRCA1 gene mutation). With little time to spare you have to be your own doctor and to make your medical choices. I remember that when I was initially diagnosed, I was feeling very scared, not knowing which way to turn or what to do. There is no time to think or to do research and I felt pressured, but I needed to move fast. Having a very aggressive type of breast cancer I didn't agonize over how aggressively to treat it. Being BRCA1 positive, I made my choice to undergo surgical removal of both

my breasts, although having cancer in my right breast only. So I went through double mastectomy and hysterectomy in conjunction with chemotherapy and radiation therapy treatments.

At the time of my surgery I was not a candidate for immediate breast reconstruction as I already knew that I would have radio therapy later a couple of months after my surgery. At the same time, the option for delayed breast reconstruction gave me enough time for my own research about types of breast reconstructions available today: their advantages, disadvantages, possible complications, etc. With a long recovery period, it took me about 2 years before I started to think about breast reconstruction, which is no quick and easy fix, requiring an extended series of operations and follow-up visits. However I believed that it would help me to feel more comfortable about myself.

Q: Did you consider any alternatives? If so, which?

Several types of breast reconstruction techniques can be used to reconstruct the breast. Women can have a newly shaped breast with the use of a breast implant, your own tissue flap, or a combination of both. It can be immediate or delayed reconstruction. The options available in the UAE just a few months ago were limited to implants or a combination of implants and muscle which is moved from your tummy or back to the chest area. After my research I decided that DIEP Flap breast reconstruction was the only right option for me, as I wanted to continue with my dynamic lifestyle and have a natural look and feel to my breasts. I also needed to consider that I had radio therapy, which was limiting my options. I understood that DIEP Flap breast reconstruction uses fat and skin from the lower abdominal wall and does not use the muscle to form the breast mound. So for me this was the only option I would consider, and I started to look for reconstructive surgeons.

Q: What finally convinced you to opt for reconstruction?

V: The main challenge for me was to find the right, skillful doctor to perform DIEP Flap reconstruction... a doctor you could trust. I used the word "challenge" because breast reconstructive microsurgery had never been performed in the UAE before. And so far as I know, the DIEP Flap breast reconstruction which I had 4 weeks ago in Dubai, performed by Dr Allen Rezai and Dr Davood Fallahdar, was the first breast reconstructive microsurgery of this type performed in the whole of the Middle East. This is a complicated and lengthy surgery. The fact that I found the right doctors with great experience in breast reconstructive microsurgery, doctors who are able to perform this long complicated surgery in my home city of Dubai, in a hospital with state-of-the-art healthcare facilities, this is what has convinced me to opt for DIEP Flap breast reconstruction.

Q: How did you first hear about Dr Rezai and his team at EPCSG Dubai? Was it via a referral or otherwise?

V: Well, once the type of reconstruction had been decided, I needed to find a microsurgeon who could perform DIEP Flap reconstruction. But as I said before, in the UAE there seemed to be no such surgeon available to perform this type of reconstruction. It was my medical insurance company, InterGlobal, who suggested that I meet Dr Allen Rezai and Dr Davood Fallahdar at Elite Plastic & Cosmetic Surgery Group which had only quite recently opened a clinic in Dubai. And so thanks to my insurance company, I found the doctors I was looking for.

Q: What were your immediate impressions following your initial consultation at EPCSG?

V: Honestly, when going for my first consultation with Dr Allen Rezai, I didn't know what to expect from our meeting, as in fact I knew that no one had yet done such surgery in the UAE.

However I went to see what options he could suggest to me. After our first consultation I was very impressed by Dr Rezai's professionalism and extensive experience in treating my condition. He gave me confidence about my choice of the type of reconstruction I had made, reconfirming that I was a very good candidate for DIEP Flap reconstruction, and convinced me that I would benefit from this surgery being performed in Dubai since it would reduce a lot of the risks associated with stress and traveling to and from Belgium (which is where at first I was planning to have my reconstruction). So I left the doctor's office happy and full of confidence.

Q: Having now undergone the operation, how smoothly do you feel that the whole process went, from initial consultation up until leaving the hospital?

V: From day one, I experienced wonderful care from the medical staff at Elite Plastic & Cosmetic Surgery Group. Both Dr Rezai and Dr Fallahdar took time to listen and thoroughly understand my health issues and concerns and provided me with an unhurried consultation. Appointment times at Elite Plastic & Cosmetic Surgery Group were generally longer than what I would consider to be typical, so I was able to have very thorough consultations and all my questions answered. The quality and efficiency I experienced at each of my visits was health care the likes of which I had never experienced before.

Together with the clinic's nursing staff and both doctors, we started planning for the surgery and deciding upon the best time for the breast reconstruction. All the administrative work involving a lot of communication with my health insurance company and Mediclinic City Hospital were done by Angeli, a wonderful member of staff from Elite Plastic & Cosmetic Surgery Group. She made all the difference by ensuring a smooth preparation for the surgery.

When all was set and the surgery date arrived, I met both doctors at Mediclinic City Hospital. Once again Dr Rezai and Dr Fallahdar went through the entire procedure with me, making me feel even more relaxed and confident. I remember that I was feeling very excited and did not regret my decision at all.

Concerning the hospital, this was not my first experience with Mediclinic City Hospital. I had previously undergone my double mastectomy and full hysterectomy there, and I was already familiar with the quality of care I would receive in this hospital. As expected, I experienced a warm and friendly environment with very caring nurses, and I had a comfortable stay. Dr Rezai and Dr Fallahdar both visited me every day while I was in the hospital, ensuring that everything was going well with my recovery, that there were no signs of any complications, and giving instructions to the nurses. I can say with total confidence that my overall experience was a very positive one, starting from the beginning when I first met Dr Allen Rezai until the day I was discharged from the hospital.

Q: Although it is still very early following the operation, what is your overall level of satisfaction with the outcome?

V: Yes, it is still early for me to discuss the outcome of my surgery, as it was only 4 weeks ago and the scars are still fresh, and I haven't yet fully recovered. At this moment the most important matter for me that the surgery went as per the doctors' expectations, without any complications or infections. The recovery process is going smoothly and I am very happy about this. I am also very positive that the final outcome will also satisfy me!

Q: What has been the reaction of your close family and friends following the operation? Have you found them understanding and supportive?

V: Yes, of course. I had and continue to have great support from my family and friends. Everybody is very happy for me.

Q: Would you recommend this operation to others who find themselves in similar circumstances to yourself?

V: DIEP Flap breast reconstruction can be performed in conjunction with a mastectomy or can be delayed until completion of all treatments. The further advantages of this procedure are that muscles are not cut or moved, resulting in a quicker recovery, a flat abdomen, and of course a natural appearance and feeling of the new breasts. I would defiantly recommend this type of reconstruction to women who have had mastectomy due to breast cancer. In my opinion it is the state-of-the-art choice for breast cancer patients. However I would recommend and encourage women to review all the available breast reconstruction treatment options with a specialist reconstructive surgeon.

The following questions were posed to the surgical team and are replied to by Dr Allen Rezai MD (identified as AR) on behalf of Elite Plastic & Cosmetic Surgical Group, one of the surgeons responsible for the operation.

Q: What are the benefits of DIEP Flap breast reconstruction over other types of reconstructive surgery? Please explain the term "DIEP Flap".

AR: Perforator flaps such as the DIEP Flap are “Free” flaps consisting of skin, fatty tissue and tiny blood vessels (perforators) which are microsurgically removed from the donor site and transferred to the chest for reconstruction of the new breast. This method of natural-tissue restoration leaves muscle intact at the donor site. However there are some other natural tissue breast reconstruction methods that remove muscle from their respective donor sites in order to carry the blood vessels that nourish the flap of the reconstruction. These are called Muscle Flaps and were used in an era well before techniques for using perforator flaps were developed.

In comparison to Muscle Flaps, the Perforator Flaps are the most advanced and less damaging to the donor site, as the muscle stays intact which results in no post-operative muscle weakness in the donor site and a faster recovery.

A patient with an active lifestyle who plays sports would particularly benefit from a Free Flap reconstruction as she may resume her active lifestyle without any complications once the healing process is complete.

The term DIEP is an acronym for the expression "Deep Inferior Epigastric Perforators" which is the name given to the tiny blood vessels that supply nutrients to the flap taken from the lower abdomen.

Q: What is your experience with this procedure?

AR: Our skilled and dedicated Team at Elite Plastic and Cosmetic Surgery Group has a vast amount of experience in microsurgical reconstructions not only involving the breasts but also in head and neck, trauma, burn and hand surgery. We are all trained and highly experienced in Perforator Flap techniques and prefer these techniques to others since we believe it will provide the patient with the best possible outcome and freedom to live her life as she wishes without any physical obstacles holding her back.

For all types of Perforator Flap procedures, including DIEP flap, thorough pre-operative consultations are required in order to discuss the types of procedures available to each patient, including the pros and cons of each one, and allow the patient time to reflect on the information received and then make an informed decision about which she prefers. Once the type of treatment has been established a tailor made treatment plan will be drawn up and all aspects of the procedure will be discussed with the patient.

After all, this is a life changing procedure for a patient and we believe that she should be involved in the decision-making process from start to finish.

Q: Which patients make the best candidates for this procedure?

AR: Patients having ANY types of breast reconstruction, especially Natural-tissue breast reconstruction, must not be a smoker and should be in good general health.

DIEP Flap breast reconstruction is suited to most women who have some quantity of lower abdominal tissue, enough to reconstruct one or both breasts, depending on the circumstances. If there is insufficient abdominal tissue or the tissue is scarred due to previous abdominal surgery, the patient may be a candidate for other types of Perforator Free Flap breast reconstruction employing donor sites other than the abdomen. However the DIEP Flap is our preferred choice simply because it gives the most natural looking results, and so whenever possible we aim to use this in breast reconstruction surgery.

Q: It is understood that this is the first time that the "DIEP Flap" procedure has been carried out in the UAE. Why do you believe this is? And did this result in any related challenges or difficulties?

AR: I believe that the reason is simply due to the lack of skilled and experienced perforator flap microsurgions in the region. And so not many hospitals saw the need to source the necessary instruments and equipment required for this type of advanced surgery.

But Microsurgical Perforator Flap reconstructions, including the DIEP flap, are the main reconstructive techniques we were planning to offer patients in the region, hence we did our research and found a high-tech hospital which did actually provide the equipment and instruments required for these types of procedures. This enables my team and I to offer our patients microsurgical perforator flap reconstructions, including DIEP Flap breast reconstruction with the highest standards of care.

Q: How long did the procedure take in its entirety? At which hospital was it performed, and what medical team was required? How well do you feel that the chosen hospital was able to cope with the demands of this operation?

AR: We perform our microsurgical perforator flap reconstructions at the Mediclinic - City Hospital in DHCC. Prior to a perforator flap surgery, thorough pre-surgical planning has to be undertaken and discussed in advance with various teams such as Radiologists, Anaesthesiologists, Theatre team and the Intensive Care Unit team. About a week prior to the surgery the teams meet again to finalize the before, during and after surgical planning. At this stage we provide the theatre team with instructions on how best they could assist us, the surgeons, during the procedure and we also provide the Intensive Care Unit team with our specific instructions on how they should monitor the reconstructed flap post-operatively. As this was the first DIEP Flap procedure performed at the City Hospital (and indeed the whole UAE) we had to provide very specific instructions to the theatre and ICU nursing teams.

My team and I performed the bilateral breast reconstruction. We are fully trained in Microsurgery and have many years of experience in various Perforator Flap reconstructions. This type of procedure is usually performed by a team of 2 or 4 microsurgeons. The procedure lasted about 9 hours.

The City Hospital provided an excellent service to our patient and we are very pleased with the multidisciplinary team with whom we worked enabling us to provide our patient with the highest standard of care.

Q: Following on from the operation, what is your opinion to date of the outcome?

AR: I believe the surgical outcome is as we expected. The new reconstructed site is healing well and looking more natural with every day that passes. Depending upon the length of the healing process we will be performing the final stage of this procedure, which is to reconstruct new nipples and areolas.

Following the one month post-operative review that I had with our patient, I am delighted to see that she is feeling very well and happy, and that she has been able to resume her normal daily activities at only 4 weeks after such a major surgery.

Successful breast reconstructions aid patients in their recovery from breast cancer and will affect their lives and the lives of the people around them in many positive ways.

Q: What will be the follow-up programme for the patient?

AR: As our patient had a risk-reduced bilateral mastectomy, her nipples were removed with the rest of the breast tissue. Hence, the 2nd and final treatment stage for her will be a nipple and areola reconstruction.

However, if a patient doesn't need to have the nipple and areola removed and elects to have a nipple-sparing mastectomy, she may be able to have the reconstructive process completed in a single operation.

Q: What do you believe to be the future of reconstructive surgery in the UAE? Are there any other such procedures which you believe would be of benefit to UAE citizens and which you would like to introduce here?

AR: Since the launch of our clinic at the Dubai Healthcare City we've consulted patients requiring breast reconstruction following bilateral mastectomy. Based on our discussions with them we feel that there is an overall lack of awareness of the types of treatments available to them, including the types of mastectomy. The choice of the mastectomy operation itself will usually influence the types of breast reconstruction available to them, choosing between immediate or delayed reconstruction options and the types of breast reconstruction procedures.

Some of it may be because the majority of surgeons in this region are not trained in microsurgery, hence are not able to perform the advanced Perforator Flap reconstruction techniques, and thus do not see the need to inform patients of the availability of this advanced treatment.

We strongly believe that breast reconstruction plays an important factor in a patient's psychological and physical recovery from cancer, and our aim is to bring awareness regarding the treatment possibilities and their suitability and availability to the patient, thus enabling them to make an informed decision on their post-cancer breast reconstruction treatment plan.

The Perforator Flap technique in breast reconstruction is the most advanced and beneficial treatment for patients requiring reconstructive surgery post breast cancer, head and neck cancer, trauma and burns. As there are not many surgeons in the UAE qualified to perform this type of reconstructive procedure, many people travel abroad for having such treatments. One of the main reasons that prompted us to open a clinic in Dubai was that many patients visiting us in London were from this region and had come to UK specifically for Free Flap surgery. They did not have any choice other than to go abroad to have this procedure, and this would typically cost them double or triple as they had to pay for accommodation during their stay. This is in addition to the often adverse psychological effect it would have on them, having to undergo such major surgery in a foreign country, away from family and friends.

We would like to bring awareness of our presence in the region and that we are a highly experienced team in all types of reconstructive procedures, especially the Perforator Flap microsurgical techniques. Our aim and priority is to offer patients the best possible treatment and care suited to their needs, right here in the safety and comfort of their own country, having their loved ones nearby for support.

Q: EPCSG is new to the Middle East. What do you consider to be the main differences between practice here and, for example, in Europe, culturally or otherwise? How do you see the future?

AR: In Reconstructive Surgery, you can't really notice any cultural differences as it is not classified as "elective" cosmetic surgery, with most people regardless of background and culture perceiving it as a necessity.

The ideal future for us would be for local people to have become aware of our presence in the region and to welcome the services we offer.

For further information concerning post-cancer breast reconstruction surgery in the Middle East, please contact Elite Plastic & Cosmetic Surgery Group as follows:

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