

Learn More About Reconstruction Options

Dr. Studinger is available to meet with you to discuss DIEP Flap microsurgical and other breast reconstruction options. She is especially interested in helping restore beauty and a sense of confidence in women who have undergone mastectomies. During her initial consultation, Dr. Studinger will assess your medical background and cancer treatment, lifestyle and goals, and present you with choices so you can make an informed decision regarding reconstruction.

Dr. Rebecca Studinger

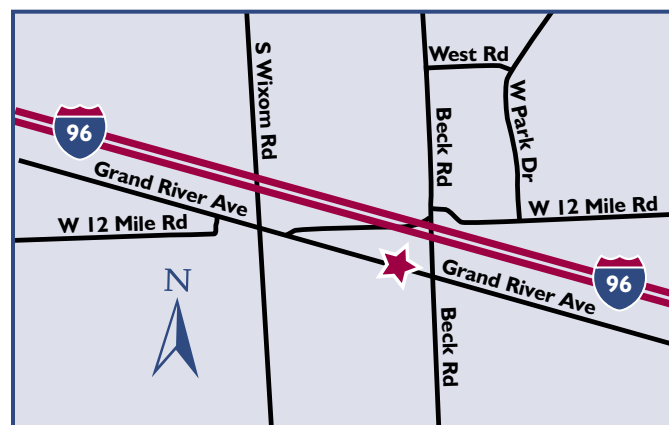


- M.D. from Michigan State University – College of Human Medicine
- M.S. from Northern Michigan University
- Completed general surgery and plastic surgery residencies at Providence Hospital – Southfield
- Completed microsurgical breast reconstruction fellowship with Robert J. Allen, M.D., a pioneer in microsurgical perforator flap reconstruction techniques

Locations

Dr. Studinger has two convenient locations to serve you.
Call today for an appointment.

Medical Office Building
on the campus of Providence Park Hospital
26850 Providence Parkway
Suite 125
Novi, MI 48374
248-305-8400



3290 West Big Beaver
Suite 410
Troy, MI 48084
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A Beautiful Future



Microsurgical Breast Reconstruction DIEP Flap
A New Option

Rebecca Studinger, M.D., M.S.
Board Certified General Surgeon
Plastic Surgery Trained

Trained in Microsurgical
Breast Reconstruction

The Benefits of Microsurgical Breast Reconstruction

Feel whole again

Many women feel a loss of their femininity following mastectomy. Others are very self-conscious about their appearance with their spouse and loved ones. Through microsurgical techniques, breast tissue can be reconstructed using the patient's own tissue, resulting in a new breast that looks and feels more natural.

Resume an active lifestyle

Women who regularly engage in exercise and other physical activities are often dissatisfied with silicone breast prosthetics, which can provide an inexact, uncomfortable fit. Microsurgical tissue reconstruction results in a more natural-feeling breast that allows active patients to comfortably resume the athletic activities they previously enjoyed.

Regain a more natural appearance

Among the problems associated with silicone implants are repositioning, shape deformities and leakage. Many women who have undergone radiation therapy also lack the skin tissue needed to accommodate an implant. A breast reconstructed from the patient's own tissue may be similar in feel and appearance to a normal breast, without the complications that accompany implants.



The DIEP Flap Procedure

Dr. Rebecca Studinger specializes in the DIEP (Deep Inferior Epigastric Perforator) Flap microsurgery technique – one of the most advanced procedures for breast reconstruction following mastectomy. The deep inferior epigastric vessels course beneath the rectus abdominus on each side. These vessels send off branches to the muscle as well as through the muscle into the overlying fat. These vessels send off branches (perforator vessels) to the muscle as well as through the muscle into the overlying fat. The skin, fat and perforator vessels are harvested. The vessels are attached microscopically at the mastectomy site. This provides the blood supply for the new flap. Restoration of the nipple and areola follows reconstruction of the breast mound.

With conventional procedures- such as the TRAM and latissimus dorsi flaps- the underlying muscles are used with the skin and fat for breast reconstruction. This can lengthen recovery and place patients at increased risk for hernia or abdominal “bulge.” Taking the latissimus musculature may result in some weakness in the shoulder. Only fat tissue is collected during the DIEP Flap procedure. As a result, the latissimus and abdominal muscles are not removed, and the abdomen is often improved cosmetically, much like a “tummy tuck.”

As the reconstruction matures, it becomes part of the patient's body as the surrounding nerves and blood vessels grow back into the area. The result is a new breast that may be similar in density and appearance to a natural breast.

The DIEP Flap procedure can be performed immediately at the time of mastectomy or three to six months following chemotherapy or radiation therapy. The best candidates for DIEP Flap reconstruction are patients who have sufficient fat tissue on the lower abdomen to reconstruct one or both breasts to the desired volume. Patients stay in the hospital an average of four days after surgery. Patients can usually resume normal activities within six weeks.

Advantages of DIEP Flap

- No implants are necessary – the patient's own tissue is used for reconstruction
- Fatty tissue is taken from the patient's abdominal area, resulting in a “tummy tuck”
- Because no abdominal muscles are transplanted, muscle function is preserved
- Can be combined with lymphatic reconstruction
- Can be used for bilateral breast reconstruction

