



What's Rhinoplasty Got to Do with Breast Reconstruction?

By Tamarin Lindenberg

Repeated attention has been given to the divide between reconstructive and aesthetic medicine, as if a gap separates healthy patients from those who have been traumatized by disease. As a woman who has stood on the less fortunate side, as well as a researcher who has cleared the divide, I can attest that integration helps make true healing possible.

In designing and leading a national quality of life study, I interviewed women across the U.S. in an exploration of the importance of self-perceived beauty to the healing process. Unequivocally, women advocated for the impact body confidence has on sexuality, and how its existence enables women to move forward after cancer. Over and over again women spoke of the far reaching impact of disease and, more sadly, of the glass wall which seemed to trap them on the wrong side, while physicians viewed their desire for physical wholeness to be almost frivolous after such a life threatening event. Rather than acknowledging self-perceived beauty's rightful place as a foundational component of establishing a healthy self-image, it has been largely relegated to the confines of an "added benefit."

Little thought is given to the post cancer woman beyond breast reconstruction, and, as a thrilled patient of a prophylactic mastectomy with implant reconstruction, let me make clear that an optimal visual outcome in breast reconstruction is an imperative first step. However, such a gift does not diminish the need for a whole patient perspective. It takes the input and artistry of a team to overcome the wearing effect of life saving drugs, hormonal changes resulting from surgically induced menopause and estrogen suppressants, and the systemic impact all have on the appearance of the cancer warrior.

Traces of treatment are also reminders of the impact of disease, and, as such, are vital to many women to remove. The process of reinvention, to my mind, is a healthy one, and actually defeats the oft referenced demon of "who I used to be." Encouraging women to engage in the process of crafting a vision of their "new" physical image also engages them in acknowledging a future beyond disease. Every aesthetic practice has the opportunity to play a valuable role in this definition of goals,

and the ability of a patient to reach them.

There are basic fundamental changes that happen to many women after cancer which aesthetic medicine is designed to manage. Primary examples are surgical scarring, textural changes in skin, fat atrophy, fat redistribution, vaginal changes, volume loss in both the face and hips, and the ever present "sneakers with a suit" effect that occurs when an amazing outcome in breast reconstruction is the crowning element on a woman whose face and figure may not have fared as well. This is the classic opportunity to engage a woman in the life changing experience of "the rest of the journey."

While aesthetic practices are likely to have a large number of post cancer women in their current patient base, the real gift lies in knowing how to engage those women in defining a new vision for themselves, and offering them the opportunity to explore physical restoration beyond fillers or botox. It begins with a conversation. Experience tells us that patients often schedule time for the procedures they are most familiar with, or which were most recently advertised, rather than the ones that may best suit their goals. Often, in the post cancer woman, it is a combination of procedures that actually allows the patient to reach the restored image they so want to create. By having the frank and exploratory conversation that navigates the overall imprint cancer left on the patient, physicians are able to create a literal road map back to wholeness. Engaging the patient in defining an overall vision for her physical goals allows the practitioner to establish an evolving relationship which, by its design, will meet the objectives of the patient in a meaningful way. After all, if labiaplasty is what will give her back her confidence with her mate, does botox to the brows really get us there?

CALIEB (www.calieb.com), a program for the post cancer woman of which I am the chairman, focuses on the impact that cancer and life-saving treatments have on appearance. We have embraced this approach to wholeness, offering multi-specialty solutions to meet the vision of restoration as defined by the patient. As one example of this whole body approach, Dr. Ken Hughes addresses issues surrounding the redistribution of fat frequently following

surgically-induced menopause. He notes that an eye on overall balance and symmetry often leads one to lower body work to fully complement beautifully reconstructed breasts.

Other members of the CALIEB team agree, noting that patients find the erasure of the evidence of surgery to be a significant "page turner" in their journey towards wholeness, and physicians find the freedom to aggressively pursue body and facial contouring when scarring can be dealt with as a minimal issue. For example, as Dr. Alice Pien of AMA Skincare, points out, "our work with a wide spectrum of lasers and other integrative modalities has allowed us to witness the positive impact of erasing scars, or what patients sometimes call 'the lines of anguish' often caused by the trauma of cancer. When you do that, it's like a new chapter for the patient."

Deb Ditto, N.P., remarks that patients often experience facial volume loss after chemo, and are greatly disappointed that just "getting their hair back" doesn't really offer the return of their 'best self', so hoped for during the long battle with cancer.

Rhinoplasty is another unexpected addition to the arsenal in battling the ravages of fat atrophy, as well as structural changes occurring in the face after volume loss, which often requires a new approach to managing ideal dimensions. Patients frequently have volume changes that can be addressed with fillers, and various surgical lifts, and the final touch of reshaping the nose to match the newly restored face can dial back the clock ten years. Dr. Hughes notes, "Aesthetic medicine has a primary role in delivering complete restoration to a woman's fight to regain her sense of self after cancer."

As Dr. Asher Milgrom, also of AMA Skincare, concludes, "Watching a woman who has been through so much look in the mirror, love how her body looks, and smile with joy at the face in her reflection is a miracle. To be a party to the intimacy of that miraculous transformation is the secret privilege of being healers."

So what does rhinoplasty have to do with breast reconstruction? Sometimes, everything.

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