

Preface

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When asked to edit an issue of *Breast Disease* focusing exclusively on breast reconstruction, I felt honored that the medical community recognized this as an important and integral aspect of the treatment of women with breast cancer. Today, due in large part to the vision and dedication of such individuals as John Bostwick, Josh Jurkiewicz, John McCraw, Luis Vasconez, and Carl Hartrampf, women with breast cancer have multiple options regarding the timing and method of breast reconstruction. Having such choices empowers patients, by allowing women to regain some control over a devastating situation. As a clinician who takes care of many patients with breast cancer, I have observed that the ability to undergo successful, immediate reconstruction facilitates the recovery process, by helping to restore a sense of wholeness.

This specific issue of *Breast Disease* is designed to provide a comprehensive overview of breast reconstruction for all members of the healthcare team who assess and treat women with breast cancer. While some of the chapters contain technical details that may appeal primarily to reconstructive surgeons, other chapters touch upon issues that will be of interest to oncologic surgeons, medical oncologists, imagers, and radiotherapists. I have been extremely fortunate to recruit over 30 experts from 10 academic institutions, (plus the private sector) to contribute to this project. My hope is that such diversity in authorship will improve the depth and breadth of this monograph, presenting different perspectives in the planning and practice of surgery.

Albert Losken and Josh Jurkiewicz open the issue and summarize the history of breast reconstruction, which provides a critical starting point for all other topics. Jim Thornton assesses the debate regarding immediate versus delayed reconstruction, while Susan MacClennan discusses bilateral reconstruction and specifically the indications for prophylactic mastectomy. Anthony Meyer and I review the benefits and potential complications of skin-sparing mastectomy. Charles

Malata offers the European perspective to implant-based reconstruction, which has perhaps developed beyond American techniques, because of the increased availability of alloplastic materials. John McCraw and I note the re-emergence of the autogenous latissimus flap, while Klaus Walgenbach and Kenneth Shestak share their experience with the TRAM flap, which currently represents the gold standard in breast reconstruction. James Namnoum discusses the indications for pedicled versus free TRAMs. Charles Malata extensively covers perforator flaps, one of newest and most intriguing developments in breast reconstruction.

In addition to reviewing the various methods of breast reconstruction, I have selected a number of unique topics, some of which address the artistic challenges in creating a durable, aesthetic breast with minimal morbidity. Glyn Jones offers his experience with microsurgical tissue transfer, which is often required when standard methods are not available. Foad Nahai and John Murray elegantly illustrate the options for achieving symmetry, which may be one of the most important final goals in breast reconstruction. Eric Elwood examines breast reconstruction for congenital and traumatic defects, the principles of which are applicable to the mastectomy defect. Felmont Eaves and I review the exciting emerging technology of endoscopic plastic surgery, which has permitted us to use shorter incisions, via remote sites, with less morbidity. Luis Vasconez has been gracious to review the potential complications of breast reconstruction, while Michael Zenn offers the possibility for reconstructive salvage in patients who have recurrent disease.

Two special chapters conclude this issue of *Breast Disease*. Maire McAnaw and Kaye Harris are physical therapists who have a dedicated interest in breast cancer patients and summarize the rehabilitation process following mastectomy and reconstruction. Clearly, successful reconstruction depends not only upon aesthetic and functional results, but also the ability to regain normal activity, learn limitations, and adapt to new deficits.

Finally, Alice Levinson, a clinical psychologist and fiber artist, describes the psycho-social dynamics of living with breast cancer and altered body image following reconstruction. She is especially qualified as a breast cancer and reconstructive surgery survivor.

Sadly missing from the list of contributors is John Bostwick, who was my teacher, colleague, friend, and mentor. He died unexpectedly in January 2001, but his

legacy will unequivocally last for generations. In addition to helping thousands of women with breast cancer reconstruct their lives, as well as training hundreds of residents and fellows, Dr. Bostwick served as a selfless educator, providing inspiration to all who knew him. This issue is for John, my way of acknowledging all that he has passed on to us. Thank you, Dr. Bostwick.