



Breast Reconstruction: New Surgical Approaches



Contributor: [Matthew J. Carty, MD](#)

Matthew J. Carty, MD, is Co-Director of the Microsurgical Breast Reconstruction Program and Director of the Lower Extremity Transplant Program at Brigham and Women's Hospital. He also i...

Many women who have lost a breast to cancer cannot undergo common breast reconstruction procedures, because they have had abdominal surgery, or lack sufficient donor tissue in their abdomen.

However, with advances in surgical reconstruction, many have new options. "We can now use the patient's own tissue to rebuild the breast," says [Dr. Matthew Carty](#).

The innovative reconstructive options involve transferring tissue, known as flaps, from one part of the body to the chest without compromising muscle functioning.

“After the surgical procedure, patients can still run, ride bikes, swim, do ballet, yoga, all the general activities that people like to do,” says Dr. Carty.

PAP, TUG/DUG Flaps

One restorative procedure involves transferring a small wedge of tissue from the back of the thigh (PAP flap) to the chest. Another reconstructive option uses tissue from the inner thigh (TUG/DUG flaps) for patients who might have more tissue in their inner thighs. The flap is then shaped and connected to blood vessels using microsurgical procedures.

Innervated Flaps

A new set of surgical techniques now allow surgeons to incorporate the nerve supply into flaps, known as innervated flaps. During this procedure, innervated flaps are connected to nerves in the chest to restore form and sensation. “This reconstruction not only looks normal, but it feels normal, which is a huge psychological plus for many patients,” explains Dr. Carty.



You may also like:
