
HEALING OLD WOUNDS

KRISTEN DAVENPORT, PHOTO BY JASON MCKIBBEN. **The Santa Fe New Mexican**. Santa Fe, N.M.: Apr 25, 2005. pg. C.1

Abstract (Document Summary)

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If a surgeon accepts insurance, nearly all insurances in the United States do pay for reconstruction surgery after mastectomy, Ronel said, because of a 1998 law passed under President Bill Clinton that requires it not only for double mastectomy but for "symmetry" - in the case of a single mastectomy. So if one breast (the natural one) is droopier than the other saline breast after a surgery, insurance must pay for a lift for the natural one.

1. Plastic surgeon Dr. Daniel Ronel discusses breast reconstruction with a patient who is to undergo a double masectomy. Ronel is now seeing patients at the St. Vincent Regional Cancer Center. He is the only plastic surgeon in Santa Fe who currently accepts insurance.

Full Text (1295 words)

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A masectomy can be traumatic enough without waiting months,

or years, for reconstruction, says one surgeon who's headed to town

When Connie Castaneda decided to have a double mastectomy last year, she found herself faced with a problem: She couldn't find anyone to reconstruct her breasts in Santa Fe.

Santa Fe's two plastic surgeons no longer take insurance - they accept cash only for breast repair, whether for cosmetic purposes or for mastectomy associated with breast cancer.

So Castaneda had to go to Albuquerque - and she ended up in the office of Dr. Daniel Ronel.

Now, Ronel plans to come to Santa Fe one day a week for mastectomy surgeries - promising to accept all insurances.

"I had a lot of patients coming down to Albuquerque, and they weren't happy they had to give up their surgeon in Santa Fe," he said. "The breast surgeons in Santa Fe can't really work without a plastic surgeon because they can't do the immediate reconstruction - which is the standard of care."

Nationally, about 80 percent of women want a reconstruction surgery immediately after a mastectomy - before they ever wake up, Ronel said. In Manhattan, where Ronel practiced before moving to New Mexico in 2004, "that number is something more like 95 percent."

But in New Mexico, with its rural population, that number goes way down - because there's no one to do the surgery.

"A mastectomy can be devastating to a patient's self-esteem and sense of sexuality, particularly if she has to wait a significant length of time before reconstructive surgery," Ronel said.

Ronel said studies also indicate that 75 percent of women who didn't have immediate reconstruction regret that they didn't.

"The psychological benefit is immense," he said. "Breast cancer is really hitting younger women now and most

younger women do want this."

For Dina Chavez, a Santa Fe mother of two who underwent the procedure last autumn, the immediate reconstruction (in Albuquerque) was a blessing - as was Ronel.

"He made me feel comfortable," Chavez said.

Chavez, 42, hadn't entirely decided to have a double mastectomy until a couple of weeks before her surgery. She had been through chemotherapy last summer at the Block Center in Chicago and doctors gave her the option of a simple lumpectomy on one breast.

"But to me, I'm young, and I know people say, 'Oh my gosh, a double mastectomy,' but to me, it made sense," Chavez said. "Because I don't want it to come back. I don't ever, ever, ever, ever, ever want to do chemotherapy again."

So Chavez did battle with the insurance companies - "talk about stress," she comments - and ended up seeing Ronel, one of the only plastic surgeons on her insurance plan. But, she had to drive to Albuquerque.

"Some of the doctors I talked to suggested, 'Oh, you can just stay flat and get your reconstruction surgery later,'" she said. "Yeah, after you're psychologically traumatized?"

Chavez said the immediate reconstruction helped her make peace with losing her breasts.

"I was resigned, I said goodbye to my breasts," she said. "I cried. But when I woke up, it wasn't like I looked down and had no breasts. There wasn't this flat horrible place."

Chavez expected horrible scars - instead of the tiny ones she saw.

Chavez said she is thrilled Ronel will be coming to Santa Fe to work with the cancer doctors.

Ronel will be working at St. Vincent Regional Medical Center, and St. Vincent spokesman Don Butterfield said the competing Cancer Institute doctors also will send patients to Ronel, in a collaborative partnership. Butterfield said there were about 40 mastectomy surgeries at the hospital last year.

Castaneda, too, couldn't find a plastic surgeon in Santa Fe and had to drive to Albuquerque. Castaneda is one of five sisters - three of whom have had breast cancer.

"I would have done the surgery even if I couldn't have had the reconstruction," said Castaneda, who is 61. "But the fact that I could have the reconstruction took a huge amount of the emotional part out of the decision. I don't have one second of regret."

Ronel graduated from Columbia University in New York for his plastic surgeon training. Before that, he was a pediatrician for years, trained at Harvard University's Children's Hospital. He and his wife moved to Santa Fe last year from New York because "we liked the lifestyle here," Ronel said.

But the medical need was mostly in Albuquerque, he said, so he went to work there.

"I got so incredibly busy because I'm the only guy who takes everyone's insurance," he said. Ronel said he decided to come to Santa Fe one day a week - Fridays - to perform surgeries because several local surgeons asked him to.

If a surgeon accepts insurance, nearly all insurances in the United States do pay for reconstruction surgery after mastectomy, Ronel said, because of a 1998 law passed under President Bill Clinton that requires it not only for double mastectomy but for "symmetry" - in the case of a single mastectomy. So if one breast (the natural one) is droopier than the other saline breast after a surgery, insurance must pay for a lift for the natural one.

"The most pressing need is breast reconstruction," Ronel said. "But I'll do what I need to do - if a head-and-neck cancer patient needs reconstruction, I can do that too. We operate on all parts of the body - wherever there's a hole."

(Sidebar)

What are your options?

There are two common and reliable ways to do a breast reconstruction surgery after a mastectomy, says Dr. Daniel Ronel.

Implants

The most common type of breast reconstruction is the implant- similar to the cosmetic surgery to increase breast size.

In an implant surgery, doctors lift the pectoral muscles and put an implant, filled with solution (saline).

The surgery typically happens in several stages. After the mastectomy, the doctor lifts the muscle-which is in initially flat on the chest-and put in expanders to stretch the muscle.

Two weeks later, the patient returns and the doctor begins to inflate the expander that was put in during the initial surgery.

And, another month later, after the right size is reached, the muscle has stretched enough that the surgeon can go in and put the actual permanent saline implants which "look and feel much nicer" than the temporary ones, Ronel says.

This surgery is fairly easy and does not substantially add to a recovery time for a mastectomy.

TRAM-flap

A less common - but increasing - surgical procedure is called the TRAM-flap.

TRAM stands for transverse rectus abdominus myocutaneous - the main abdominal muscle.

This procedure is basically a double-whammy surgery - a tummy tuck and a breast reconstruction.

During this surgery, which takes up to 4 or 5 hours, the surgeon takes the skin and muscle out of the belly and channels it to the chest through an internal tunnel. The new breasts are made from this muscle and skin.

The scars left are only the tummy-tuck scar, and the mastectomy scar (whereas implants leave an additional scar where the saline implants are inserted).

The TRAM-flap is becoming more common, Ronel says, because some women don't like the idea of foreign objects (saline implants) in their bodies. Also, the TRAM flap looks and feels more like a natural breast, he said.

However, the procedure is a much longer surgery which adds to a woman's recovery time after the mastectomy.

[Illustration]

Caption: 1. Plastic surgeon Dr. Daniel Ronel discusses breast reconstruction with a patient who is to undergo a double mastectomy. Ronel is now seeing patients at the St. Vincent Regional Cancer Center. He is the only plastic surgeon in Santa Fe who currently accepts insurance.

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