Monterey County's Health Magazine | MAY 2016

HEALTH MATTERS

WOMEN'S HEALTH

INSIDE:

A PUBLICATION OF THE MONTEREY HERALD Serving Monterey County


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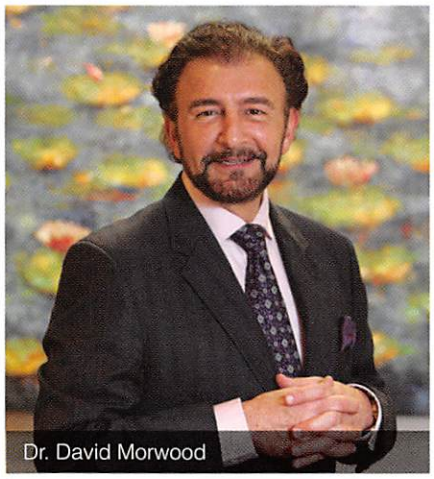
Restoring a Sense of Self

Many options for breast reconstruction after cancer

By Kathryn McKenzie



Dr. David Morwood

THERE WAS A TIME, NOT all that long ago, that treatment for breast cancer automatically meant permanent disfigurement for women.

If cancer was found, a mastectomy was performed — and afterward, the patient was sent home to deal with the loss of her breast as best she could, alone.

That's a far cry from how it's done these days. Now, the surgical oncologist, plastic surgeon, and other physicians get together and discuss how best to eradicate the patient's cancer while preserving breast tissue, and if reconstruction is called for, it's planned before the first incision is made.

Women have many options to choose from in breast reconstruction, which can be done either with artificial implants, or by using tissue from another place on their bodies. Reconstruction after breast cancer has become routine, making treatment much less psychologically devastating for patients.

Dr. David T. Morwood has been at the forefront of this change during his career. Ten years ago, the Monterey plastic surgeon was determined to get the word out about breast reconstruction to cancer patients, and put together a two-hour DVD, "Breast Reconstruction — Know Your Options: A Guide for the Woman with Breast Cancer," with the help of Carmel Movie Company.

Hosted by Dr. Morwood and Dina Eastwood, the DVD featured patients talking about their experience with breast reconstruction, hundreds of before-and-after photos, and national experts talking about the subject.

"People still come up to Dina and thank her," says Dr. Morwood, who with Eastwood created the website www.breastreconstructiondvd.com with a free 10-minute summary of the four major issues in breast reconstruction. This 10-minute summary has been viewed thousands of times in the past decade.

Dr. Morwood produced the DVD after talking with women in breast cancer support groups and finding out that they were almost as afraid of losing a breast as they were of cancer. Most had no idea of the options available to them through reconstruction. Losing a breast can be devastating to a woman's self-image. Not only does the loss impede her sense of balance, it also can rob her of confidence and her sense of self. Needless to say, it can also impact intimate relationships.

Dr. Morwood first developed a special interest in breast reconstruction while working with breast cancer patients during his medical training. "I learned how teaching a woman about her options for reconstruction could empower her to makes decisions directed toward returning to her lifestyle and to

feeling whole again," he wrote in a 2007 article.

Much has changed, and continues to evolve in treatment of breast cancer. These days, mastectomies — in which the entire breast is removed — are much less common than in past decades. Earlier detection through mammograms enables doctors to remove cancers as they're just beginning to grow, and more lumpectomies are performed instead.

It's typical now for doctors treating breast cancer patients to include a plastic surgeon on the committee that discusses cases. Such committees, such as the ones that meet at Monterey County hospitals, also include a cancer surgeon, breast radiologist, pathologist, oncologist, and a social worker, who meet to talk about patients and the best path for treatment.

The oncology surgeon and the plastic surgeon can then develop a plan for cancer surgery that takes into account how reconstruction will be done afterward, and whether implants will be used, or if another method such as fat grafting or "flap" surgery is called for.

Reconstruction can start at the time of the cancer surgery, or may be delayed until after the initial surgery has healed, says Dr. Morwood.

Sometimes, though, other complications lead to reconstruction. Sharon Harney, a Salinas resident who was diagnosed with breast cancer in 2013, had a successful lumpectomy, but then subsequent radiation treatment created scar tissue that deformed her breast.

She chose fat grafting to improve the breast's appearance, which Dr. Morwood performed, and said she's been very pleased with the result.

"This is natural tissue, so it looks and feels very natural," she says.

For this technique, fat is taken from other areas of the body through liposuction, kept sterile, concentrated, and then injected into the breast. For lumpectomies, fat grafting works well to fill out the dents or asymmetries that are caused by the surgery.

If more tissue is needed to create the breast reconstruction, "flap" surgery has become another option. Also called autologous reconstruction, this technique uses skin, fat, and sometimes muscle from another place on the body to form a breast shape. These procedures often require special expertise in microsurgical technique to reattach small blood vessels supplying the tissue.

The tissue (called a "flap") usually comes from the abdomen, back, buttocks, or inner thighs to create the reconstructed breast. Most commonly performed is the TRAM (also known as the "tummy tuck" flap), which takes tissue from the abdomen, which is very similar to breast tissue. Some women now are gravitating toward these methods of reconstruction because their bodies' own tissue is used and can be in place forever, unlike saline or silicone implants, which need to be replaced periodically and have a slight risk of rupture over time.

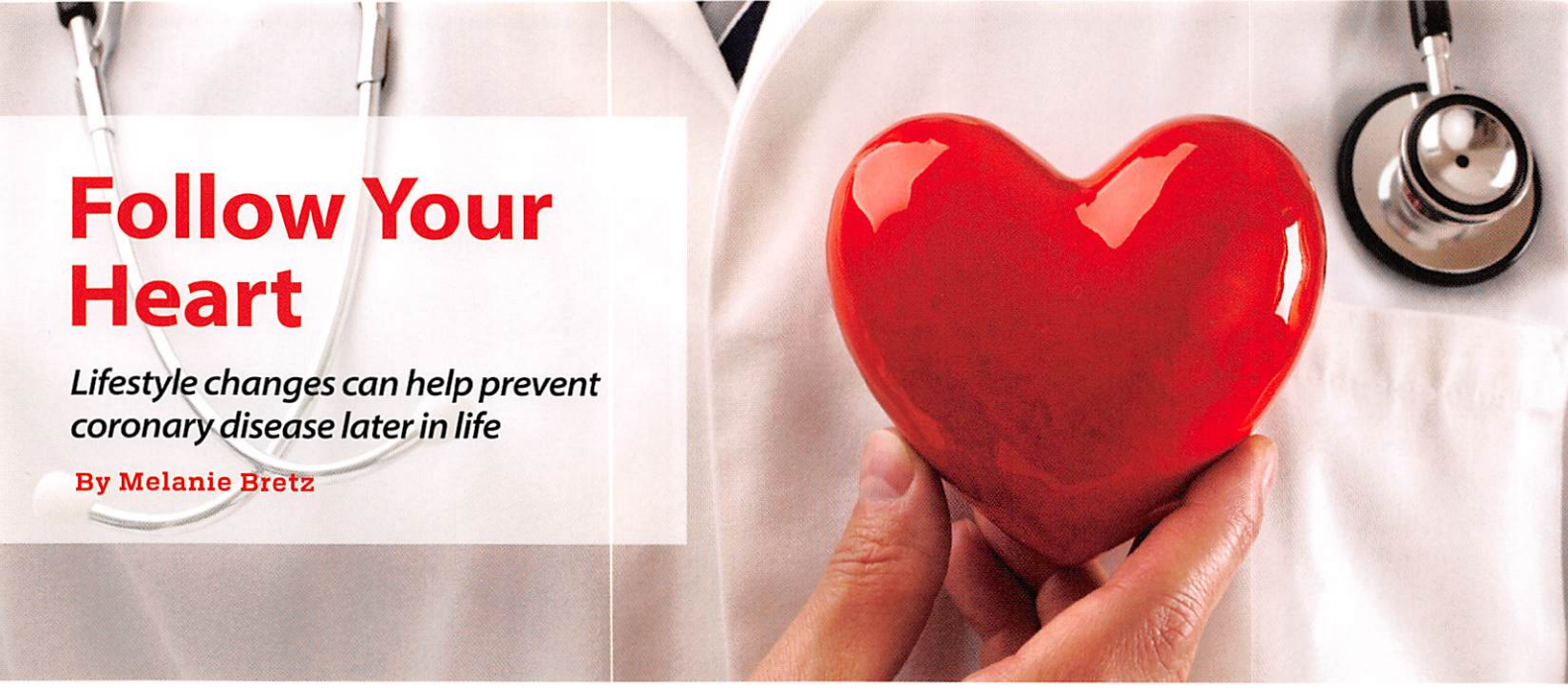
Having choices —and knowing what they are — is key, especially for women who are facing breast cancer.

"Women no longer have to choose between saving their life and saving their breast," says Dr. Morwood.

Sharon Harney says that these days, she's in the best shape of her life — her breast cancer journey led her to taking much better care of herself. She now works out with a trainer on a regular basis.

"I'm so pleased with the way everything looks," she says. "I'm continuing to exercise to keep cancer at bay — I have to exercise — but through all this, I'm taking pride in my body and taking the steps to maintain it." ■

Health Matters editor Kathryn McKenzie, a former Monterey Herald staff writer, also writes the weekly column Living Green for The Herald's Home and Garden section and contributes to a variety of print publications and websites.



Follow Your Heart

Lifestyle changes can help prevent coronary disease later in life

By Melanie Bretz

IT'S THE RARE WOMAN WHO doesn't fear a diagnosis of breast cancer. But truth be told, heart disease kills more women in the United States than the next seven causes combined, including breast cancer. Heart disease is responsible for one in three deaths in women while just one in 33 will die of breast cancer.

"Statistically speaking, heart attacks affect women more often in their 70s, and men in their 60s," says Dr. Mohamed Serio, a cardiologist with Natividad Medical Center and associate clinical professor of medicine at UC San Francisco. "Age and being post-menopausal are significant risk factors. The key is to identify risk factors and start prevention efforts early in life, before menopause. If there is a heart attack, the woman who's prepared may fare better."

There are many types of heart disease including coronary artery disease —the top killer of Americans, both men and women. With CAD, plaque builds up in the coronary arteries and can lead to a blockage that hampers the flow of oxygen-rich blood to the heart. This can lead to chest pain and a heart attack.

"It's best for women to begin modifying their lifestyle in their 30s and 40s," says Dr. Soteria Karahalios, cardiologist at Prima Heart in Monterey and medical director of noninvasive cardiovascular services at Community Hospital of the Monterey Peninsula.

"Once we assess and identify a woman's risk, we can work with her to actually lower it. If we can get to women before they enter menopause, we have a much better chance at prevention. Women are often the health care decision makers, or at least the key influencer for their family. Their decisions can make a difference in their own life as well as for their children and spouse."

Many of us have heard that the symptoms of a heart attack differ between men and women. The differences lie largely in the type and degree of pain women feel. In men, chest pain, or angina, often feels like pressure or squeezing in the chest, extending to the arms. Women tend to describe a sharp, burning chest pain and are more likely to also have pain in the neck, jaw, throat, abdomen or back.

Sixty-four percent of women who die suddenly of coronary heart disease had no previous symptoms. Only half of women who have heart attacks have chest pain. In reality women are somewhat more likely to experience shortness of breath, nausea/vomiting and back or jaw pain. Other symptoms women should look out for are dizziness, lightheadedness or fainting, pain in the lower chest or upper abdomen and extreme fatigue.

"Women are more likely than men to report these other symptoms with or without chest pain," says Dr. Christopher Oh, a cardiologist with Central Coast Cardiology in Monterey, part of the Salinas Valley Medical Clinic. "It's most important to recognize changes that are out of the ordinary. For example, if you typically climb 30 flights of stairs with no problem and today you climb 10 and are short of breath, you're sweating more than usual and your back hurts, you should seek medical attention."

Dr. Oh says that if symptoms persist for 15 minutes, call 911. "Fifty-percent of people who have a heart attack die at home. Even if it ends up being a false alarm, it's better to not miss the opportunity to survive."

There are a number of tests that can reveal your risk factors for heart disease. Most annual check-ups include tests for blood pressure, blood sugar, cholesterol and other issues based on your health history and condition at the time.

Another test, called a coronary calcium score, uses a low-dose CT scan to assess the level of calcium deposits in your heart. It compares your "score" to the same cohort of people (race, age, gender, etc.) to determine if you're at risk for a heart attack long before you develop symptoms. The test is painless and, while not covered by insurance, is very low cost.

"This is a test for prevention and helps you know how aggressive you need to be with getting certain risk factors under control," says Dr. Oh. "If you're having chest pain, this isn't the right test."

A family history of heart disease has long been a risk factor. Today, through specialists like Dr. Robert Superko, a cardiologist with Prima Heart, DNA testing can reveal if family members of a person with heart disease are at risk.

"When a family member has demonstrated heart disease, we can do DNA screenings on other family members who may have inherited the risk," says Dr. Superko. "It's not for general screenings, but it is a powerful, cost-effective way to answer specific risk questions for both men and women."

"With the power of genetics we can determine the best therapy and lifestyle changes for each person," adds Dr. Karahalios. "The younger the individuals, the better chance we have of actually changing the risk factor for future generations of that family."

Some of the most important things we can do to manage and lower our risk factors for heart disease include eating a nutritious diet low in saturated fats, staying physically active, monitoring and controlling blood pressure, cholesterol, blood sugar, weight and conditions like diabetes, sleep apnea and stress. If you smoke, quit, and watch the amount of alcohol you drink.

Work with your doctor to know both your risks and the warnings signs of a heart attack and stroke. And, women, speak up and get help when something doesn't feel right. ■