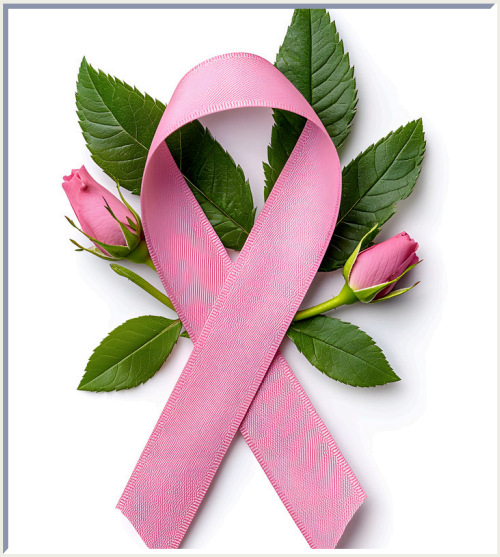
INFORMATIONAL PACKET ON BREAST CANCER



BANGOR Plastic & Hand SURGERY

From Bangor Plastic and Hand Surgery

YOU ARE NOT ALONE

A breast cancer diagnosis can feel overwhelming, but this short guide is meant to help you understand the journey ahead and provide a framework for making informed decisions. You may be presented with treatment options quickly, and it is important to take the time you need to understand not only the immediate effects of each choice, but also the long-term implications for your health, wellbeing, and lifestyle. Being informed allows you to participate confidently in decisions about your care and choose the path that is right for you.

This packet is designed to provide supportive, clear, and patient-focused information about breast cancer, treatment pathways, reconstruction choices, and available resources. Our goal is to empower individuals with knowledge so they can navigate their journey with confidence.

Bangor Plastic & Hand Surgery is included in this packet as a resource for individuals who may be exploring breast reconstruction, but this guide is first and foremost about you, your options, and your support.

UNDERSTANDING BREAST CANCER

Breast cancer affects each person differently, and treatment plans are individualized.

Common steps in the breast cancer journey may include:
1. Diagnosis & Staging
- Imaging such as mammograms, ultrasounds, or MRIs
- Biopsy to determine cancer type
- Staging to understand how far the cancer has developed

2. Treatment Approaches
Depending on diagnosis, treatment may involve:
- Surgery (lumpectomy or mastectomy)
- Chemotherapy
- Radiation therapy
- Hormone therapy
- Targeted or immunotherapy

Your oncology team will create a treatment plan tailored to your specific cancer and overall health.

SURGICAL OPTIONS (OVERVIEW)

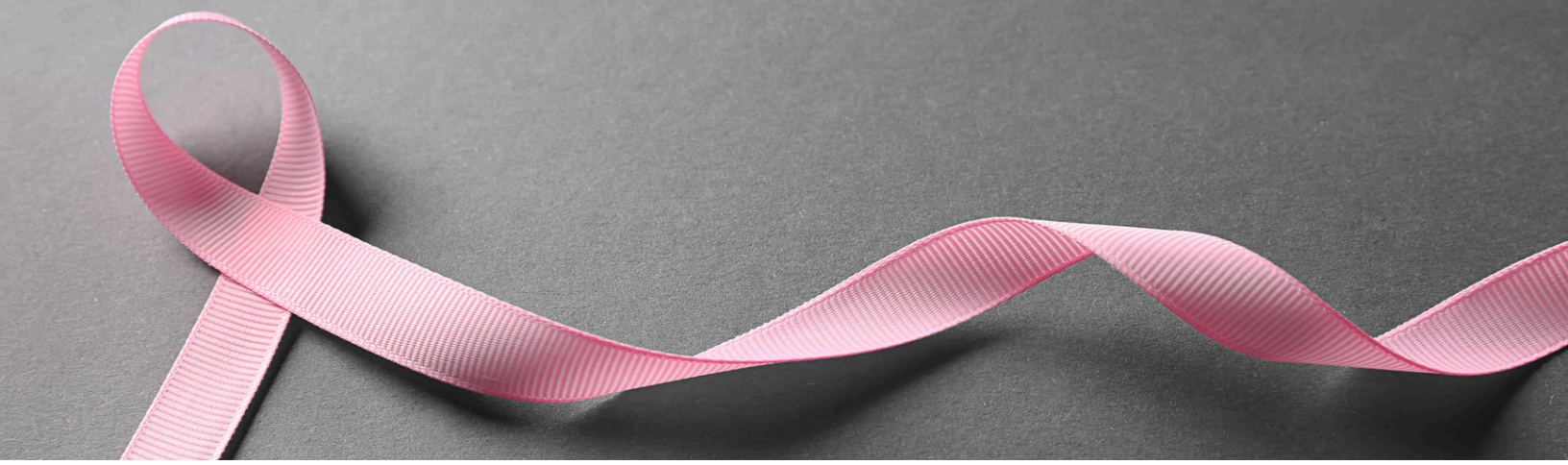
Breast cancer is one of the few cancers that basically have two ways of being surgically treated. Both lumpectomy plus radiation and mastectomy options have the same long-term survival rates. There is a slightly higher rate of a recurrence in the breast with the lumpectomy plus radiation option. Lumpectomies allow some preservation of nipple sensation and conserve the majority of breast tissue which may be reshaped by a plastic surgeon at the time of the lumpectomy. However, depending on the size and location of the tumor as well as the size of the breast the “breast conservation” approach can cause delayed distortion and hardening of the breast. Patients also will require every 6 months or yearly mammograms and or MRIs to survey for recurrence. The mastectomy option with or without reconstruction does not require any more mammograms or MRIs unless there is something suspicious to be evaluated, i.e. no more regular imaging for this option.

SURGICAL OPTIONS (MASTECTOMY)

A mastectomy at a minimum removes the entire breast mound from beneath the skin and is recommended in certain cases depending on tumor size, type, genetic risk, or personal preference.
Types of Mastectomy

- Nipple-sparing Mastectomy: Removes underlying breast tissue while preserving all of the skin, nipple and areola. This is often done along with immediate reconstruction. Usually the mastectomy scar is hidden under the breast. This is usually done in smaller breasted patients up to a small to mid C cup is possible.

- Nipple grafting mastectomy - this technique was pioneered at Bangor Plastic and Hand Surgery. This is for larger breasted women who would have been candidates for a nipple sparing technique, but whose breasts are too large. This is often done along with immediate reconstruction as well. Here the mastectomy incisions are made to match those of a breast reduction or a breast lift and the nipple is replaced as a graft as is often done in larger breast reductions in non-cancer patients.
- Simple/Total Mastectomy: Removal of the breast tissue, overlying breast skin along with the nipple and areola. This is the only mastectomy option for the rare patient that has cancer in the nipple or areola.



SURGICAL OPTIONS (MASTECTOMY CONTINUED)

- Skin-sparing Mastectomy: Removes the underlying breast tissue, nipple and areola, but the remainder of the breast skin remains. This is less often done now that the nipple has been shown to pose no added risk to preservation of this very individualized part of the breast.

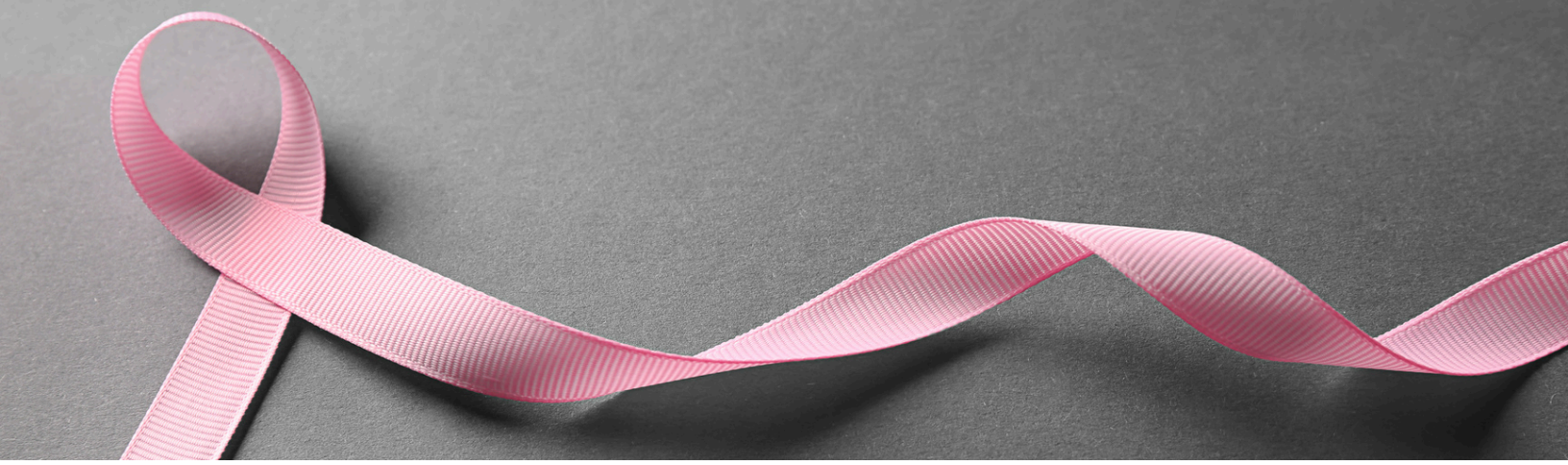
Advantages

- Reduces the risk of local recurrence more significantly than lumpectomy or lumpectomy plus radiation. Eliminates the extended need for regular doctor visits, mammograms or MRIs to survey the remaining breast after lumpectomy and radiation.
- Usually eliminates the need for radiation therapy unless the tumor is not completely removed.
- Preserves a patient's full radiation dosage should it ever be needed for painful spread of the disease down the road.
- Helpful for individuals with genetic mutations (e.g., BRCA) or very high recurrence risk.

Considerations

- Longer surgery and recovery time.
- Loss of nipple sensation is guaranteed.
- Reconstruction is an option but not required.

Patients often choose mastectomy when they prioritize risk reduction, want or need to avoid radiation, or when multiple tumors make breast conservation impractical.



SURGICAL OPTIONS (LUMPECTOMY)

Lumpectomy

A lumpectomy focuses on removing only the tumor and a margin of surrounding tissue. This is often referred to as "breast-conserving surgery" because it preserves most of the natural breast tissue.

What Lumpectomy Involves

- Removal of the cancerous lump and a small rim of normal tissue.
- Usually followed by radiation therapy to reduce recurrence risk.
- Often an outpatient procedure with a shorter recovery time.

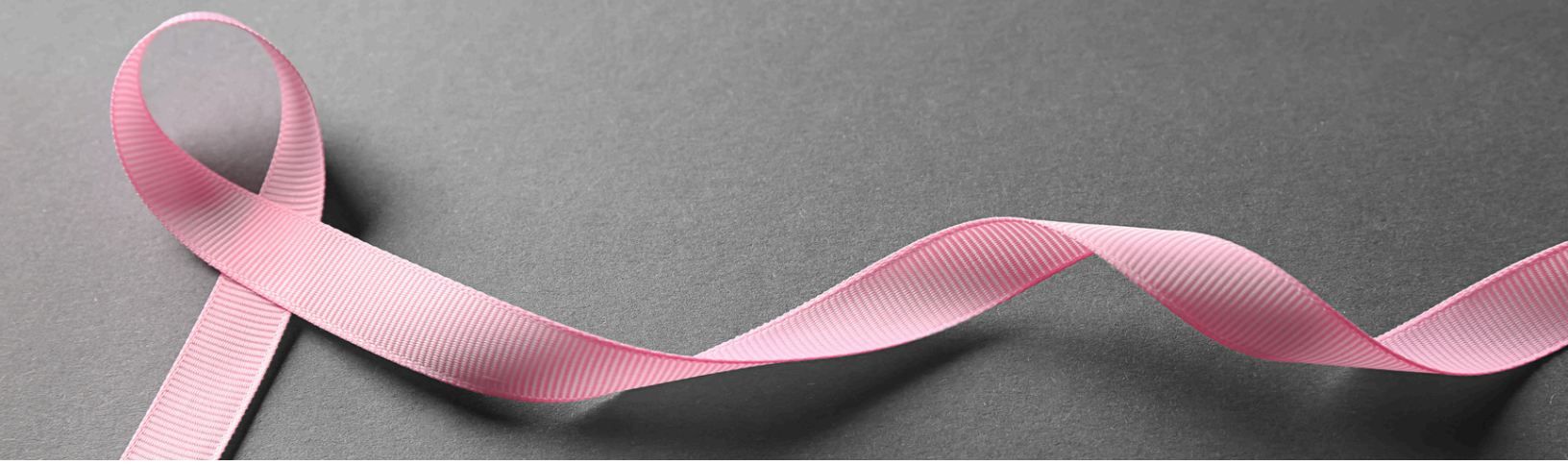
Advantages

- Can preserve the majority of the breast's natural appearance and sensation - depending on the size of the tumor and breast and the location of the cancer.
- Plastic surgeons will sometimes offer an "oncoplastic" closure to help maintain a normal shape after lumpectomy.
- Shorter surgery and quicker healing compared to mastectomy.
- Emotional benefit in some who feel they have not lost their breast.

Considerations

- May not be suitable for larger tumors or multiple tumors in different areas of the breast.
- Radiation therapy post-surgery is common and may impact skin/tissue over time.
- Some patients experience changes in breast shape, size, or symmetry. Others feel the breast is sensitive and firm and the nipple projection can become abnormal or asymmetric during the year after the radiation.
- Some complain of the increase in discomfort with mammograms done every 6 to 12 months after surgery.

Lumpectomy is often recommended when the cancer is detected early and when breast conservation is a priority for the patient.



BANGOR PLASTIC AND HAND SURGERY

While this packet is focused on breast cancer education and support, BPHS is included as a resource for those who may be exploring reconstruction.

About Us

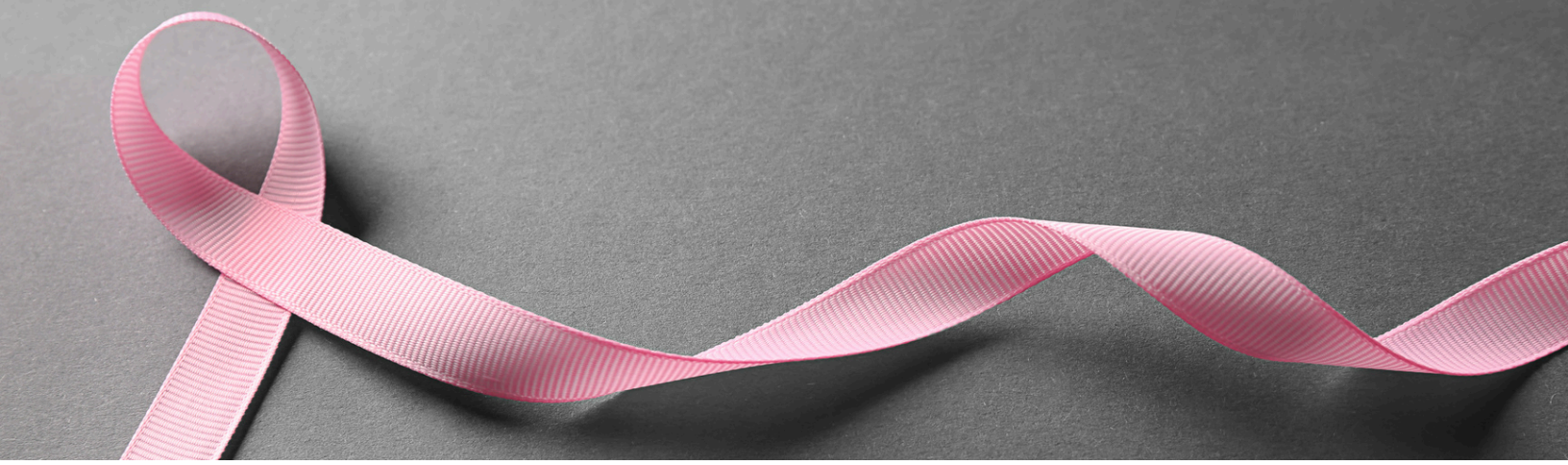
- Serving Maine since 2000.
- QuadASF-accredited surgical facility.
- Focus on safety, dignity, education, and individualized care.

Navigating your choices in care after a breast cancer diagnosis can be one of your life's most impactful decisions. For over 25 years, Maine residents have relied on Bangor Plastic and Hand Surgery for breast cancer reconstruction and counseling education.

Contact Information

Bangor Plastic & Hand Surgery
(207) 947-5657
bangorplastic.com

We are here as one of many resources available to you. You deserve compassionate care, clear information, and support that centers your wellbeing.



DR. DAVID A. BRANCH

PLASTIC & RECONSTRUCTIVE SURGEON
MEMBER AMERICAN SOCIETY OF PLASTIC SURGEONS
MEMBER OF MIGRAINE SURGERY SOCIETY

Dr. David A. Branch — Board-Certified Plastic & Reconstructive Surgeon

Dr. Branch has dedicated his career to providing reconstructive and cosmetic surgical care to patients throughout Maine. After completing extensive general surgery training, including time at Maine Medical Center, he pursued specialized plastic surgery training in Cleveland, Ohio, followed by advanced microsurgery training in San Francisco. With over two decades of experience, Dr. Branch has played a key role in expanding access to reconstructive care in Maine. His expertise includes complex breast reconstruction, microsurgical techniques, hand surgery, trauma reconstruction, and aesthetic surgery. Patients consistently describe him as thorough, compassionate, and committed to helping them understand all their options with clarity and respect.
At BPHS, Dr. Branch works closely with oncology teams, breast surgeons, and primary care providers to ensure each patient's care is well-coordinated and personalized. He believes in spending the necessary time to help individuals feel informed, supported, and confident in their treatment decisions.