

Breast Reconstruction Options



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Breast Cancer is Common

Breast cancer is one of the most common cancers affecting women today. In the United States, **1 in 8 women** will be diagnosed with breast cancer in her lifetime.

According to the American Cancer Society's 2024 estimates, there were:

- 313,510 new cases of invasive breast cancer
- 56,500 cases of ductal carcinoma in situ (DCIS), a non-invasive form of breast cancer

Facing a breast cancer diagnosis can be overwhelming and frightening. It brings with it a whirlwind of emotions and uncertainties. But it is also a time to lean on information, support, and care because no one should face this journey alone.



Breast Cancer Treatment Team Members

Surgical Team

- Breast Surgeon: Performs the mastectomy and lymph node biopsies
- Plastic Surgeon: Performs breast reconstructions

Medical Team

- Oncologist: Determines chemotherapy options
- Radiation Oncologist: Determines and administers radiation therapy

Geneticist

- Provides genetic counselling and interpretation of test results

Radiologists

- Perform MRI, CT and ultrasound
- Biopsies

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Why Choose Dr. Goldberg

Dr. Goldberg is first and foremost a highly specialized microsurgeon, offering advanced techniques in breast reconstruction that go far beyond standard cosmetic procedures. While many plastic surgeons are board certified, very few are trained to perform complex microsurgical procedures like free flap reconstruction (including DIEP, PAP, and LAP flaps). These techniques require years of additional training and experience, and allow patients to use their own tissue to achieve natural, long-lasting results — an especially important option for breast cancer survivors. Dr. Goldberg is one of the few surgeons in the region offering these advanced procedures, making her uniquely qualified to care for patients seeking autologous reconstruction.

As a woman, Dr Goldberg has a deep understanding of women's challenges. She listens to her patients, and talks about their overall goals. She understands that while women may choose to alter their bodies in the short term, in the long term, they are seeking to gain confidence and self esteem. Whether it's something as simple as fitting into their clothes better, or being proud to wear a bathing suit after having children, it may also be something much deeper that involves rediscovering themselves and reclaiming their lives after surviving breast cancer. She understands that self confidence plays a large role in the reasons why people choose plastic surgery, and takes the time to make that connection with her patients. "My goal is to educate, inform, and empower my patients to make the best decisions regarding their bodies." Dr Goldberg is dedicated to offering medical care to her patients with respect, dignity and sensitivity.

With a firm belief that the most satisfied patients are well informed patients, Dr Goldberg makes certain to take time answering all of her patient's questions and addressing any concerns they may express along the way. She explains procedures in a forthright manner, always taking into consideration the patient's desired results. As basic as it sounds, being thorough can often be a rare trait in a doctor. Dr Goldberg is also dedicated to offering cutting edge surgical techniques to her patients. Keeping abreast of all the latest techniques, from micro-reconstruction to fat transfers, Dr Goldberg makes sure to offer her patients the procedure that best fits their needs as well as desired results.

Finding an excellent Board Certified Plastic Surgeon in Beverly Hills and Torrance may seem like a challenge, but a consultation with Dr Goldberg can change that.

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3 Stages of Breast Reconstruction

Stage 1: Mastectomy and Tissue Expander Placement

Breast reconstruction often begins at the time of mastectomy. During this stage, the breast tissue is removed by the breast surgeon, and a tissue expander is placed by your reconstructive surgeon, Dr. Goldberg. The expander acts as a temporary placeholder, gradually creating space for the final reconstruction. You'll have drains placed to manage post-surgical fluid and begin the initial recovery process. Expansion begins a few weeks later, with small amounts of saline added over time to slowly stretch the skin.

Stage 2: Reconstruction

Once the skin and chest wall have healed and expansion is complete, the tissue expander is removed and replaced with the final reconstruction option. This could be:

- Silicone breast implants
- Autologous tissue reconstruction, using your own tissue (e.g., DIEP, PAP, or LAP flap)
- A hybrid approach, which combines a flap and an implant for optimal shape and contour

This stage refines breast volume and shape. It is typically done a few months after the mastectomy and is often an outpatient procedure, depending on the technique.

Stage 3: Beautification and Final Touches

The final stage focuses on aesthetic refinements. This may include:

- Liposuction and fat grafting to improve contour and softness
- Scar revision to improve healing appearance
- Nipple reconstruction or 3D nipple tattooing for patients who desire it

This stage helps enhance the overall symmetry and natural appearance of the reconstructed breasts. Timing varies but usually occurs 3 to 4 months after the second stage.



Implant-Based Reconstruction

What is it?

A two-stage procedure using a saline or silicone implant to rebuild the breast after mastectomy. The first stage involves placing a tissue expander. After 3 months of expansion, a second surgery replaces the expander with a permanent implant.

Surgery details

- Unilateral surgery: approximately 3 hours
- Bilateral surgery: approximately 5–6 hours
- Hospital stay: 1 night
- Drains: 1 per breast
- Drain removal: typically 1 to 2 weeks depending on fluid output, unless otherwise told by doctor

Ideal candidates

- Thin patients with little to no donor tissue
- Patients seeking a less invasive option
- Older individuals preferring a quicker recovery
- Patients who want a faster return to work and daily life

Advantages

- Shorter surgery time
- Faster recovery
- No donor site or additional scarring
- Earlier return to normal activity

Things to consider

- Involves use of an implant (foreign material)
- Higher risk of infection compared to flap reconstruction
- May require multiple surgeries over a lifetime (e.g. implant replacement)
- May be difficult to perfectly match the natural breast in size, shape, or feel
- Difficult to maintain symmetry if radiation treatment is required

Note

This option can be ideal for patients seeking a streamlined recovery and minimal downtime. Your surgical team will help determine if this is the right choice based on your body type, cancer treatment, and personal goals.

Implant-Based Reconstruction Examples



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Autologous Tissue Breast Reconstruction

What is it?

Autologous breast reconstruction uses the patient's own living tissue — like skin and fat — usually from the abdomen, to rebuild the breast. This type of reconstruction offers a more natural appearance and texture compared to implants. It also provides greater control over breast symmetry, especially for bilateral reconstruction, and creates long-lasting results that do not require replacement over time.

We offer several types of autologous flap procedures, including:

- DIEP flap – Uses adipose tissue from the lower abdomen while preserving the abdominal muscles
- PAP flap – Uses adipose tissue from the upper inner thigh
- LAP flap – Uses adipose tissue from the lower back and flank area

Surgery details

- Unilateral surgery: approximately 5–6 hours
- Bilateral surgery: approximately 8–10 hours
- Hospital stay: 3 to 5 days
- Drains: 1 per breast
- Drain removal: typically 1 to 2 weeks depending on fluid output
- Recovery time: 4 to 6 weeks to return to work and 8 weeks for full activity

Ideal candidates

- Patients with excess tissue (skin and fat)
- Patients who prefer a natural reconstruction without implants
- Patients who are expected to undergo radiation as part of their cancer treatment

Advantages

- Uses the body's own tissue for a natural look and feel
- No risk of implant-related complications
- Better long-term durability — results last a lifetime
- Will tolerate radiation better than implant-based reconstruction
- Improved symmetry, especially in bilateral cases

Things to consider

- This is a longer and more complex surgery with a longer recovery
- There will be a donor site scar
- A preoperative CT angiogram will be ordered to evaluate blood supply and help plan the surgery
- Not all patients are candidates — Dr. Goldberg will assess suitability based on anatomy and health history

Note

Autologous reconstruction is an excellent option for patients seeking a natural, permanent result and who have enough donor tissue available. It can be especially beneficial for patients who will undergo radiation or want to avoid implants altogether. Dr. Goldberg will work closely with you to determine the best reconstructive plan based on your goals, cancer treatment, and body type.



Autologous Tissue Breast Reconstruction Types

DIEP Flap

A DIEP flap (Deep Inferior Epigastric Perforator flap) is a type of autologous breast reconstruction that uses the patient's own tissue from the lower abdomen to create a new breast. Unlike older techniques, the DIEP flap preserves the abdominal muscles, which helps reduce long-term weakness and improves recovery outcomes. This procedure also offers the added benefit of a tummy tuck effect. The result is a soft, natural-looking breast that does not require implants.

PAP Flap

A PAP flap (Profunda Artery Perforator flap) is an autologous breast reconstruction procedure that uses tissue from the upper inner thigh to recreate the breast. It's a great option for patients who don't have enough abdominal tissue for a DIEP flap or prefer to avoid abdominal surgery. The PAP flap preserves thigh muscle, uses only soft tissue, and results in a hidden scar along the inner thigh crease.

LAP Flap

A LAP flap (Lumbar Artery Perforator flap) is a type of autologous breast reconstruction that uses tissue from the lower back or flank area to rebuild the breast. It's a great option for patients who don't have enough abdominal or thigh tissue, or who have had prior surgeries that make other donor sites unsuitable. The LAP flap avoids using muscle, preserves strength, and offers the added benefit of body contouring along the waistline.

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Autologous Tissue Breast Reconstruction Examples



DIEP Flap



PAP Flap



LAP Flap



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Hybrid Breast Reconstruction

What is it?

Hybrid breast reconstruction combines the use of any flap with a breast implant to rebuild the breast after mastectomy. This technique provides vascularized muscle and skin tissue, which helps improve the shape, contour, and coverage of the reconstruction—especially in cases where the skin or soft tissue is thin or damaged from radiation.

Surgery details

- Unilateral surgery: approximately 3–4 hours
- Bilateral surgery: approximately 6–8 hours
- Hospital stay: 1 to 3 days
- Drains: 1 per breast
- Drain removal: typically 1 to 2 weeks depending on fluid output
- Recovery time: 4 to 6 weeks to return to work

Ideal candidates

- Patients who need additional soft tissue coverage due to radiation or thin skin
- Patients who want more natural contour and support than implant-only reconstruction offers
- Those with limited abdominal tissue, making other flap procedures like DIEP less suitable
- Patients seeking a balance between autologous and implant-based techniques

Advantages

- Provides improved shape, projection, and softness compared to implant alone
- Brings in healthy, vascularized tissue, which improves healing in radiated areas
- Uses your own muscle and skin to enhance the reconstruction
- May lower the risk of implant complications in radiated or thin tissue

Things to consider

- Involves donor site surgery, which may result in additional scarring and minor muscle weakness
- Still uses a breast implant, which may require future replacement or revision
- Slightly longer recovery time compared to implant-only reconstruction
- Requires general anesthesia and a hospital stay

Note

Hybrid reconstruction offers a strong middle ground for patients who need added coverage but want to avoid more extensive flap procedures. It can be especially beneficial for patients with prior radiation or challenging anatomy. Your surgical team will guide you in deciding if this approach is right for your body, goals, and overall treatment plan.

Hybrid Breast Reconstruction Examples

PAP Flap with Implants



DIEP Flap with Implants



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Pre-Operative Instructions

The following is a list of items that should be purchased or “on-hand” prior to surgery in order to prepare you for optimal healing:

- Probiotics (e.g., Activia yogurt, fermented foods like pickles, kimchi, sauerkraut)
 - To be taken with antibiotics to help restore beneficial bacteria in your gut
- Hibiclens Antiseptic Cleanser
 - Use while showering beginning 1 week prior to surgery as directed
- Betadine Antiseptic Spray
 - For open wounds and leakages
- Q-Tips
 - For cleaning and application of Polysporin ointment as needed
- Extra Strength Tylenol (generic equivalent is okay)
 - Used post-surgery once prescription pain meds are no longer needed, as directed
- Selection of low sodium, gentle foods
 - Helps encourage eating and avoid upsetting the stomach
 - Suggestions: clear soda (not diet), crackers, broth-based soups (not cream), pudding, applesauce, Jello, toast, eggs, cottage cheese
- Magnesium Citrate (~3 bottles)
 - If you don't have a smooth bowel movement within 48 hours after surgery, drink one bottle every 12 hours until you do. No straining!

What NOT to do before surgery:

- No eating or drinking after midnight the night before your surgery
- Stop the following medications 2 weeks before and 1 week after surgery:
 - Aspirin (e.g., Excedrin, Midol, Alka Seltzer)
 - NSAIDs (e.g., Advil, Aleve, Ibuprofen)
 - Weight loss meds (e.g., Ozempic, Wegovy, Mounjaro, Tirzepatide)
 - Cancer medications
 - Not sure about a medication? Call us.
- Do NOT chew gum or suck on mints the night or morning of surgery
- Do NOT wear makeup, lotion, moisturizer, perfume, or deodorant on the day of surgery
- Do NOT wear jewelry (rings, watches, chains, etc.)
- Do NOT wear contact lenses
- Avoid alcohol for at least 1 week before surgery
- Avoid nicotine for at least 3 weeks before surgery

Pre-Operative Instructions

Continued...

Discontinue all the following 2 weeks prior to surgery as they may interfere with anesthesia or increase bleeding risk:

- Weight Loss Medications (e.g., Ozempic, Wegovy, Mounjaro, Tirzepatide – oral or injectable): risk of pulmonary aspiration
- Ginseng, Ginkgo, Garlic supplements, Dong Quai, Saw Palmetto, Turmeric: increase bleeding risk
- Echinacea: may cause liver damage with anesthesia
- Ephedra (Ma-Huang): can cause heart and blood pressure issues
- Kava Kava, Valerian Root, St. John's Wort: interfere with anesthesia and sedation
- Vitamin E & Fish Oil: increase bleeding risk

Note: Garlic in food is okay

What to do before surgery:

- Fill all prescribed post-op medications in advance
- Bring anti-nausea medication with you on surgery day
- Review your Pre-Op Shopping List to ensure you're fully prepared
- Shower with Hibiclens (or approved antiseptic) daily, starting 1 week before surgery
- Take approved meds with a small sip of water the morning of surgery
- Wear loose, comfy clothing (zip/button front tops are best) and flat shoes
- Give us a phone number where you'll be reachable the night before surgery
- Bring corrective eyeglasses if needed and be ready to fill out your Advanced Directive at the OR

If you are having general anesthesia:

- Abstain from all food and fluids after midnight the night before surgery to prevent the risk of aspiration during anesthesia. Anesthesia will ask about your health, allergies, medications, and past anesthesia experiences. Honest answers are crucial to ensure the safest anesthetic plan.
- Do not chew gum the morning of surgery. If prescribed, take necessary medication with small sips of water only. No other fluids.



Post-Operative Instructions

Immediately After Surgery

- A responsible adult must stay with you for at least 24 hours after surgery.
- Prepare your home ahead of time and arrange support in advance.
- Avoid any activities that could be dangerous—anesthesia effects can last over 24 hours.
- Stay local: Remain within a reasonable distance of the office for the first 10 days.

Activity & Movement

- First 48 hours: Rest. No cleaning, heavy lifting, or strenuous activity.
- Avoid lifting, pulling, or pushing for 10 days.
- Light walking is encouraged after 2 days.
- Resume regular exercise only after Dr. Goldberg's approval.
- You may drive 3 days after anesthesia, 24 hours after your last pain pill, and only if you're pain-free during activity.

Medications & Side Effects

- Take only medications prescribed by Dr. Goldberg and follow instructions carefully.
- Take meds with food to prevent nausea; eat bland foods for the first 1–2 days.
- Stay hydrated with plenty of fluids.
- No alcohol for 2 weeks or while on pain meds.
- Keep a written log of when you take pain medication to avoid overdose.

Emergency Symptoms – Go to the ER if you experience:

- Rash, itching, wheezing, or throat tightness
- Severe pain not controlled by medication
- Fever over 101°F and/or chills
- Red, warm incisions or unusual drainage
- Excessive bleeding or swelling that makes bandages too tight

For concerns, call the office: (310) 325-0310

Incision & Wound Care

- Keep dressings clean and dry; do not remove unless instructed.
- Avoid baths, pools, or hot tubs for 4 to 6 weeks.
- Showering is permitted once cleared by Dr. Goldberg.
- All surgeries result in scarring—this is normal. Scars may take up to one year to fade.
- Protect scars from the sun using sunscreen.

Lifestyle Notes

- No smoking for at least 3 weeks—smoking delays healing.



You Are Not Alone!

Breast reconstruction is more than a medical procedure — it's a step toward healing, confidence, and reclaiming your body on your own terms. Thank you for letting us be part of your journey.

Scan to Learn More

Website:

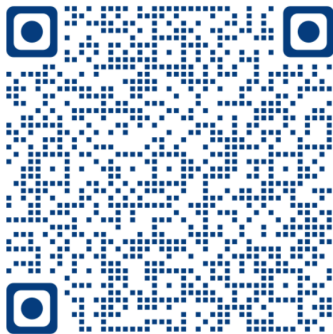
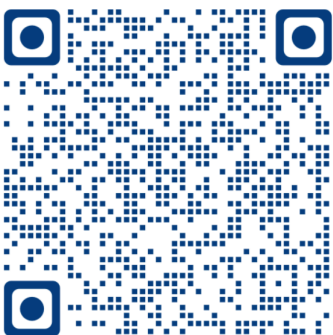


Photo Gallery:



Stay Connected

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A stylized, handwritten signature logo consisting of a cursive 'M' followed by a capital 'G'.