

2022

NYBRA

PLASTIC SURGERY

New York Breast Reconstruction
& Aesthetic Plastic Surgery

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Dear Friends and Colleagues,

We began 2022 full of hope and momentum. After a year of rebuilding, we saw it as a year rife with opportunities to move forward and further flourish. That hope became a mission which we embraced with passion and determination. As 2023 begins in earnest, we reflect on a year that was marked by movement.

Our practice expanded. We welcomed new physician assistants and additional support staff, along with a resident, full-time restorative tattoo artist, Marnie Rustemeyer. The support proved necessary as we also took on more patients than ever. Telemedicine protocols that were once new established themselves as second-nature as more patients from across the country and the world found their way to the practice. Thanks to our incredibly talented O.R. and nursing staff, our in-office O.R. suite was once again accredited with zero deficiencies. It was and continues to be a privilege to be able to help so many individuals.

Amid longer hours, we continued to engage with our community partners wherever we could. From fundraising and community-building with Making Strides Against Breast Cancer of Long Island to educating with BRCAStrong to funding patient care with Pink Aid and more, we lent a hand at every opportunity. We also watched our partners expand and grow. Full Circle Physical Therapy expanded their reach by joining Ivy Rehab. Pink Aid's Pink Purse initiative—which pays bills for patients in active treatment—went national. We were thrilled to see organizations that champion patients before, during, and after breast cancer treatment make their resources accessible to more people than ever.

Mollie Sugarman's Patient Empowerment Program support groups, pre-op Guided Imagery and lectures remained remote, once again expanding access to patients with time constraints of geographical

impediments . The Be Informed Lecture Series found a new home on Vimeo for patients who could not attend its webinars in real time.

Our patients continued to inspire awe and gratitude as well. Dozens have graciously shared their stories publicly or with other patients to help spread hope, joy, and information. Their community spirit and fundraising efforts made so much possible.

Once again, we've kicked off the year with a donation in lieu of a gift. We consider it a new tradition, inspired in part by our community's courage and generosity. This book is as much a reflection on the year as it is a token of our appreciation to this community. Please take a few moments to look back on what you have built, accomplished, and shared.



Randall S. Feingold, MD



Ron Israeli, MD



Peter Korn, MD



David Light, MD



Jonathan Bank, MD

A Patient Restored After a Year of Loss

By The NYBRA Team

A breast cancer diagnosis is challenging under normal circumstances. When Kim was diagnosed with Stage III inflammatory breast cancer in the summer of 2020, her circumstances were far from normal.

“My story starts a little bit before my story. In May of 2020, my husband had this blood clot in his leg. We didn’t know where it came from. He was seeing hematologists, and they weren’t finding anything. Then, one day he wound up having a heart attack at home, in front of our 22 and 25 year old sons,” Kim began.

Kim’s husband was resuscitated and hospitalized. It was at that point that he learned what caused the clot and the heart attack: he had Stage IV lung cancer. Kim said she sprung into action, ready to fight for his life.

A month later, she noticed an abnormality in the skin on her breast. Kim had a strong family history of breast cancer and kept up with regular screenings. She considered waiting until her next MRI to address the issue but spoke to her doctor to be safe. They saw her the next day. Testing revealed triple negative, Stage III, inflammatory breast cancer.

“I had just told my boys that my husband had cancer, now I had to tell them that I had cancer, and not just any cancer, but a really bad cancer.”

From July through November of 2020, Kim and her husband went

through chemotherapy together. She had bilateral mastectomies without reconstruction that November and radiation therapy in March of 2021. Her inherently difficult combination of therapies was made even more challenging by the pain she felt for her husband, whose morale had been dampened by her illness.

“Initially, he was like ‘if I have to go through something like this, at least my wife and my kids are healthy.’ He lost his fight, because he was angry. It was twice as hard for me, because I went into fight mode for my husband, and then I couldn’t fight for myself.”

Her husband passed away in June of 2021. By that point, Kim said she was cancer free but feeling hopeless, helpless, and unable to process her own experience. She wondered how she could possibly begin to navigate a life without her life partner.

“I wasn’t even sure if I was going to have reconstruction. I was like, ‘what’s the point? I don’t have a husband anymore.’”

Regardless, Kim researched her options. She considered whether reconstruction might offer her some normalcy after over a year of demoralizing changes. That winter, a friend recommended NYBRA. It was the second time she’d heard the practice’s name. She said it felt like a sign.

“I called and I made an appointment with Dr. Feingold. It was one of the easiest appointments. I felt very secure in what he did. His demeanor, the way he spoke to me, things he said to me, were

things other doctors did not say. He knows what he does, and he knows he does it well: that's how he came across. And it made me feel so comfortable. I felt like I was in the hands of somebody who was going to make things a lot better for me."

Dr. Feingold recalls meeting Kim and reassuring her that if she was finally ready for her breast reconstruction he would find a solution. "Kim had received her breast cancer care at another facility, but knew she wanted a natural tissue result that offered softness, warmth, and symmetric feminine shape that wasn't available there. DIEP flaps from her abdomen provided a beautiful outcome."

Kim underwent DIEP flap breast reconstruction. Unlike her mastectomies, she woke up unbandaged. It was a pleasant surprise.

"I looked down and I had two boobs! And they're really cute: they're perky, and they're soft. It was the best moment. I had always had something taken away from me. This was the first time something was given back."

As Kim continues to work through her grief and trauma, she said that her experience with NYBRA has given her some hope.



"In the face of adversity and loss, Kim has focused on reclaiming her life. Her tenacity and resiliency are inspiring to the NYBRA team and to those women in the Sisterhood of Support group with whom she shares her story and positive mindset," noted Mollie Sugarman, Clinical Director of NYBRA's Patient Empowerment Program.

"It felt like the whole process was put together perfectly for this journey that I was going through. I had the support system that I needed. I felt confident with the doctors I had. I had hope for once. I lost a lot, and I got something back from NYBRA that I never thought I would." ■



A Quilter Brings Her Skills to NYBRA

By The NYBRA Team

I just wanted to pay it forward. I wanted to do something. Their care is just so great.

~charlotte

“I believe I’ve made over 1,500 pillows. I also made over 1,000 masks for everyone,” Dr. Ron Israeli’s patient, Charlotte, said.

Charlotte had noticed some nipple inversion in 2016, but an unusual prior breast surgery made it difficult to determine the cause of the issue. She decided to have a risk-reducing procedure to take breast cancer off the table. She was referred to Dr. Israeli for breast reconstruction and immediately felt that he was the right fit. Charlotte was so confident in her choice that she made another change to her life.

“He said he wouldn’t do the procedure unless I quit smoking, so I quit right then and there.”

Charlotte said that prior attempts to quit smoking had failed, but something about making that decision stuck. She took it as a sign. As she scheduled her mastectomy and reconstruction, she had an issue with her insurance. Rather than finding a new doctor, she chose to wait for Dr. Israeli.

In 2019, she finally had the right insurance. Charlotte underwent bilateral mastectomies with expander-implant breast reconstruction in 2019. When her sister brought her home from the hospital, she looked at the seatbelt pillow included in the care package she had received from Patient Empowerment Program Clinical Director Mollie Sugarman.

“I’m a quilter. I said, ‘I could make these!’”

After mastectomy, Charlotte found that her weekly visits to fill the expander-implants helped her get to know the NYBRA team. During the holidays that year, she was so grateful that she made goodie bags for everyone who she knew in the office.

As she recovered, Charlotte turned that natural tendency to give and her love of sewing toward making items that could help others. She remembered feeling that she could make the pillows. She also saw the need for cloth masks as the COVID-19 pandemic expanded. Charlotte sprung into action in both areas, sewing countless seatbelt pillows and masks using donated materials and giving them all to NYBRA.

“I just wanted to pay it forward. I wanted to do something. Their care is just so great.”

Charlotte continues to make pillows whenever there’s need, however, she said that she did not think NYBRA would need to be restocked for some time.

“I loaded them up, so they should be good for a while,” she said, with a laugh. ■



SINGLE



UNDER 40



BREAST
CANCER

A Conversation with Mollie Sugarman and Dr. David Light

By The NYBRA Team

The Clinical Director of the Patient Empowerment Program, Mollie Sugarman, and Dr. David Light, kicked off a new project designed to foster and continue conversations about breast cancer in individuals through all walks of life. Their first discussion, “Single, Under 40 with Breast Cancer,” hones in on the unique effects of a cancer diagnosis on single, younger women.

While many of the issues diagnosed individuals face transcend age, there are challenges that are unique to this particular population. Dr. Light’s patients, Christine, Patricia, and Suzy, were all diagnosed under 40 and developed a strong bond through our Patient Empowerment Program (PEP). That bond helped them navigate some of the key experiences that they were gracious enough to share in this video. We are most grateful to these incredible women for their willingness to be a part of this project.

Watch the full conversation or read on for a few impactful questions from Dr. Light and Mollie and their answers.

How do you see this diagnosis impacting you differently than it would someone older?

All three patients agreed that dynamics are extremely different for people who are married with children. Patients who have already had those experiences do not undergo the stress of wondering whether treatment will impact their ability to do those things. A cancer diagnosis imposes disorder under any circumstances and can be even more unsettling for those who are less established in their lives and relationships.

“Having a cancer diagnosis at the age of 38, being that it’s also in the breast, being single, no kids—people that are older tell you that it’s not a big deal, but it’s life changing. When you meet someone, how do you tell them?” Patricia said.

Christine, who was diagnosed at 39, echoed Patricia's sentiments. "Being diagnosed at a younger age, not married, single, no children, never experienced the joys of motherhood, haven't had a connection with a partner who I fell in love with and we got married, I'm like oh my gosh, how are people going to be? Are people going to know my breasts aren't real? Can people tell?"

Christine also brought up a less-discussed point: breastfeeding. She said she was concerned about being able to breastfeed her future children as part of maternal bonding. While her mother pointed out that she was not breastfed, and they have a strong connection, she said it still factored into her thinking in a way that would not have been necessary had she already had children.

How do you manage the stresses of dating and meeting new people romantically?

"Forging relationships is hard enough, especially in New York City. It's hard to find that significant other...and the question that I always had was: how can I not only find that significant other, but now tell him that this had happened. Will somebody accept me? Will somebody want to be with me? Will somebody understand and support that this had happened and could potentially factor into the relationship from a children's standpoint or down the road?" Suzy said.

Suzy was diagnosed just shy of her 30th birthday. While she has yet to pursue a new relationship since treatment, she said she feels that the most important first step is to learn to love yourself.

Patricia shared an incident in which someone learned that she had had breast cancer on an early date. Unfortunately, "the look on his face said it all," she said.

Mollie offered the idea that sharing your health status as a young person offers a kind of test of potential strength and acceptance within a relationship. "You might know very quickly upfront where someone stands on that and how supportive they might be."

How did treatment impact your friendships and social lives?

"My mastectomy was May 4th, 2021. My best friend was pregnant with her second child, the baby shower for her second child was that Saturday. It hurt my heart that I couldn't be there," Christine said.

From big events, like baby showers and weddings, to small, routine social matters, like evenings out, cancer diagnosis and treatment sidelined all three women in ways that those in a less social phase of life might not have felt. Suzy chose to tell very few people, which kept her separated from her community. Even those who did share their diagnosis with more people felt that it was difficult to talk about it with their peers. That sense of isolation made NYBRA's PEP even more important to them.

"Family and friends were amazing support systems, but it's really hard to put yourself in the shoes of somebody if you haven't been there or if you're not there. This is definitely something different," Suzy said. ■

The Twist That Turned Marie to NYBRA

By The NYBRA Team

Marie was diagnosed with breast cancer in 2006.

“I had two lumpectomies and then a bilateral mastectomy in 2007. Then, there was still cancer in the margins, so I had to have another surgery. It was a tough road, it really was,” she said.

Unfortunately, that tough road did not end when her breast cancer treatment was complete. It continued to twist and turn for over a decade. Marie underwent implant reconstruction at the time of mastectomy, along with chemotherapy. In 2009, instead of continuing to recover, she fell ill. Her symptoms were that of an autoimmune condition: mouth sores, a rash on her face, rheumatoid arthritis, headaches, fatigue, difficulty with memory and focus. An MRI revealed lesions on her brain. Her rheumatologist and neurologist worked in tandem to address her symptoms.

Marie was a medical technologist and licensed cosmetologist who was working in a plastic surgeon’s office. Her medical issues reached a point where she could no longer adequately perform in the operating room.

“As a licensed hairdresser, I was able to start up a medical spa, but I just continued to get sick. My memory, my

arthritis—I couldn’t hold anything for any length of time or open a jar or a bottle—they were just debilitating. I was on multiple medications. One medication led to another medication, because of the side effects,” she explained.

Marie was placed on permanent disability. As a fit, active woman in her fifties, her new physical limitations took a psychological toll. She said that the disconnect between her appearance and her reality were particularly devastating.

“It really affected me emotionally. If you looked at me, I was very much in shape. I’m a gym rat, and I have been my whole life. People would look at me and think ‘she’s OK, she’s fine.’ I was a young woman not able to work.”

Amid her autoimmune issues, Marie also experienced discomfort at the site of her breast reconstruction. She was completely unmonitored at the time, which meant that she simply lived with the problem.

“I was never told that I needed to have an MRI of my breasts,” she said.

It was only via a chance encounter with Dr. Ron Israeli that Marie learned she needed any type of implant monitoring. She accompanied her sister on an appointment with Dr.

Israeli that related to a breast augmentation. When he asked about whether anyone in the family had had breast cancer, Marie shared her history.

An MRI revealed that both of Marie's breast implants were ruptured. In addition, her reconstruction had been completed using cohesive silicone implants that have since been recalled due to their relationship to BIA ALCL, a type of large cell lymphoma. Not only had her doctors not followed up with her, they never notified her of her recalled implants.

"If it wasn't for Dr. Israeli, I'd still be walking around with ruptured, recalled implants."

Dr. Israeli removed both implants and performed bilateral DIEP flap breast reconstruction in April of 2021. As she recovered, Marie found that some of her autoimmune issues began to improve.

"The dry eye cleared. I haven't had a rash on my face or sores in my mouth. The arthritis is even a bit better," she said.

Marie attributes this recovery to the implant removal surgery, particularly since her implants were ruptured. Since her revision, she has learned more about breast implant associated illness, a cluster of medical issues that some doctors and patients believe to be related to breast implants. Marie feels that

she was among patients with whom breast implants simply do not agree. Now, she said she wants more women to be aware of signs and symptoms of implant issues and to know their other reconstructive options.

"Let them be aware that if they do start to feel ill, it could be correlated. I know how important breasts are to a woman—or at least to me—but give them options." ■



Dr. Jonathan Bank Joins Sharsheret for a Conversation on Resensation

By The NYBRA Team

Last month, Dr. Jonathan Bank joined Sharsheret for a conversation on nerve preservation and reconstruction during and after breast and chest surgery. Sharsheret is a non for profit organization that supports women and families facing hereditary breast and ovarian cancer. During the lecture, Dr. Bank discussed the significance of nerve reconstruction both as a way to promote sensation and as a way to prevent or reduce long-term pain. See below for a few highlights from the talk, or watch the whole lecture, [here](#).

There are multiple nerves that provide breast and chest sensation.

Dr. Bank went over the basic nerve anatomy of the breast, chest, and armpit area.

“Think of them as emerging through the interspaces between the ribs. They wrap around almost like a belt for that part of the body, and they look almost like thin wet spaghetti,” he said.

The nerves that extend towards the arms tend to be most at risk during procedures like lymph node dissection. Those that are located throughout the breast are vulnerable during mastectomy.

“These nerves that run to the breast skin and the nipple areola complex are at risk of being injured during a mastectomy and that’s a discussion that needs to take place before somebody is going into having this procedure done.”

Breast sensation after mastectomy can have long-term physical and emotional consequences.

“It’s beyond just the anecdotal ‘somebody got burned because they didn’t feel the breast skin.’ There are many, many other components—physical and emotional—that have really become a true interest of mine, and a focus in my practice,” Dr. Bank said.

The presence of absence of sensation after surgery has a profound, documented impact on patient physical and emotional wellbeing. It affects how patients feel within their bodies and whether they feel that their chest area is truly part of them, regardless of whether they undergo breast reconstruction.

Nerves that are not reconstructed often cause pain.

“Nerves want to sprout back. They’re like electric cables that want to grow back and submit signals to and from the brain.”

Dr. Bank explained that simply cutting them without any type of reconstruction is akin to leaving live wires within the body. In many cases, neglecting nerve care and reconstruction during surgery does more than reduce sensation in the area. It causes chronic pain after mastectomy.

“Many women complain of these electrical shooting pains. It’s a very common complaint in these very reproducible locations: in the armpit area, in the outer part of the chest, and sometimes in the inner part of the chest.”

Post Mastectomy Pain Syndrome (PMPS) is a well-documented issue.

“There have been a few studies from across the globe that all have consistent results. There are studies from Denmark, China, Brazil, and a recent one from University of Michigan talking about post-mastectomy pain.”

Based on these studies, PMPS can occur in up to 20 to 50 percent of women. Up to 10 percent of sufferers may be classified as severe, meaning that they require chronic pain medications or other interventions. Despite the condition’s name, pain is not unique to mastectomy patients. It can occur after any type of breast or chest surgery in which nerves are affected.

“This is something that we can actually do something about, and the extent of the problem is not something to be overlooked.”

There are solutions for patients dealing with PMPS.

While prevention in the form of proper nerve handling and reconstruction during mastectomy, breast reconstruction, or other chest surgery is the best option, patients dealing with PMPS can still find avenues for relief. Dr. Bank works with an interdisciplinary team to treat this issue through physical therapy, oral and local pain management, and—in some instances—surgery. There is typically some way to improve symptoms, as exemplified by Dr. Bank’s patient, Jen, who he featured during the lecture.



SHARSHERET



continued

Restoring Sensation after Breast Reconstruction: Is it an option for me?

Nerves take time to grow back.

Women who do undergo nerve reconstruction are advised to have patience, as growth takes time, and return of sensation evolves. Dr. Bank shared a video of a patient undergoing a sensation assessment a few months after natural tissue reconstruction. At that point, she still lacked sensation in the central portion of her reconstructed nipple. Later, about a year after her procedure, another video captured renewed sensation in that area.

In another case, Dr. Bank said he connected only one nerve on the outer portion of a patient's chest. Later, she found that she had renewed medial sensation, suggesting that connecting that one nerve fostered nerve growth throughout the breast.

The medical community is starting to acknowledge PMPS more readily.

"It's wonderful to see when you go to the various conferences and more and more people are talking about

this. More people are practicing it. I think a lot of it was driven by popular media and even more by women in the community that advocate for a change."

Dr. Bank gestured at news articles and papers within journals as evidence of a shift within the medical world.

"I think conversations like this one continue to raise awareness and basically force us professionals to continue to push the needle to do best."

Dr. Bank hopes that the medical community will come to realize that while nerve reconstruction does not guarantee sensation, its potential for good should not be understated. According to Dr. Bank, resensation procedures do not add any significant amount of time to surgeries, making the downside to their performance truly minimal. This added step can reduce pain and improve sensation, fostering higher satisfaction, assuaging emotional concerns, and improving quality of life.

"Improvement is so statistically significant there's almost no reason not to do it." ■

NYBRA's In-Office Surgical Suite Completes a Flawless Accreditation

By The NYBRA Team

NYBRA Plastic Surgery maintains a state-of-the-art operatory that safely manages 300 outpatient cosmetic surgeries each year. Dr. Randall Feingold is our Facility Director. He noted, “I am so proud of our nursing team who maintain the highest standards for patient safety. AAAASF recognized this by once again conferring full 3-year accreditation with ZERO deficiencies, a superb accomplishment that we have enjoyed for many consecutive cycles. We built our office operatory to hospital grade standards long before accreditation was required by the NY State Department of Health and the American Society of Plastic Surgeons.”

The accreditation was a team effort: our Nursing Staff all have senior-level experience working in hospital OR/PACU/ICU settings for many years before joining our practice, and anesthesia is provided by renowned attendings from St. Francis Hospital. We also have state-of-the-art technology not available in hospital and ambulatory surgery centers, including Erbium laser skin resurfacing, Piezo ultrasonic rhinoplasty, Vaser ultrasonic liposuction, and InMode Morpheus 8, FaceTite and BodyTite radiofrequency skin tightening. ■



Introducing Marnie Rustemeyer, NYBRA's New Resident Tattoo Artist

By The NYBRA Team

We are excited to announce that NYBRA has a new, full-time, on-site restorative tattoo artist, Marnie Rustemeyer! Marnie joins NYBRA with a nuanced understanding of the breast reconstruction patient experience—because she was one.

Marnie learned that she carried a BRCA gene mutation in 2013. She underwent bilateral, risk-reducing mastectomies with implant reconstruction. In the years that followed, Marnie lived with pain and issues with implant malposition. In 2020, she underwent a revision procedure to reposition and replace her breast implants with Dr. Ron Israeli. Now, she's making her way from NYBRA patient to NYBRA team member.

Read on for a little more on how Marnie became a restorative tattoo artist, what patients who work with her can expect, and what she hopes to accomplish at NYBRA.

What made you start doing restorative tattooing?

Marnie's career began in banking and finance. However, her experience with mastectomy and breast reconstruction shifted her focus. After her mastectomies, she created the Billow pillow, a pillow designed for maximum comfort after mastectomy. That process included hands-on research that put her on the pulse of what breast reconstruction patients needed.



Many of the patients with whom Marnie spoke—particularly in her underserved, home community in West Virginia—were concerned about the dearth of quality nipple tattooing options. Before her career in finance took off, Marnie had intended to study art. She reflected on her own creative aptitude.

“It was a challenging and pivotal part of my life. I really had some serious contemplation and realized that I really wanted to help people with breast cancer, so I left my career in finance to become a medical tattooist.”

What makes restorative tattooing different from other types of tattoo artistry?

“Medical tattooing is unique because it helps restore the confidence in not only breast cancer survivors but also people who have scars and trauma, skin conditions.”

Restorative tattoo training and certifications address the additional complexities associated with tattooing skin after surgeries.

“You really need to be able to identify what’s needed in an individual situation and change your approach accordingly.”

What types of services do you offer at NYBRA?

“On the restorative side, I’m going to offer 3D nipple tattooing, scar camouflage, and scalp micropigmentation. On the cosmetic side, I’ll offer eyeliner, lips and brows.”

Can you walk us through what to expect during nipple tattooing?

Marnie recommends patients wait a minimum of four to six months to allow skin to heal completely before coming in for a tattoo.

“First we’ll do a consultation which is about 30 minutes where I’ll walk the patient through the process where we’ll discuss everything you need to know. I want to make sure the patient is adequately informed. During the actual procedure, it will be an hour and a half to two hours, we’ll discuss the size, shape, and color, and get the patient comfortable and relaxed. The first session is a pretty basic outline and design. The second session is eight to ten weeks later where we’ll add details and make any modifications that we need to.”

What do you hope patients will get out of their tattoo experience?

“I just really want to provide patients with a wonderful experience. I want them to feel like themselves again. This is the final part of their journey, and I want them to look into the mirror and think ‘wow, I’m finished, this is awesome, I feel whole again.’ And not only nipples, I understand they have scars and stretch marks and other things that might need to be addressed, I want to provide them with the full package of services.” ■

One Sister Saves Another's Life—With the Help of Genetic Testing

By The NYBRA Team

Genetic predispositions to cancer often mean that families deal with multiple diagnoses in multiple people over an extended period of time. The Brickman Family is extremely familiar with this circumstance.

“It was 14 years ago that I got a call from a first cousin who was diagnosed with breast cancer in her seventies. At the time, no one was doing testing for the gene,” Randie began.

The gene to which Randie was referring was a BRCA gene mutation. Randie's cousin, who had already lost a sister to pancreatic cancer, saw a genetic counselor after she was diagnosed with breast cancer and learned that she carried a mutation. She went on to share that vital information with her cousins, including Randie. Randie went on to test positive for the mutation as well.

Randie chose to monitor her health rather than pursue risk-reducing surgeries. When she was 48, her surveillance revealed Stage 0 DCIS. She considered treating it with a lumpectomy, but after a conversation with her family she chose to have bilateral mastectomies and to have her ovaries removed. That family discussion included two daughters, who were in their early twenties at the time. Randie recovered, and life moved forward.

“I got married in 2012. I had two miscarriages, and I did IVF,” Daniellie, Randie's eldest daughter said.

Danielle said she had two children before she was tested for the BRCA gene mutation at the age of 35. Like her mother, she tested positive for a gene mutation and began breast cancer screening. Unfortunately, also like her mother, in 2021 that surveillance revealed something.

“The radiologist said, ‘Call your breast surgeon.’ I didn't have a breast surgeon at the time. My mother was in Hawaii.” Danielle felt blindsided.

With her mother out of town, Danielle said she received support from a friend whose family had recently gone through breast cancer. Several phone calls later, Danielle found herself in the office of Dr. Susan Palleschi. She said that Dr. Palleschi helped her understand her options and referred her to NYBRA.

Danielle was diagnosed with invasive ductal carcinoma and DCIS, but she walked into Dr. Ron Israeli's office with another pressing concern: her little brother's upcoming wedding.

“I said I have my brother's wedding, I really need to be in a dress. He made a joke about being able to dance with a drain. My husband and I left just really loving him. I was just really happy with these two doctors who I was going to be using for this big surgery,” she said.

Danielle underwent bilateral mastectomies with direct-to-implant breast reconstruction. Four weeks later, as she danced “like an animal” at her brother's wedding, she said

that no one could believe what she had just been through. She was also treated with oral chemotherapeutic agents and later had her ovaries removed.

In the meantime, the youngest Brickman daughter, Jennifer, had not been BRCA tested prior to her sister's diagnosis.

"I was looking to have a baby this year. My OB/GYN was very into genetics and wanted me to get tested for the gene, but I wanted to finish having kids. It was giving me so much anxiety," Jennifer said.

Danielle felt the weight of her own diagnosis in the form of deep concern for her sister. She urged her to be tested as soon as possible. "I was like, Jennifer, you need to get tested! This is no joke!"

Jennifer acquiesced, and in October of 2021 learned that she, too, carried a BRCA gene mutation. She began surveillance for breast cancer. As someone who describes herself as naturally squeamish, she found the process to be extremely difficult. When she went for breast imaging, she was devastated by her own youth in comparison to the other women in the waiting area. Her plan to finish having children and then move forward with risk-reducing bilateral mastectomies remained intact, despite her internal turmoil.

Just as Jennifer was getting ready to begin fertility treatments for IVF, she received devastating news. Screening had revealed four



suspicious areas across both of her breasts. She sent the imaging report to some family friends in the medical field, who said the areas looked unlikely to be malignant, as did Dr. Palleschi during a consultation the next day. Still, both Dr. Palleschi and her fertility specialist instructed her to stop fertility treatments. Dr. Palleschi encouraged Jennifer to consider a risk-reducing surgery before her next pregnancy rather than after.

Jennifer received a second opinion from another doctor who agreed that the radiology findings were unlikely to be malignant. Still, she was too shaken by the scare to wait to take further action.

"I knew myself—I wouldn't be able to go nine months without checking. I had an appointment with Dr. Israeli. Dr. Israeli was really good and calmed me down. Knowing that he helped my sister and seeing her results made me feel better," Jennifer said.

Dr. Israeli recommended a breast reduction and lift, followed by risk-reducing bilateral mastectomies. Jennifer moved forward with the procedures, believing herself to be acting preventatively. However, postoperative pathology revealed that Jennifer did, in fact, have DCIS. Jennifer said she did not know what might have happened to her had her sister not urged her to get tested when she did.

"If Danielle didn't get tested—" Jennifer began. Her sister finished her sentence: "It could have been a very, very different, terrible story. And I hate the saying 'knowledge is power,' but knowledge is power." ■

When Running Out of Options is Not an Option

By The NYBRA Team

In 2015, Gina was diagnosed with DCIS in her left breast. The then-49-year-old mother of two had no family history and little familiarity with the language surrounding breast cancer. In fact, she had never even heard the term DCIS before.

“I had no idea what it was,” Gina said.

Gina underwent multiple lumpectomies for what became recurrent DCIS. She said she reached a point where she could not make it through her mammograms without experiencing shaking panic attacks whilst in the machine. At that point, she decided it was time to have bilateral mastectomies. The decision likely saved her life: postoperative pathology uncovered a small area of invasive ductal carcinoma in her previously healthy left breast.

“Once I had the mastectomies and there was a speck of invasive, I said ‘oh, I have cancer. Thank god I did what I did.’”

Unfortunately, a new set of problems quickly followed the relief of a decision well made. Those issues related to her implant based breast reconstruction.

A broad array of symptoms emerged, from unexplained rashes and inflammation to brain fog, severe digestive duress, and nerve pain. Their severity steadily increased, compromising her activities of daily living. A rheumatologist found an elevated marker for inflammation but was not able to identify a clear cause.

“I felt like I was dying. I felt like my brain was not working. I had a lot of anxiety, a lot of panic, I just was not feeling good. My biggest, biggest complaint was that every time I would go to the bathroom, I would get a burning sensation on the right side. It would radiate to the implant,” Gina said.

Her plastic surgeon initially assured her that her new symptoms could not have been caused by her breast implants. As time wore on, he acknowledged that it was possible but insisted that Gina was too thin to be a candidate for natural tissue reconstruction.

Gina knew that if she removed the implants without completing another breast reconstruction, she would be left with drooping skin. She sought additional opinions from other surgeons. When no one had any options for her, she returned to her original surgeon who finally referred her to Dr. Peter Korn at NYBRA.

“My impression of Dr. Korn was: does he believe me or does he not believe me? Then, he said ‘I see the inflammation on you, I can see it in your eyes.’ He believed me; he sincerely believed me.”

Not only did Dr. Korn take her concerns seriously; he also assured her that she was, in fact, a candidate for DIEP flap breast reconstruction. Her initial plastic surgeon did not perform natural tissue reconstruction procedures, which rendered him unable to perform an accurate assessment.

Gina had her implant reconstruction converted to DIEP flaps. She said that while the recovery was difficult, it was the best decision she could have made.

“Everything that I asked for, he did. He showed me pictures. He did fat grafting. I look like me again! That whole practice is amazing. They are truly amazing. They knew exactly what they were doing. There’s no words to express how grateful I am for that man. He saved my life.”

From Patient Empowerment Clinical Director Mollie Sugarman, who stepped in to coach her through a panic attack she had before one of her appointments, to the nursing and ancillary staff, Gina said she had nothing but positive experiences with everyone in the practice.

“I get speechless with them, because they’re 110 percent. Their mannerisms, their practice, the way they call you back if you have a problem. Amazing, amazing, they are absolutely amazing.”

While she continues to deal with some lingering digestive issues, Gina said that her skin rashes, inflammation, and the burning sensation she had experienced have all improved or resolved. She encourages women to educate themselves about their options and find a doctor who is truly well-versed in every type of procedure.

“Breast implant illness doesn’t happen to everybody, but if I can help anyone it does happen to or help someone make a decision, that’s what I want to do.” ■



The Advanced Course with Dr. David Light By David Light, MD

Part 1: **A Closer Look at Restoring Breast Sensation**

Breast reconstruction was once simply a matter of preserving or reconstructing a patient's nipple and areola and creating a soft, natural breast. Advances in modern breast reconstruction and a keener understanding of the emotional concerns inherent in breast reconstruction have broadened our focus beyond these basics. Plastic surgeons now invest time in additional aspects of procedures we already perform that can improve sensation to a reconstructed breast, preserve muscle function, enhance the appearance of the body areas where tissue is taken for the reconstruction during natural tissue reconstruction (ex: abdomen and thighs), and so much more.

To offer some insight into the finer points of one of the most common advanced breast reconstruction techniques, I'd like to welcome you to DIEP Flap: The Advanced Course. This set of blog posts will transcend the basics to share high level details on essential intraoperative activities and decisions.

For our first installment we will be talking about restoring nerve function of a reconstructed breast. During a mastectomy, nerves from the chest to the breast are cut during breast tissue removal. Although there is evidence that spontaneous reinnervation (allowing the nerves to heal on their own) occurs, sensation to the breast is limited and unreliable. Rather than waiting for cut nerves to heal spontaneously, reinnervation procedures identify the cut nerves that previously provided sensation to the breast and reattach them to sensory nerves in a DIEP or other natural tissue flap or to nerve endings under the nipple and areola skin.

We approach nerve attachment one of two ways: directly or via nerve graft. If the sensory nerves on the chest or the flap are long enough, the



two ends can be sewn together under a microscope similar to the reconnection of blood vessels. However, the nerves are often too short to reach one another. In these cases, we use a nerve graft. A nerve graft is a piece of nerve tissue that acts as a “nerve extension cord” to bridge the gap between the two ends of the nerve that need to be attached. The graft is connected to the sensory nerve exiting the chest on one end and the sensory nerve entering the flap on the other end. With time, nerve growth occurs from the sensory nerve in

the chest, through the graft, and into the sensory nerve entering the flap or nipple.

Although reinnervation procedures do not guarantee that sensation will return to normal, studies have shown that they do improve breast sensation when compared to spontaneous reinnervation. As sensation in the reconstructed breast improves, so does the patient’s sense of physical well-being and the feeling that the reconstructed breast is their “own.” ■

Part 2: Preserving Abdominal Wall Strength and Function with DIEP Flap Breast Reconstruction

Natural tissue breast reconstruction involves multiple areas of the body. While it is important that the reconstructed breast looks and feels as natural and comfortable as possible, it is just as important to tend to the site from which the reconstructed breast tissue came.

The Deep Inferior Epigastric Perforator flap evolved from TRAM and Muscle Sparing TRAM flaps. The advantage of DIEP flaps is they preserve the rectus abdominis muscle (six pack muscle) in the abdomen, whereas TRAM and Muscle Sparing TRAM flaps cut all or some of the rectus muscle. By cutting the rectus muscle, TRAM flaps weaken the abdominal wall, which can result in abdominal bulges or limit even simple activities like sitting up.

Although it is critical to preserve the rectus muscle, that technical shift alone is not actually enough to maintain abdominal wall strength. Muscles need to be innervated by nerves. During a DIEP flap procedure, the muscle is split in the direction of the muscle fibers so that the muscle is not cut. However, the nerves that innervate and nourish the muscle travel from the outer side of the muscle towards the midline. This means that they cross the muscle

fibers. It is critical that these nerves are preserved while the DIEP flap is elevated in order to preserve a healthy, functional rectus muscle and the abdominal strength it provides.

Sometimes, the nerves traveling to the muscle take a course in between the perforating vessels entering the flap. This essentially traps the nerve. In this situation, the microsurgeon has two choices: they can cut the nerve and repair the nerve, or they can cut the blood vessels and repair the vessels. Either option is effective. The key is that the surgeon makes a decision and completes the repair. Under no circumstances should a surgeon choose to cut the nerves and neglect to repair them.

Preserving the nerves to the rectus muscle is a crucial step in a successful DIEP flap that produces not only a warm, soft, natural breast reconstruction, but also a flat, functional, and improved abdominal contour. If you are considering a DIEP flap reconstruction for either an immediate or delayed reconstruction, be sure to ask your surgeon about how they plan to preserve the motor nerves to your rectus muscle. ■

Part 3:

“High Def” DIEP Flaps: Maximizing the Aesthetic Outcome of the Abdomen

When we discuss DIEP flap breast reconstruction, the natural tendency is to focus on the breast. Since the goal of the procedure is to create warm, beautiful breasts from your own tissue, it is necessary and appropriate to begin the conversation there.

However, DIEP flaps involve another area of the body: the abdomen. This tissue donor site should not be an afterthought. Removing skin and fat from the abdomen typically results in flatter abdominal contour. However, there

is so much more that your surgeon can do to optimize that area as well. By applying techniques that I perform in my aesthetic abdominoplasty and liposuction cases, the abdominal closure during a DIEP flap and subsequent revisions can dramatically transform the abdomen. Read on for a few cosmetic approaches that have reconstructive applications.

SCAR POSITION During an abdominoplasty—or tummy tuck—the goal is to keep the scar as low and hidden as possible. A DIEP flap is a little bit more complicated. When a DIEP flap is elevated, the perforating vessels that enter the flap must be captured. The flap often needs to be redesigned and shifted higher in patients with perforators that are located higher on

the abdomen, near the belly button. This higher flap creates a higher scar on the abdomen. Luckily, skin is elastic and will relax over time. We can take advantage of the skin relaxation during a revision procedure and lower the abdominal scar to a more favorable position similar to a cosmetic abdominoplasty.

DIASTASIS Diastasis occurs when the space between the rectus abdominis (six pack) muscles widens. It is very common following pregnancy as the abdomen stretches significantly but may not completely return to its original tone. During an abdominoplasty, a diastasis is closed or plicated with sutures, bringing the rectus abdominis muscles together. The same exact technique can be used during a DIEP flap. Closing the diastasis tightens and restores abdominal wall tone. It can also narrow the waist line. Other areas of the abdominal wall can be tightened to further shape the waistline and remove any laxity in the abdominal muscles.

LIPOSUCTION High-definition liposuction has grown in popularity over the last decade. This procedure no longer uniformly removes fat from underneath the skin. Rather, plastic surgeons now have the tools to pay careful attention to underlying abdominal structures and the natural concavities of the abdominal wall during liposuction. The current patient’s body shape and weight dictate how much definition exists in their underlying anatomy. During revision procedures, high-definition liposuction techniques can be used to redefine the abdominal wall and produce a more toned, athletic appearance. The same techniques can be utilized along the waist and lower back to truly transform the patient’s entire trunk. ■



Part 4:

DIEP Flap, the Advanced Course: Natural Tissue Reconstruction Options for Thin Women

Many women do not have enough excess tissue in their lower abdomen (DIEP flap) or thighs (PAP/TUG flap) to perform a satisfactory breast reconstruction. The good news is that advancements in breast reconstruction present natural tissue options at any size. Read on to review a few of them.

STACKED FLAPS A stacked flap is when two free flaps are combined or stacked on top of one another to increase breast reconstruction volume. This can mean combining two DIEP flaps to reconstruct one breast or combining DIEP flaps with another flap, such as PAP flaps, to reconstruct both breasts. Stacked flap breast reconstruction requires that the blood vessels for each flap are connected to blood vessels in the chest, adding a level of complexity when compared with other natural tissue procedures. This advanced approach should only be performed by experienced microsurgeons. Stacked flaps also take longer, because two flaps are being elevated and transferred per breast.

HYBRID FLAPS A hybrid flap consists of a natural tissue flap with an implant placed under the flap to add additional volume. The implant can be placed at the time of the natural tissue flap or at a later date. Hybrid flap breast reconstruction has a similar warmth and softness to breast augmentation with implants. Breast augmentation differs from implant breast reconstruction in that the breast tissue is still present in an augmentation, hiding the implant and retaining the warm, soft feel of a natural breast. In a hybrid flap, the natural tissue flap acts like the breast tissue in an augmentation,

hiding the implant (including rippling), and giving the reconstruction a softer appearance. It takes less time to place an implant under a DIEP or other natural tissue flap than it does to perform stacked flaps. It is a less complex procedure. The disadvantage with hybrid flaps is they carry the same maintenance issues as an implant reconstruction. The patient will still need regular imaging to make sure the silicone implant hasn't ruptured and the implant will eventually need to be replaced.

SURGICAL DELAY OF EXTENDED DIEP FLAPS Plastic surgeons can increase the blood flow to tissue via a technique called surgical delay of a flap. An Extended DIEP flap includes the skin and fat beyond the usual boundaries of a DIEP to include the "love handle" region. The deep inferior epigastric perforators that supply a DIEP flap do not normally deliver blood flow to the love handle region. By utilizing a surgical delay of the DIEP flap, a microsurgeon can push the blood flow out to the love handle region so that a large volume of tissue can be transferred based solely on the vessels for the DIEP flap. This does require patients to undergo an additional surgery about 10 days prior to the DIEP flap.

The technique is highly successful and allows the patient to avoid both the higher complexity and longer operative times of stacked flaps and the need for an implant with hybrid flaps. This is now my preferred option for qualified candidates to create a natural tissue reconstruction that meets thinner patients' aesthetic goals. ■

Our Community Partnerships

- Adelphi Breast Cancer Program
- AiRS Foundation
- American Cancer Society Doctors of Distinction Golf Invitational – Chairman
- American Cancer Society Making Strides Against Breast Cancer Walk – Flagship Sponsor
- Beth C. Tortolani Foundation
- Breast Cancer Comfort Foundation
- BRCAStrong
- BreastReconstruction.org, Inc.
- DiepC Foundation
- Full Circle Physical Therapy
- Got Checked
- Ivy Rehab
- Lean on Me Breast Cancer Network
- Manhasset Women’s Coalition Against Breast Cancer
- PALS
- Pink Aid
- Sharsheret



Community partnerships are a cornerstone of our practice.

Working with organizations like BRCAStrong and the American Cancer Society gives our team access to additional platforms for health education and a wider audience as we continue our mission to ensure everyone facing breast cancer knows all of their reconstruction options. We provide tips, tools, and information that patients can use to self advocate and make well-informed, shared decisions with their healthcare providers. This year, we even gave BRCAStrong’s audience a look at a day in the lives of some of our doctors! Efforts like this increase transparency in medicine, which encourages accountability among providers and helps patients understand what their medical care can and should look like. Our partners also fund research and patient resources like financial assistance, support groups, comfort items, community options, and more.

Dr. Randall Feingold and Dr. Ron Israeli Recognized by The Beth C. Tortolani Foundation

By The NYBRA Team

On Saturday, May 21, 2022, over 400 supporters and guests of The Beth C. Tortolani Foundation gathered at Terrace on the Park in Queens to honor NYBRA Plastic Surgery's Dr. Randall Feingold and Dr. Ron Israeli for their dedication and commitment to women facing breast cancer. Delayed for two years by the COVID-19 pandemic, the evening was a beautiful union of the medical community and patients, coming together for a worthy cause. Cherished partners in the breast cancer community joined from near and far. Dana Donofree, founder of AnaOno drove in from Philadelphia, Cancer Fashionista, Melissa Berry joined from New Jersey and Hip Hop Happy Hour's Trish Danielle made her way from the city. Dr. Randall Feingold and Dr. Ron Israeli were supported by their partners, Dr. David Light and Dr. Jonathan Bank, their families, and staff from NYBRA Plastic Surgery.

Before guests sat down to dinner, renowned breast surgeon Dr. Dwight De Risi offered his thoughts regarding the distinction in a heartfelt presentation. "Dr. Randall Feingold and Dr. Ron Israeli's dedication to breast cancer, spanning over 20 years, is in perfect alignment with the foundation's mission to devote time and commit to providing the resources necessary to women facing breast cancer. Their time spent educating patients about all of their breast reconstruction options, operating, and after care tailored to each individual and their family is remarkable. As individuals who strive to improve the lives of women with breast

cancer, their actions are harmonious with the mission of The Beth C. Tortolani Foundation."

Dr. Anthony Tortolani presented the awards and said fondly of his wife, "She was young and courageous, gentle and strong. The continued commitment Dr. Randall Feingold and Dr. Ron Israeli have championed for the breast cancer community and patients will undoubtedly ensure that more young and courageous women and men have futures to look forward to after their diagnosis." ■



Gi♥ing Tuesday

Giving Tuesday is a global fundraising movement that harnesses the holiday season's spirit of giving to unleash a tide of goodwill that shapes our communities and the world. This year, we asked our community to help us close our Making Strides Against Breast Cancer fundraising year with a strong finish. We are so grateful that our patients, families, friends, and colleagues exceeded our goal by raising \$2,800. Thank you for continuing to recognize the importance of breast cancer awareness every month.



Over Two Decades of Making Strides Against Breast Cancer

By The NYBRA Team

Making Strides Against Breast Cancer is truly a focal point for our practice and community. For over 20 years, our doctors, staff, colleagues, patients, and families have spent months looking forward to this key October Sunday. This year, we unpacked the coveted NYBRA Team sweatshirts before the sun came up. As daybreak arose, a sea of familiar faces found their way to the beach.

Patient Empowerment Program Clinical Director, Mollie Sugarman, bounded about our tent, embracing and greeting countless patients. Dr. Korn made the rounds as well, catching up with patients new and old. We were thrilled to see so many individuals who had already worked to make Making Strides a success. Dr. Light's patient, Lexy, who brought her indomitable spirit to the event's kickoff breakfast weeks earlier joined us for the walk, as did Dr. Bank's patient, Ellen, who made an incredible donation to our team. Dr. Israeli's youngest breast reconstruction patient, Avery, was also in attendance. Several of Dr. Feingold's patients from years past spoke to us about the excitement of the day.

This year, we raised over \$105,000. Our efforts ranked among the top 20 organizations in the country, alongside companies like Chevrolet, Wal-Mart, Hard Rock International, AutoZone, and more. We are so proud of what our ever-growing NYBRA community is able to accomplish. ■







MAKING STRIDES AGAINST BREAST CANCER WALK AT JONES BEACH – OCTOBER 16, 2022





Walking Together in A Sorority We Never Wanted to Join

By The NYBRA Team

“I was honored to speak at the American Cancer Society kickoff breakfast. What touched me was knowing that my surgeon was by my side throughout my surgeries and to have him by my side once again outside of the hospital for that support was so meaningful to me,” Lexy said.

Lexy had bilateral mastectomies with DIEP flap breast reconstruction with Dr. David Light in 2021. A vocal advocate for screening and early detection, she shared her story as part of this year’s Making Strides Against Breast Cancer kickoff breakfast. However, the road to that moment was far from straight. In fact, it began with hesitation.

In 2017, Lexy had a breast reduction. She was pleased with the results and keen to facilitate a smooth recovery. That intention gave her second thoughts when it came time for her annual screening mammograms in 2018.

“I was like, ‘there’s no way I’m putting my new boobs in that mammogram machine.’ I was worried about opening an incision.”

A year passed, and in 2019 she felt comfortable completing her screening. The mammograms showed some changes, but her doctors let her know that some differences were typical of breast reduction patients. They discussed follow up testing, but the COVID-19 pandemic delayed any additional diagnostic workup. In 2021, her primary care physician urged her to have additional imaging, which revealed Stage Ia HER2 positive breast cancer that March.

Lexy decided to remove both of her breasts for peace of mind and symmetry. She underwent chemotherapy in the summer of 2021. Despite the physical and emotional upheaval in her life, she said she was determined to brighten her own days in every possible way. To that end, she chose to dress up for her chemotherapy treatments and selected brightly colored outfits.

“It made me feel good going through it, knowing that every time I went, I got positive reactions.”

Lexy moved through treatment and reconstruction with thoughtful confidence, just as ready to help others as she was to receive input. She started posting a reminder for women to check their breasts on the 22nd of every month. She sought guidance from the Sisterhood of Support (SOS) when she could not decide whether to have nipple reconstruction of three-dimensional nipple tattoos without any underlying nipple areola reconstruction.

“I decided to get the extra skin nipples, because they said there’s a possibility that you may get a little sensation. I said to myself, if I can get a little more of my womanhood back, if I could get just one more touch, just one more little added touch, it would make me feel like these are nice. I’m so happy with the outcome, through the process you don’t really know what to expect, and I’m really happy with the outcome,” she said.

Lexy has become an increasingly outspoken source of support for individuals facing breast cancer. Just as she received support from the SOS when it came to nipple reconstruction, she said she was grateful to find opportunities to help other patients through NYBRA. Lexy has already met with another local NYBRA patient, and in addition to joining Dr. Light at the Making Strides Breakfast, she was invited to speak about her experience on WBAB and WBLI radio.

Lexy said that chatting with and helping other patients has become one of the most rewarding elements of her life.

“It’s amazing to be able to start talking to someone and feel like you’ve known them forever, because you’re going on a similar journey. We’re in a sorority that we never thought we’d be in, but we’re in it, and we’re in it together, and we’re here to support each other and help each other through it.” ■

Going Beyond Breast Reconstruction on BRA Day with BRCAStrong

By The NYBRA Team

Breast Reconstruction Awareness Day is as much about educating patients and individuals of their options as it is illuminating the factors that underlie breast reconstruction decisions. Dr. David Light joined BRCA Strong's Medical Director, Dr. Alexea in a conversation that aimed to go beyond simple breast reconstruction options. Dr. Alexea is an infectious disease physician, cancer wellness coach, and Stage III breast cancer survivor. The pair dug into key physical and emotional considerations that patients and physicians tackle as part of the breast reconstruction process.

Why do women seek breast reconstruction?

"I think that reason is different for different women, but I think to sum it up... it's basically to regain a sense of wholeness," Dr. Light said.

While the nuances vary from patient to patient, Dr. Light said in most cases breast reconstruction is part of a physical and emotional restoration process. His assessment was in alignment with Dr. Alexea's personal breast reconstruction experience.

"I certainly felt like this cancer is going to take so much from me. It's going to take my hair, but that will grow back. It's going to take my sense of wellbeing, of my health. It's going to take my breasts away. I wanted to be restored back to a semblance of myself," she said.

Why would a woman have to delay a reconstruction?

"Sometimes reconstructions are delayed because the outcome of treatment or the path ahead as far as treatment goes is uncertain," Dr. Light said.

Reconstruction delays often come down to patient health. When dealing with advanced or inflammatory cancers, sometimes it is prudent to pause reconstruction while treatment is initiated and assessed. There are also patients who become delayed by issues in the reconstructive process itself, like infections, issues with implants, or complications from radiation. This group must wait until they have healed to move forward.

Unfortunately, access to reconstruction also plays a role. "There are still places in this country where there is not a plastic surgeon accessible. The breast surgeon proceeds with the mastectomy, because obviously treatment needs to occur and we need to get a patient healthy. Then, they'll go to seek reconstruction elsewhere. They'll travel to come and see a plastic surgeon."

Why would a patient switch from one type of reconstruction to the other?

According to Dr. Light, the switch from implant to natural tissue reconstruction is often planned. For example, radiation and implants have a high complication rate. To mitigate issues, a plastic surgeon may place a tissue expander implant in a patient undergoing radiation and switch to natural tissue reconstruction after treatment is completed.



In some instances a switch is not planned. Infections, implant extrusion, and mechanical issues with an implant that require removal all have the potential to prompt a switch once a patient has healed.

“Unfortunately, as an infectious disease physician, I’ve had to tell a number of women that they have to have their breast implants removed as a result of an infection, and it’s a very hard process for them, and it’s a very hard thing to have to tell someone,” Dr. Alexea said.

The good news for these patients is that this is typically a temporary setback. The wide range of breast reconstruction options available can almost always offer some alternative that will work with their body.

What should patients know about aesthetic flat closure?

“Not everyone wants a breast reconstruction, but just because they don’t want a breast reconstruction doesn’t mean that they will accept anything as far as their closure,” Dr. Light said.

Chest wall contour after mastectomy is not inherently flat or even. Extra skin heals, creating ridges and deformities that can be seen through clothing. Aesthetic flat closure corrects these issues, which helps patients physically and emotionally.

“It can be not only uncomfortable, but for many patients, upsetting. Taking that extra step to say, ‘OK, I’m not going to do a reconstruction, but I still want this patient’s chest to look clean, neat, flat, no irregularities so that they can be comfortable,’ I think is important.”

Dr. Alexea capped off the discussion with an important sentiment: “Whatever we choose, whatever we come together with our plastic surgeons and breast surgeons and our team and decide, what is the best option for us as an individual patient, at the end of the day I think we’re just grateful to have teams who are rallying around us to get us through this potentially devastating diagnosis.” ■

NYBRA

PLASTIC SURGERY



NYBRA and BRCAStrong joined forces for Breast Cancer Awareness Month to multiply our impact throughout October. Tip Tuesdays provided non-medical tips and advice from our practitioners while Takeover Thursdays gave BRCAStrong followers a window into our doctors’ day-to-day. We worked together to post live discussions, videos, graphics and more throughout each week. This dynamic collaboration infused technical information with emotional guidance for patients at every stage.

NYBRA's Tip Tuesday for Breast Cancer Awareness By The NYBRA Team

Navigate
You
Balance
Restore
Advocate

NAVIGATE: Finding out you have breast cancer or a gene that predisposes you to a breast cancer diagnosis can be daunting. Know that you are not alone. Our team is here to help you NAVIGATE your way through this process. Providing support and compassion as a team is a priority for our team. Through our dedication to our patients, we are here to ensure our patients have

individual and personalized care. Our team members are committed to a shared practice philosophy that the patient comes first, as we work together toward a common goal through each individual unique journey. Don't hesitate to ask us for help or to be pointed in the right direction while you NAVIGATE through the different phases of breast cancer and reconstruction. ~ *Peter Korn, MD*

YOU: Take time to focus on YOU. Deciding to have a mastectomy, risk reducing or due to a cancer diagnosis, is nothing to rush into or through. Just like going through a round-about in a car, YOU have a handful of exit options. Take the time YOU need to work with your team to determine what is the right option for YOU. Have YOU gotten enough information? Too much information? Reflect on the education and tools YOU have gathered. Ask questions. Our team is here to assist YOU to head in the right direction, provide accurate information, and equip YOU with answers to your questions. ~ *Ron Israeli, MD*

BALANCE: Steady yourself and decide the best BALANCE for you during this time. Allow family members and friends to step in and assist. You don't have to do it all. Navigating a breast cancer and reconstruction surgery requires a certain amount of BALANCE. If it helps, make a schedule for meal drop-offs, children's school and activity schedules, people driving you to and from appointments, house cleaning and beyond. You will require time to rest and heal. The more you keep your BALANCE, the easier it is to keep moving forward. ~ *Jonathan Bank, MD*



Images are screenshots from our October Takeover Thursday @BRCAStrong Instagram live videos



RESTORE: Breast reconstruction and restoration are how we commit to the whole patient well-being. You are more than your surgery or diagnosis. Our goal is to RESTORE a healthy, long term physical and emotional wellbeing. Allow us to consider your specific, individual concerns to incorporate every aspect of that into your treatment plan. Mental and emotional health is a top priority for our team. No matter why you're here, we're here to make you feel safe, comfortable, and heard. We do not take your choice to trust us with your body lightly. We're here when you need us, to provide information, advice, and support, and to help you make the best possible choices for you. ~ *Randall Feingold, MD*

ADVOCATE: We empower patients to ADVOCATE for themselves. Whether you are advocating for yourself, having others advocate for you or utilizing a combination of both, we are here to educate you on all your breast reconstruction options so you can be your own best advocate. Explore those options, speak with other patients, have your spouse, friend or family member come to your consultations as a second set of ears. We want to connect you with other women who have had breast reconstruction, so you can benefit from shared experiences and outcomes. We recognize how important is to connect with others to learn from them and empower yourself. ~ *David Light, MD* ■

NYBRA's Takeover Thursday

By The NYBRA Team

Three of the NYBRA Plastic Surgery physicians took part in Takeover Thursday. This series invited viewers to an inside look at our office and operating hours throughout Breast Cancer Awareness Month.

The first Takeover Thursday followed Dr. David Light during a full day of seeing patients in the office. We met Claire, a patient undergoing a 3D nipple areola tattoo with NYBRA tattooist Marnie Rustemeyer, along with a few other breast reconstruction patients. Dr. Light capped the day off by introducing Judy, who was in the office for a pre-op appointment to prepare her for her upcoming DIEP Flap reconstruction.

Our second session spent the day with Dr. Ron Israeli in the ambulatory operating room. He walked us through the hospital to the OR, complete with morning greetings and introductions. We met his first patient, learned about her procedure, watched a timelapse video of the breast reduction surgery that served as her first breast reconstruction stage. At the end of the day, we sat in on a telemedicine appointment with a patient, Dee, who plans to travel from her home in Ireland to have a breast reconstruction revision.

Dr. Jonathan Bank led the final installment from the operating room on a three-surgery day. His first patient underwent a phase II revision surgery after DIEP flaps. He worked her abdominal contour, revised her donor site scar, and created a new nipple areola. Next, we met Betty, who generously shared the story behind her revision procedure. Finally, we met his last patient of the day, who had been watching the Live the whole time! See Dr. Bank's first two surgeries helped her make an informed decision to move forward with nipple reconstruction. ■

The American Cancer Society's 15th Annual Doctors of Distinction Golf Invitational

By Randall S. Feingold, MD

It has been part of the tradition of this practice to raise funds for cancer research and cancer care through the American Cancer Society. In 2007, Dr. Feingold and Dr. Israeli were honored as Doctors of Distinction by the American Cancer Society. Thereafter Dr. Feingold inaugurated a boutique golf outing to bring together physicians, surgeons, philanthropists, and friends to honor a clinician, educator, or researcher involved in the field of cancer. This year marked the 15th Anniversary of the American Cancer Society's Doctors of Distinction Golf Invitational, held on September 20, 2022 at Friar's Head in Baiting Hollow, chaired by Dr. Feingold. The day was sunny and picturesque as 72 golfers enjoyed a round of golf at this sold-out event for a vital cause. Our honoree, Dr. Matt Weiss, spoke passionately about advancements in pancreatic cancer care and research and the work that the American Cancer Society does. ■





The Inspiring Story Behind One Patient's Incredible Fundraising Effort

By The NYBRA Team

This year, our patient, Ellen, donated 10 thousand dollars to NYBRA's Making Strides Team! Her incredible fundraising effort comes as the culmination of an incredible story that starts with a bar called Fibber McGee's in Lynbrook.

"Fibber McGee's is my dad's old bar that he had for like 30 years. He sold it in 2015 to two women who didn't change a thing. Throughout the years, my dad had always run very generous fundraisers for different causes," Ellen explained.

On March 4th, 2020, Ellen's father lost a battle with lung cancer that had metastasized to his brain. Fifteen days later, Ellen found herself facing a health crisis of her own.

"My dad passed away on March 4th, and then on March 19th, I had my mammography, and literally the next week the world closed."

Ellen was diagnosed with Stage I invasive ductal carcinoma. She underwent bilateral mastectomies with expander-implant reconstruction with a prominent medical institution in New York City. She developed multiple infections that required hospitalizations beginning almost immediately after her reconstruction.

By June 2020, Ellen's persistent tissue infections had created a significant hole in her skin. She brought it to her doctor's attention, who told her that it was nothing. The tissue deterioration worsened and came to a head when she, her husband, and their four young

children headed to Lake George, NY for a family trip. At that point, the drainage from her chronically infected breast reconstruction became significant enough to make her clothing stick to her body.

"On July 19th of that year I went to take a shower, and I found that my nipple was attached to my bra," she said.

Her medical team remained unconcerned. In the days that followed, the infection eroded her skin until it exposed the breast implant. Only then did her doctors acknowledge the urgency of the situation. A friend drove her from Upstate New York to New York City, where she underwent a few days of IV antibiotics followed by another surgery. Less than a week later, the day before her husband's 40th birthday, the infected breast implant fell out.

Ellen's doctors closed the infected side of her chest without replacing the implant. She was told that additional reconstruction would not be possible and that she should consider removing the opposite implant for continuity.

"It just wasn't how I wanted to live," she said simply.

As she took steps to recover from this physically and emotionally draining series of events, Ellen started going to Full Circle Physical Therapy in August 2020. She became close with Clinical Director Diana Tjaden, who encouraged her to seek a second opinion and referred her to NYBRA.

"She never spoke badly about my doctors, but she said there was better out there," Ellen said.

Ellen took Diana's advice and scheduled an appointment with Dr. Jonathan Bank. She said she felt extremely lucky as their personalities could not have been a better match.

“I was so taken aback by how calming his nature was. It’s a relationship with a doctor unlike anything I’ve ever had. Through all of this, I have never had someone with me at an appointment [because of COVID]. Now, it almost feels like I do have a friend in the room, but it’s my doctor.”

Dr. Bank removed the remaining breast implant and placed expander implants in October 2020. He performed a TUG flap to reconstruct both breasts using tissue from Ellen’s inner thighs at a later stage. This solution helped to manage issues with skin thickness from prior surgery.

As Ellen healed, so too did the community around her, and in 2022, she and the owners of her father’s old bar realized something: in the tumult of COVID and Ellen’s breast cancer and reconstruction, they had not been able to honor her father’s passing within the community. The new bar owners wanted to celebrate his life by raising money, much like he did when he ran the bar.

“They came up with a dart tournament at Fibber McGee’s for my dad, Pete Brogel. When they were looking for somewhere to donate the money, I thought about how NYBRA picked me up when I was down, and how I walked with them at Making Strides last year.”

Ellen felt that the American Cancer Society’s involvement in Making Strides made it even more fitting, given that her father lost his life to cancer, and two of her aunts had had breast cancer as well.

“Our goal was to make sure Ellen spends summers cartwheeling on the beach with her kids. She had a long journey but is now back to cartwheeling on every surface she can find,” said Dr. Jonathan Bank when asked to share his thoughts. Ellen confirmed she is indeed the Master of Cartwheels.

We are so grateful to her for choosing NYBRA for her donation and for letting us pick her up in her time of need. ■



The Power of Letting Go

By Mollie Sugarman, Clinical Director of the Patient Empowerment Program

Most of us place emphasis on autonomy. It's important to feel that we are in command of our decisions. That is why the loss of control patients feel after a breast cancer diagnosis is one of the most devastating and frequent discussions focused on in the support groups I facilitate. The challenge of the diagnosis itself is often exacerbated by the lack of personal control over both treatments and outcomes. For many women, this intense feeling of powerlessness compromises their sense of self. They see compromised capability or productivity as a direct reflection of their worth. In their mind's eye, they might be viewed as weak or 'less-than' if they ask for what they need.

In reality, accepting that one does not have control over a diagnosis but can participate in shared decision-making regarding treatment can be empowering. While it is not possible to take control of the situation in the traditional sense, there is power in letting go. When you stop resisting support and information, you put yourself back at the helm of your treatment and recovery processes.

Reframe assistance as a way to assert control rather than relinquish it.

When you say yes and create a plan that surrounds you with support from the people you trust most, you reassert control over your situation. By telling the people around you what you need, you create an opportunity to call

the shots. They act based on your direction, which puts you back in the driver's seat. Permitting assistance may also help those in your support system who feel helpless. Acknowledge the resiliency of your ego and the tenacity of your spirit as you let others do for you!

Be active in your treatment and recovery.

You may not be able to determine the outcome, but you can take steps to improve your quality of life during treatment. Insert meditation and mindfulness exercises, embrace gratitude, explore outlets for the release of tension, gather information about your diagnosis from reliable sources, actively participate in the decision-making of your treatment, schedule regular physical activity (within guidelines provided by your treating physician), seek out reliable support—the list of what you can do goes on! You do not need to do everything. Test out different support options to see what fits. If you don't feel a connection with one, try another. There is an abundance of opportunities for support. It is essential to find what resonates with you.

Work with grief instead of against it.

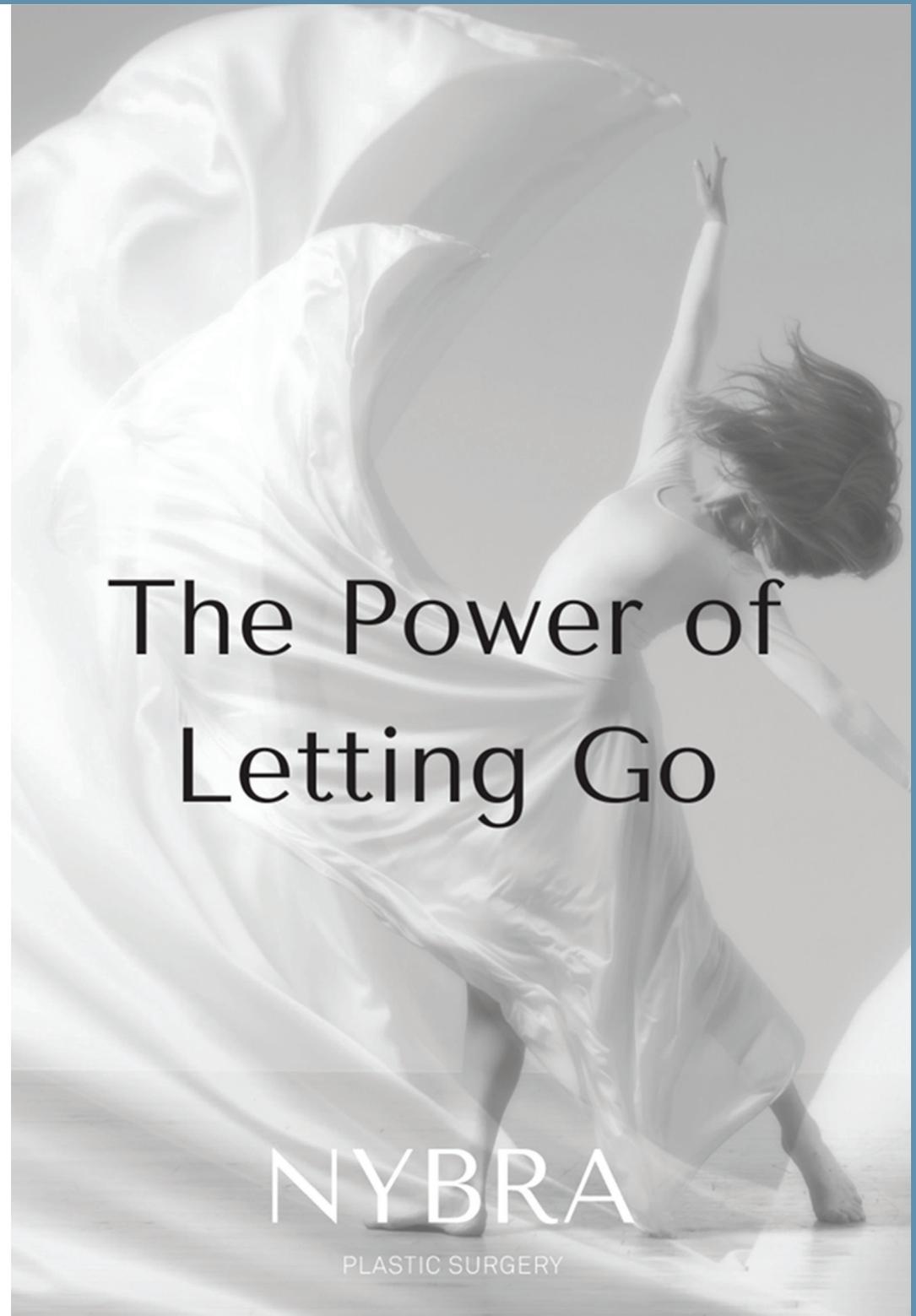
Cancer is a disease wherein abnormal cells divide without control and become capable of attacking other tissues. That definition alone can inspire a sense of helplessness. When you add the uncertainty of the overall outcome,

the unknown can loom over patients like a black cloud from which there is no escape. Grief follows. It is OK to mourn your independence. You can and will be in control of your decisions once more! In the meantime, help and support from others can empower you to stay present and actively participate in your recovery.

Think of the compassion you extend to others and shine it on yourself.

No matter how much reframing you do, you may still find a sense of hopelessness creeping back in. Self-judgment, unrealistic expectations, and the ugly term 'should' frequently invade the mind in times of vulnerability. Fear, anger, sadness, guilt, helplessness, and anxiety can become pervasive. When patients speak up about these feelings, I hear their compassion for one another. They tend to be much more patient and kind with others in similar situations than they are with themselves. Consider this the next time your mind moves to what you feel you 'should' be able to do. Would you speak to a peer the way you are speaking to yourself? You deserve the same kindness that flows from you to others!

If you haven't already taken the opportunity to schedule a virtual Guided Imagery session with me, please feel free to reach out about this invaluable, long-term tool. The session is available to both you and your caretaker. ■



The Power of Letting Go

NYBRA
PLASTIC SURGERY

Susan Lax & Mollie Sugarman Guide Patients to the Oasis Within Following Diagnosis

By The NYBRA Team

The Clinical Director of NYBRA's Patient Empowerment Program, Mollie Sugarman, joined author and spiritual coach Susan Lax for a discussion on Finding the Oasis Within Following Diagnosis. Susan is known throughout the country for a daily email list Morning Inspirations. These emails each contain a moment meant to promote heart awareness. Her book, A Heart's Landscape, contains 136 Morning Inspirations. You can learn about Susan's longtime relationship with Mollie and NYBRA below.

Susan and Mollie's discussion opened with an excerpt from A Heart's Landscape about letting go of what others think and checking in with what you think of yourself. The pair touched on Post Traumatic Growth, the importance of owning individual moments when things become overwhelming, emotional masking, and more. They shared ideas that they hoped would fill each patient's 'soul toolbox,' the space where we all store skills to cope, thrive, and survive.

Your diagnosis can trigger a reassessment of your life— and that's a good thing.

"We try to assist [our patients] to create order in the disorder of diagnosis. One doesn't move on from the trauma of illness. They move forward with it. It becomes part of their story," Mollie explained.



Evaluating the elements of your life that weigh you down and focusing on those that buoy you can be part of a process she calls Post Traumatic Growth. This tool reframes trauma as an opportunity for growth and reassessment.

While you cannot control the diagnosis, you can control individual moments.

“I have no control of this storm I’m in,” Susan said. According to Susan, the key is to own individual moments. “Know that one moment that you take and you shape and you create can be so contagious to the ones that follow,” she said.

Mollie echoed the sentiment and added a clinical concept: “These tools that I provide and the program provides and the practices provides are ways for them to recognize that while the diagnosis is out of their control, there is a control that that can insert in terms of how they’re treated.”

You can empower yourself by removing your emotional mask.

Susan said that patients often tell her that they do not want to ask for help because they do not want to be seen as

selfish, weak, or inadequate. She said that she finds it helpful to remind her clients that they are already champions.

Mollie gestured at her recent blog post on releasing control.

“I think what’s happened in our society is that we’ve been taught that appropriate sadness or grief is a sign of weakness,” Mollie said. Patients often wear an emotional mask that hides these feelings, she explained. Unfortunately, it also hides your needs. She encouraged patients to drop the mask. “It is a normal process to feel, permission to feel and that the sign of strength is letting people know what your needs are, let your community help you.”

“To make your needs known, you first have to acknowledge them,” Susan added.

When in doubt, remember how resilient you are.

“There is a sense of resiliency internally that there will be a time when you’ll eventually go through a whole day without thinking about [your diagnosis]. It never totally disappears. As I said, it’s part of your fiber, it’s part of your story, and it doesn’t take much to bring it to the forefront, but the goal is to feel restored,” Mollie said. ■

PEP In Your Step (Patient Empowerment Program)

By Mollie Sugarman, Clinical Director of the Patient Empowerment Program

Week 1

A diagnosis coupled with this surreal world we've been living in, for nearly two years, presents a time for reflection. There's a line from a Mary Oliver poem: "Tell me what you plan to do with your one wild and precious life?" They only saving grace of trauma, like the pandemic, is that it reminds us about what is truly important about life and what it means to be our best selves. So use this time to reassess your life; remember, if not now, when? Do something that scares you...it's exhilarating.

Albert Camus wrote: "In the midst of tears, I found there was, within me, an invincible smile. In the midst of chaos, I found there was, within me, an invincible calm. I realized, through it all, that in the midst of winter, I found there was, within me, an invincible summer. And that makes me happy. For it says that no matter how hard the world pushes against me, within me there's something stronger-something better, pushing right back."

So, I say to all of you...push back, really push back and reach inside and tap into your resiliency. May the new year be a healthier one, may it bring laughter, may it bring a sense of inner peace and may it be filled with wonder and awe.

A virtual hug to all of you. I thank you for your trust and for the privilege of allowing me to walk with you during this journey and beyond. ■

Week 2

We are approaching the middle of January and this week, let's take the time to focus. Focus on self-care, focus on the here and now, focus on moving forward.

We may find ourselves in circumstances that are surreal, shocking and unexpected. We owe it to ourselves to use these opportunities to enhance our lives, to look inward, to learn from them rather than allow them to draw us down.

As Gloria Steinem said, "The art of life is not controlling what happens to us, but using what happens to us". Life is about learning how to stay bouyant in the midst of a storm.

I invite you to listen to this podcast for empowerment during your journey. ■

Week 3

For this week, there are two quotes that stood out to me.

"There are only two days in the year that nothing can be done. One is called Yesterday and the other is called Tomorrow." ~Dalai Lama

"Be Here Now". Make every day great; make every moment meaningful; be mindful of being PRESENT. Given our stressful

and restrictive environment the last two years, coupled with a difficult diagnosis, it can be very challenging to be present, to be aware and to be mindful of what is happening at this very moment. There are several tools that are at everyone's disposal to achieve this; HOPE and CONNECTION with a community. As Lin Yutang said, "Hope is like a road in the country; there was never a road, but when many people walk on it, the road comes into existence."

Connecting with others who have gone through the same experiences creates new bonds, relieves anxiety and is the best way to learn about what to expect. One of the key components of the Patient Empowerment Program is the community of support. Just last week, two women who met in the Sisterhood of Support group expressed an interest in connecting further. Both had experienced the same diagnosis and breast reconstruction procedure. The invaluable connections know no boundaries of age or other differences. In this situation, the age gap is 21 years but the bond is fostered by their shared experience. After matching them, I received this wonderful insight and testimony to their new bond:

"This platform allowed me to ask questions, receive information and to hear my beautiful pink sisters' stories. I'm honored to be part of such an amazing group of thriving women." -L

"When I was diagnosed with breast cancer, I felt I was free-falling. The program was my safety net that introduced me to other women and their journey made me realize I was not alone." -T. ■

Week 4

To wrap up our Pep In Your Step messages for the month of January, it is fitting this week's focus is on gratitude. Recent studies have shown that gratitude can be a strong way to reduce anxiety. Showing gratitude helps to strengthen relationships, improve mental health, minimize stress and reduce anxiety. Medically speaking, when we express gratitude, our brain releases dopamine and serotonin, which, when released make us feel 'good'. They enhance our mood immediately, making us feel happy from the inside.

As I celebrate my 14th anniversary of creating NYBRA's Patient Empowerment Program, I am grateful for the trust, support and opportunity to help empower our sisters during some challenging times in their lives.

This week, I invite you to share some gratitude. Whether it is going out of your way to say "Thank You" to a colleague or recognizing and acknowledging the efforts of friends and family for the little things, showing a little bit of gratitude will give you an instant Pep in Your Step.

Until next time, be well and I invite you to reach out as needed. One of the significant and beautiful components of the Patient Empowerment Program is that it is open ended. This is highly unusual within support that is generally offered. To know that you can engage in the program at any time when you are processing your feelings related to your diagnosis, has been of great comfort to our patients. ■

Be Informed

By The NYBRA Team

Each year, Patient Empowerment Program Clinical Director, Mollie Sugarman, brings a curated selection of health and wellness experts to the NYBRA community in her Be Informed Lecture Series. It can be extremely difficult to know what questions to ask and what information to seek when facing a cancer diagnosis or managing a recovery. These pro bono education sessions aim to empower breast cancer and reconstruction patients by showing them what they might need or want to know. This year's lectures included:

- Simeon Birnbaum – Improve Your Immune System with Laughter Yoga
- Dr. Rebecca Obedian – A Breast Imaging Primer: Understanding the Significance of Various Diagnostics
- Bonnie Millen – Chair Yoga and a Bit More
- Dr. Margaret Chen – What Does My Diagnosis Mean?
- MaryAnn Jones, NBC-HWC – The Habit Change Health Coach
- Elyse Neuhauser – Meditation for the Healing Path
- Ellen Dulik, ESQ – Estate Planning: Peace of Mind
- Donna Bacon, PhD, LCSW, CT – Embracing Your Body Beyond Cancer Treatment
- Dr. Jonathan Herman – Understanding the Hereditary Connection
- Dr. Debora Barchilon – Embracing the New You
- Jeanine Morris-Rush, M.D. Vaginal and Sexual Health after Breast Cancer: It's Complicated



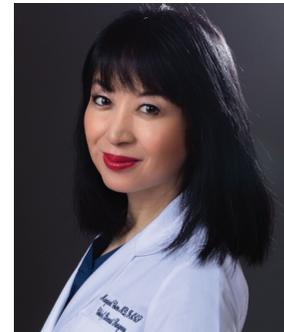
Mollie Sugarman



Donna Bacon, PhD, LCSW, CT



Dr. Debora Barchilon



Dr. Margaret Chen



Ellen Dulik, ESQ



Dr. Jonathan Herman



Bonnie Millen



Jeanine Morris-Rush, M.D.



Elyse Neuhauser



Simeon Birnbaum

“All of who you are can exist—all of it, all the feelings, all the concerns, all the successes—it all can exist and hold space.” ~DONNA BACON, PHD, LCSW, CT



MaryAnn Jones, NBC-HWC

“When we quiet down and we really start to engage and embrace and remember, we go in a little bit deeper. We tap into a quality that might not be something that you can talk about.”

~ELYSE NEUHAUSER

“If you can view this as peace of mind rather than a difficult discussion that you have to have, that might get you through some of the discussions that you need to have.”

~ELLEN DULIK, ESQ



Dr. Rebecca Obedian

“In yoga there are two primary things you want: you want comfort and you want stability. And many times, the comfort is born of the stability.”

~BONNIE MILLEN

“What reminds me to laugh, it isn’t me, it’s the possibility I created in my community, in my life.”

~SIMEON BIRNBAUM

\$1.6+ Million

raised for Making Strides
Against Breast Cancer

#17 in the Nation

Raising over \$105,000 for Making
Strides Against Breast Cancer 2022

21 Years

of continued partnership
with Making Strides Against
Breast Cancer

Thousands

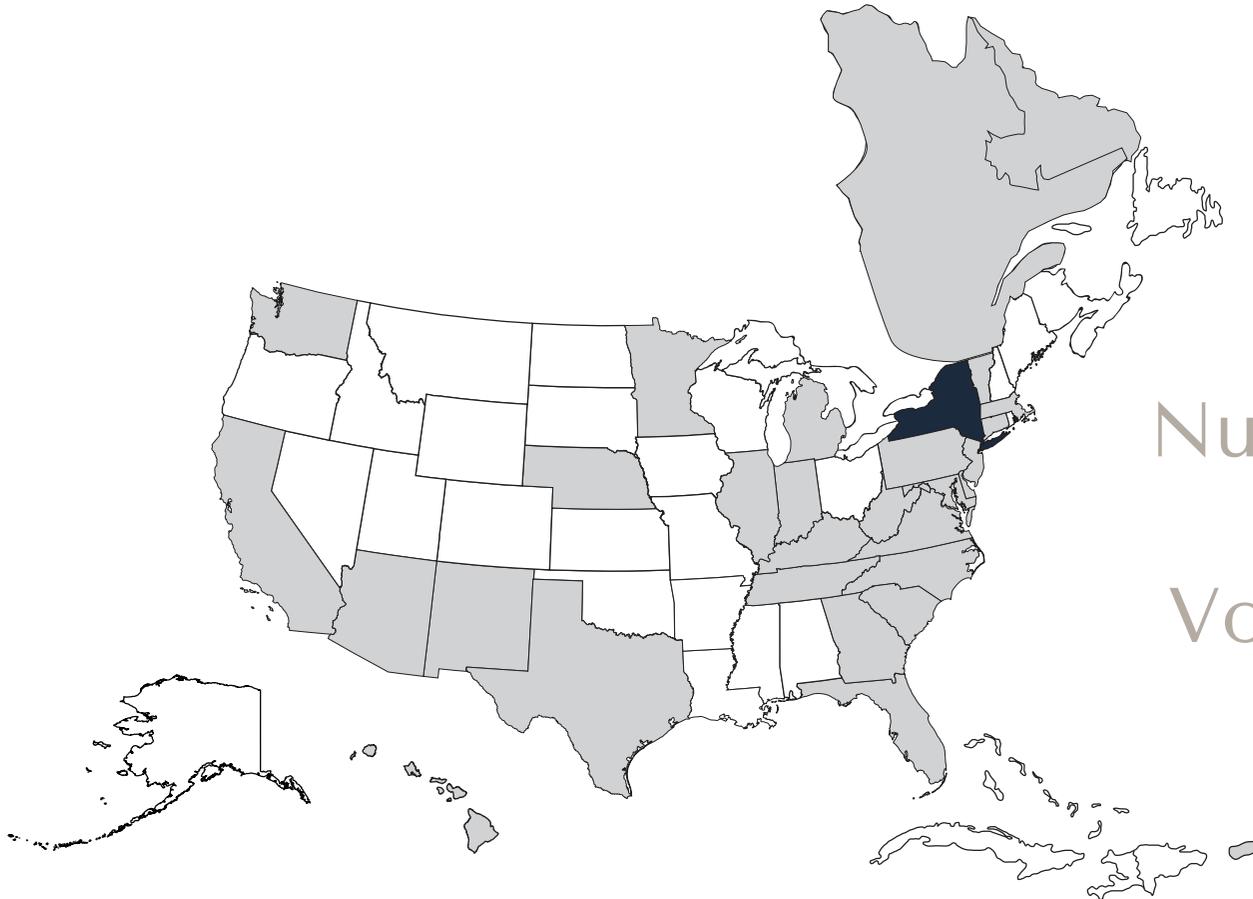
of hours of community support,
educational efforts, and social
media outreach in 2022

Virtual Support

over 72 virtual support group
sessions and lectures for
patients and caregivers in 2022

530

unique ZIP codes for
our patients in 2022



Our
Numbers
Speak
Volumes



423

DIEP and
other free flap
reconstructions

392

implant-based
reconstructions



1,000+

secondary and revision
breast reconstruction
procedures

750+

cosmetic surgeries
performed in our
operating room in 2022



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