

NYBRA

PLASTIC SURGERY

2023

New York Breast Reconstruction
& Aesthetic Plastic Surgery

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Dear Friends and Colleagues,

In 2023, we hit the ground running. We continued the work we had done for years, centering patient care and advocacy at every turn. Our practice and patient community continued to prosper. We attracted and retained more talented medical professionals than ever, and our patients impressed us with their dedication to each other at every turn.

Behind the scenes of all of our public-facing activity—fundraising for Making Strides, creative projects like Dr. Jonathan Bank’s Reblossom, informational social media appearances with partners like BRCAStrong, LearnLookLocate, and DiepC Podcast contributions—the surgeons behind NYBRA came together as a team to work on another long-term project. It was exciting and important, but we were not ready to truly share immediately.

That project began over ten years ago, with a brochure-style online resource called BreastReconstruction.org, that Drs. Randall Feingold and Ron Israeli created to share information about breast reconstruction options in a time when patient education was even more lacking than it is today. In the time since its initial creation, the breast reconstruction community has grown in every way. This year, we decided it was time for our once-static resource to grow with it.

In October of this year, we were extremely excited to announce the launch of BreastReconstruction.org as an official, fully-realized 501c3 non-profit organization. Its mission is to improve breast reconstruction outcomes for people from every background at every stage. NYBRA Plastic Surgery is not only a BreastReconstruction.org Founding Partner, Drs. Feingold, Israeli, Korn, Light, and Bank serve as the organization’s Board of Directors. Our team will continue to provide organizational and intellectual guidance as BreastReconstruction.org grows.

In the short time since its launch, BreastReconstruction.org has already debuted an informational video series supported by the Plastic Surgery Foundation’s Public Awareness Grant, taken on multiple new partners, established a social media presence, kicked off a monthly newsletter—and its work has only just begun. We could not be prouder to support this go-to resource for all things breast reconstruction.

We enter 2024 full of pride and purpose, ready to further every initiative inside our practice and out. We continue to draw inspiration from our patients, particularly those involved in Mollie Sugarman’s thriving Patient Empowerment Program. As they work to heal, support, and educate themselves and one another, we work to ensure that they have every resource we can provide.

Consistent with our new tradition, 2024 begins with a donation in lieu of a gift. Please join us in looking back on yet another year of courage and community. May this coming year be filled with even more successes!



Randall S. Feingold, MD



Ron Israeli, MD



Peter Korn, MD



David Light, MD



Jonathan Bank, MD

2023 ASPS Patient of Courage Award Recipient

By The NYBRA Team



Meet Dana Donofree, 2023 American Society of Plastic Surgeons Patient of Courage. On October 27th, Dana was joined on stage by her nominating surgeons Dr. Ron Israeli and Dr. Jonathan Bank, to receive her award at the American Society of Plastic Surgeons annual meeting in Austin, Texas. Dana Donofree was diagnosed with breast cancer in 2010 at the age of 27. Her initial treatment included bilateral mastectomies, staged subpectoral expander-implant reconstruction, and chemotherapy.

While Dana was very happy with her initial implant reconstruction, she remained uncomfortable with animation of her implants. The evolution of prepectoral approaches to implant reconstruction prompted Dana to proceed with revision surgery by Dr. Israeli and Dr. Bank. In the fall of 2021, Dana underwent bilateral prepectoral conversion of her implants with simultaneous fat grafting. Following this surgery, her implant animation has been resolved and she has regained strength in her chest wall.

At the time of her diagnosis, as a graduate of Savannah College of Art and Design, Dana was pursuing her lifelong dream of becoming a fashion designer. After completing her treatments, Dana searched for clothing and a comfortable bra that would fit her reconstructed breasts. Unsuccessful in her search, Dana used her experience in fashion design to create a line of bras and loungewear designed specifically for women who have undergone breast surgery. Already immersed in the world of fashion design, Dana launched AnaOno in 2014 to fill the need for designed styles for women going through breast cancer and breast reconstruction recovery. Her mission in creating AnaOno was to help women feel beautiful and confident as they adjust to life after breast cancer treatments. AnaOno's tagline "You're Never Alone" summarizes Dana's tireless commitment to women facing mastectomy and reconstruction. This chest-inclusive line is helping patients with all surgery outcomes after breast surgery feel whole again.

Dana's dedication to the breast cancer and breast reconstruction community goes well-beyond AnaOno. Understanding the importance of investing in research for treatment of stage IV metastatic breast cancer, Dana has collaborated with #Cancerland to benefit METAvivor, a non-profit organization funding breast cancer research and awareness. This collaboration began in 2017 when Dana created the first incredible AnaOno fundraising runway show featuring breast cancer survivors as part New York Fashion Week. Dana's involvement with the breast cancer community also extends to her work with numerous advocacy groups and non-profit organizations focused on supporting and educating women facing breast cancer treatments and breast reconstruction. Organizations she has collaborated with have included Living Beyond Breast Cancer, The Breasties, and Penn Medicine, among others.

Featured in the 2017 edition of Breast Reconstruction, the Plastic Surgery News supplement, Dana has had a long-standing relationship with the ASPS. She has been involved in past Breast Reconstruction Awareness Day events and has been supportive of multiple ASPS educational initiatives. She has moderated ASPS Breast Reconstruction Roundtable conversations bringing patients and surgeons together to discuss various breast reconstruction topics. She has also been featured in the ASPS documentary series, The Innovators.

Before her revision surgery, Dr. Israeli and Dr. Bank had the pleasure of working with Dana as she participated in Restored, a multi-media breast reconstruction sculpture and photography project, which was culminated in a beautiful book. Dana's life cast sculpture and photos of Dana are part of this project. The multi-media exhibit was first introduced during the annual ASPS Meeting in Atlanta in October of 2021 with Dana joining the exhibit again in New York City in November of 2021.

Since her own personal diagnosis of breast cancer over a decade ago, Dana has dedicated herself to the empowerment of women with breast cancer through her professional life, advocacy and charitable work, as well as her social media efforts. Dana is deeply committed to helping women facing breast cancer, providing them with the kind of support not available to her when she was first diagnosed. Through Dana's tireless efforts, she is now an important source of support and community for women as she encourages them and gives them hope during their breast cancer treatments.

Dana Donofree represents the true essence of what it means to be a Patient of Courage. ■

The Power of Now: Unlocking Life's Potential

By The NYBRA Team

“Everything that was fun, all the good things in life, friendships, relationships, I would put it off. I was very future oriented. And I realized I have to start living more now. You have to prioritize the things that really matter and add more balance. My life was very unbalanced, and this whole experience was a real call to action,” Jennifer said of her life before breast cancer.

That life, she explained, was one dominated by a very demanding job and extremely dedicated parenting. It was also one in which she neglected her health screenings. Jennifer said that she took her health for granted despite the fact that she did not necessarily feel healthy. Her energy levels were low, and she suffered from stress, joint pain, and other, generalized symptoms. The stress that permeated her life affected her willingness to have mammograms twofold: she felt overwhelmed with the other things she had to do, and she worried that the screening would cause her additional, undue worry.

After several years without routine screening and preventative medical care, Jennifer saw her primary care physician for a physical. She said her doctor gasped when she learned that Jennifer had not been for a mammogram since 2017 and urged her to see her gynecologist. She made an appointment in March, not a moment too soon. Her gynecologist felt a lump in her breast and sent her for a mammogram the very next day. Her team immediately recommended a 3D, diagnostic mammogram, which prompted a biopsy.

“They moved very rapidly, which I think scared me. They got me in the very next day, and I was like oh my goodness, usually you have to wait a long time for this appointment. I just had a bad feeling during

the biopsy. I could read the energy in the room. I don't think they told me anything about it, but when I left I just went in the bathroom and collapsed, sobbing. I just felt like my world was going to come apart.

Jennifer's senses proved accurate: in April 2021, Jennifer was diagnosed with HER2 positive breast cancer. The news came as Jennifer was already taking steps to refocus her life. She was in the middle of a leave of absence from work, which she took because she felt like she was neglecting herself and her family. Her first thought was about her children. How would she tell them? How would this affect them?

“Then I thought ‘I deserve to have a life, too!’ I saw the diagnosis and the treatment and the anxiety as a wakeup call. I was really going to continue on that path unless something really big came and shook me up, I felt like I needed that punch in the gut to change the way I was thinking about myself.”

She underwent chemotherapy prior to surgery, which gave her time to consider her options. After copious research and reflection, Jennifer chose to have bilateral mastectomies with DIEP flap breast reconstruction with Dr. David Light in September 2021. She said one consultation was enough to make her confident in her decision.

“Dr. Light just has a presence that is calming or reassuring. I never felt rushed and he just very patiently let me go through my list and he gave me such good answers. I just felt like he really explained everything so clearly and I never felt like he was talking down to me. He made me feel like my questions weren't silly or vain, like they were so valid and so normal.”

Jennifer's experience with NYBRA was further elevated by a consultation with the Patient Empowerment Program Clinical Director, Mollie Sugarman. Mollie connected Jennifer with another DIEP flap patient and invited her to join the Sisterhood of Support. Jennifer, who typically has trouble displaying vulnerability in front of other people, was surprised by how comfortable Mollie and the SOS made her feel.

Mollie added, "I am delighted that Jennifer allowed herself to go out of her comfort zone and find a connection in the Sisterhood of Support group. She has used the challenges of her diagnosis to reassess her life and make significant personal changes resulting in a more fulfilling and healthy life."

"In the beginning, I felt guilty bringing up my own stuff. I had to remind myself that it was for me, too. I can't really express in words how grateful I am for the support that I've received from everybody. I couldn't believe how it was such a community. There are women who are there who are like 11 years post breast cancer, and they're still getting something out of it. There's such a mix and it's such a warm welcoming community where I feel so able to express myself."

Unfortunately, her postoperative pathology showed some residual malignance, which required six months of additional chemotherapy. She completed that treatment in April 2022. These challenges have only reinforced her desire to be proactive. She is now participating in a clinical trial for a breast cancer vaccine. She is also making a concentrated effort to take better care of herself physically and mentally.



"I talk to myself differently. When I make mistakes, I remind myself that I've been through a lot and I'm just being human. I'm just taking better care of myself all around and I'm trying to be more patient not just with myself but with other people," Jennifer said.

She went on to say that in addition to engaging in more exercise and mindfulness and extending her patience, she is also advocating for herself more.

"I just had a revelation: if I did not feel like I was worth taking up room on this planet then what would the universe think? Nobody wants cancer, but you really can grow to be—I don't know if stronger is the right word—but wiser, if you really take the opportunity to explore." ■

The Cracks That Make You Stronger—Betty's Path to NYBRA

By The NYBRA Team

“They say, you put one foot in front of the other, even if the world is cracking behind you. And I’ve been putting one foot in front of the other,” Betty said.

The world began to crack behind her in August of 2020, when her brother-in-law died of cancer. Betty said her sister had not been feeling well, either, though they collectively chalked it up to exhaustion.

“She herself had said she wasn’t feeling well, but she’d been sleeping at the hospital for months and so it was all explained away.”

Unfortunately, Betty’s sister’s symptoms were not so simple. She had already had cancer over a decade earlier. As her fatigue continued, she consulted her oncologist. The news was devastating: she was diagnosed with cancer of unknown primary. Betty traveled to Texas to support and care for her.

“With all of my nursing degrees and all I’ve done, it was kind of this watershed moment where I knew, ‘this is what I have to do.’ It felt good to do something for her. Still with COVID it was very crazy. That first week, I just sort of stayed in the hospital 24/7.”

Betty lost her sister in four months time. Amid the grief of losing two loved ones, she tried to keep up with her own health. Twelve years prior, Betty had tested positive for a BRCA gene mutation. Close monitoring ensued. In the wake of both losses, a screening MRI showed DCIS. Betty said she was not surprised, though she was disappointed that she had not already had risk-reducing mastectomies as she had long intended.

“All along I knew that I wanted a DIEP flap. Even 12 years ago, when they were doing TRAM flaps, I had a friend that did that, and even with

the weakened stomach, she was grateful that she had natural breasts and they were warm,” Betty explained.

In addition to the breast cancer diagnosis, Betty found herself dealing with abdominal pain. A CT scan and an upper endoscopy both revealed nothing. She dove into the process of finding a surgical team to handle her mastectomies and breast reconstruction. She settled on a group of doctors in Manhattan and began pre-op testing. That’s when a CT angiogram which was intended to help her surgeon design her DIEP flaps uncovered something unusual; the tail of her pancreas was dark. After additional testing, Betty was diagnosed with adenocarcinoma of the pancreas.

“We were really blindsided by this, and so the breasts sort of had to take a backseat. The next week I had a port put in and went through 12 cycles of chemo in April, then a partial pancreatectomy in August. It’s kind of funny how your mind plays games with you. Here I was with this pancreatic cancer and all I was thinking about was this lump in my breast. It seemed so hard to not be able to take care of that as well.”

Despite the frightening treatment process, Betty’s pancreatic cancer benefitted from early detection and responded well to chemotherapy. It also turned out that her treatment did help to eradicate the DCIS in her breast. That July, a breast MRI showed that the breast cancer had cleared. Learning that provided a welcome instance of relief, though she remained resolved to undergo bilateral mastectomies.

Betty finished chemotherapy for her adenocarcinoma in November of 2021. Her medical team recommended that she wait three to six months before considering breast surgery. She took that time to research her options and engage with the breast cancer community.

She discovered BRCAStrong through social media and began to watch some of the organization’s Instagram Live sessions.

“That’s when my eyes opened. I said I really wanted a DIEP flap, but I didn’t know what was involved.”

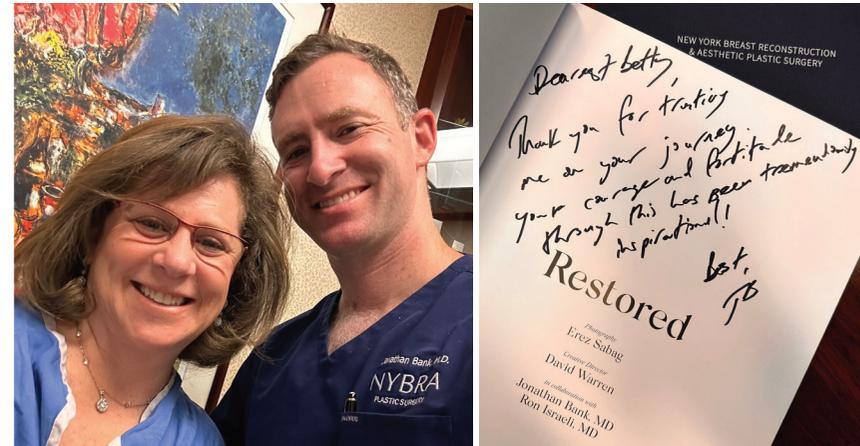
Betty was particularly concerned about how her prior abdominal surgery and scar from her pancreatectomy might complicate a DIEP flap. She decided that she should consult a plastic surgeon and choose a breast surgeon as a second step. She interviewed a surgeon at the cancer center that was overseeing her surveillance.

“I was sort of taken aback with the approach of ‘here’s what you can do, here are your options, and here’s the plastic surgeon we use on Wednesdays because our schedules line up on that day.’” she said.

Betty tapped BRCAStrong founder Tracy Milgram for guidance; she recommended NYBRA. Betty knew the practice was the right choice from the moment she filled out an appointment inquiry form. She was able to see Dr. Jonathan Bank in Manhattan that week.

“Immediately, he was just calm and confident, answered all my questions, and really gave me the feeling that this could be done. I just knew that it was sort of an abyss going into my abdomen. This was a vertical scar from the pancreas surgery trying to meet a horizontal scar from the planned DIEP flaps, and I was petrified of that.”

Betty moved forward in spite of her fears. Dr. Bank’s thorough explanations helped to assuage her concerns, as did her involvement in the Patient Empowerment Program. She said that attending Sisterhood of Support meetings helped to vanquish some of the fears time on online forums had bred concerning her surgery.



“Mollie Sugarman’s Patient Empowerment Program—it is just like no one else. I think the first call that I went on there was someone there who literally was like a week out and I was like ‘wow, they’re up and they’re talking.’ I knew that I wanted to do this, there was no question in my mind, but then I was a little freaked out. I just found that I needed to have these conversations. I started coming to all of them. I just think that that is so valuable and really sets the group apart,” she said.

Betty’s surgery went smoothly, and the firsthand conversations she had with other NYBRA patients proved to be an accurate estimation of her own experience. Four weeks after surgery, she was able to sit in the stands at Columbia University and watch her daughter graduate.

While her physical and emotional recovery is ongoing, Betty considers herself to be on the mend. As she moves forward, she said she is committed to paying it forward by encouraging cancer screening patient advocacy. “I feel like Humpty Dumpty, and slowly but surely I’m getting put back together.” ■

You Can Go On — Strength and Peace with the Past

By The NYBRA Team

“I was diagnosed at the age of 30 with Hodgkin’s Lymphoma, and it came at a very, very devastating time of my life,” Lynda began.

Lynda had lost her mother just six months earlier. This marked her first major health scare without her support. Recently married and working as a nurse at St. Francis Hospital, Lynda took a leave of absence and underwent nearly six months of radiation treatment for Stage I Hodgkin’s Lymphoma in 1996. She explained that she chose radiation over chemotherapy to mitigate the potential negative impact of treatment on her fertility.

Her efforts proved effective: Lynda went into remission, and she was able to fulfill her dream of becoming a parent. Life moved on with close monitoring, as the mantle radiation she received carried a high risk of secondary breast, lung, and skin cancers. She tried not to spend too much time on those concerns day-to-day.

“It was always in the back of my head. I did worry about this breast stuff, but I didn’t let it overpower my life,” she said.

Lynda had very dense breasts, which meant that her routine scans often resulted in biopsies. For over a decade, those biopsies remained consistently benign. However, in August of 2017, a regular mammogram found something else. She said she knew it was different from the benign cysts shown in the past the very moment it was flagged.

“The mammography tech just had this look on her face. I could tell that something was wrong.”

A biopsy of a spot deep within her breast tissue came back positive for DCIS. Given her history, her only option was to undergo a mastectomy and natural tissue reconstruction. Her breast specialist referred her to Dr. Peter Korn, who recommended DIEP flaps, as Lynda’s prior radiation meant that she was not a candidate for breast implants.

Lynda was so happy with her results that she now considers her limited options a blessing in disguise.

“This practice saved my life, so I did make it a vow to help as many along this journey as I possibly could, and that’s really been my mission. Besides being cancer free and having my lymph nodes clear, you worry about what you’re going to look like after a mastectomy. I’m here to tell people that you can go on and you can have your womanhood and you can become whole again.”

In the five years since her breast cancer diagnosis, Lynda has fulfilled that vow of service within the NYBRA community. She remains an active participant in the Patient Empowerment Program and even continues to be a part of the Patient-to-Patient Caring Team which puts recovered patients in contact with new patients who are considering the same surgery. She encourages anyone who has been diagnosed with cancer to understand that emotional recovery is a long-term process, especially if your initial diagnosis happens early in life.

Mollie Sugarman, Clinical Director of the Patient Empowerment

Program volunteered, “Lynda’s positive mindset has buoyed her through her breast cancer process. We are so grateful for her willingness to continue to share her experience with newly diagnosed women and how she quells their anxiety.”

“One of the gifts of surviving—if you can call them gifts—is that you can’t really be bothered by the nonsense. I refuse to let the negativity

of this world bring me down. You don’t have time. Your life is precious. It’s very hard to be young and diagnosed. Never minimize the anxiety and the fear of being a young cancer survivor. What I can tell you is that each passing day, you get more strength and peace with the past.” ■



Choosing Action Over Hesitation

By The NYBRA Team

When Dr. Randall Feingold’s patient, Jenny, arrived at a follow up appointment with bright blue hair, a tide of smiles washed over the NYBRA office. Patient Empowerment Program Clinical Director, Mollie Sugarman, noticed the fashion choice right away. For Jenny, the decision to dye her hair such a bold color was a small way of embracing the possibilities of life after cancer.

“After I had cancer, I just started thinking about what I had wanted to do that I didn’t do before and things that I may have missed out on. Now, I’m like, ‘I’m just going to do it,’” she said.

Jenny was diagnosed with breast cancer in early 2022. A routine mammogram detected cancer in her right breast. Subsequent investigation found precancerous abnormalities in her left breast as well, and genetic testing revealed a gene mutation that increased her risk of breast, uterine, ovarian, pancreatic, and colon cancer. Between the atypical cells and elevated risk assessment, Jenny chose to proceed with surgery. She underwent bilateral, nipple-sparing mastectomies with natural tissue breast reconstruction on February 1, 2022.

Dr. Feingold noted that, “Jenny wanted to use natural tissue, but as a petite woman had little abdominal fat to use as DIEP flaps. But I was able to offer her free flaps from her inner thigh fat pockets that produced the right match for her slender frame and gave her a more tapered inner thigh.”

Jenny said that while the surgery itself was painful, Jenny said the recovery was smoother than she might have anticipated. She bounced

back quickly with her family’s support.

“My husband and I are very close. After surgery, he helped me. He cooked delicious food for me; he helped me shower, wash my hair. He helped me with my exercises; he helped with the drains—he did all that.” As she grew stronger, she said she started to think about things she wanted to do moving forward. Jenny explained that she had always wanted to dye her hair pink. In the spirit of choosing action over hesitation, she simply enlisted her husband to help her make it happen. They bought some hair dye and got to work. Now, her hair has been blue and pink, and she and her husband have traveled as they continue to embrace life together.

“I never cease to be inspired by the various coping tools patients embrace to manage their challenging journeys,” added Mollie Sugarman, Clinical Director of NYBRA’s Patient Empowerment Program. ■



“I’m just glad I’m still alive, and I felt like the recovery from this surgery was quicker than I expected.”

PATIENT PERSPECTIVES



Teaching Team Building at the 2023 American Society of Plastic Surgeons Meeting

By The NYBRA Team



It has often been said that we have distinguished our practice by providing nurturing, compassionate care. That is only possible by having staff that shares our values and mission of care. Dr. Feingold was invited as Moderator and Speaker on a panel focused on teambuilding and retention of quality staff at the American Society of Plastic Surgeons meeting in Austin, Texas in October. Other speakers included plastic surgeon Dr. Kat Gallus from San Diego and Amy Anderson and Davina Isaacs from Brinson Anderson Consulting. Plastic surgeons from around the country came to hear perspectives

on developing a team that enhances our patients' experience beyond the performance of surgery. Dr. Feingold was able to draw on examples and lessons learned over 30 years in private practice caring for both breast reconstruction and cosmetic patients. The plastic surgeons at NYBRA have prioritized giving personalized attention to our patients at every level of contact, from our receptionists, surgical and insurance coordinators to our office and operator nurses, and medical and physician assistants. They are both our ambassadors to the world and extension of ourselves serving our patients. ■



THE PLASTIC SURGERY
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Breast Reconstruction Awareness Video Series

By The NYBRA Team

Breast reconstruction decisions are about more than clinical information. Your individual body, life, habits, emotional wellbeing, and more can and should play a vital role in what you and your surgical team choose to do. BreastReconstruction.org's Your Voice, Your Choice video series was created with support from the Plastic Surgery Foundation's Breast Reconstruction Awareness Grant to offer a window into what the decision-making process can look like via firsthand accounts from patients and physician retrospectives that dig into the minutiae of each type of procedure.

The series features NYBRA Plastic Surgery doctors and patients. Drs. Feingold, Israeli, Korn, Light, and Bank each selected an under-discussed breast reconstruction topic. They joined their patients in a video series designed to both illuminate some lesser-known breast reconstruction options but to also shed light on how to effectively evaluate those options. Each patient discussion was followed by a one-on-one, technical conversation between two surgeons. ■

Implant vs. Autologous Reconstruction

By Dr. Peter Korn

The goal of this video series was to talk about what I think is the most difficult aspect of breast reconstruction, which is decision making. The main decision to make is deciding between having a breast reconstruction with implants and having a breast reconstruction with your own tissue. I spoke to two of my patients, Sabine and Claudia, who each made different reconstruction decisions after bilateral mastectomies.

I met Sabine about nine years ago. She did not have much tissue to give for a natural tissue reconstruction, and so her decision was pretty clear in that her only option was to use implants. Even so, the

decision was not easy. Sabine had an engineering background which made her initially opposed to using implants.

“I had always told myself that I would never use implants in my own body,” she explained. However, she weighed it against the decision to go flat at just 41 years old and ultimately chose implants.

“I am very happy with the result—I think you did a terrific job—however over time I felt like I was never back to my normal, so we worked through that.” She had some discomfort for seven years. When her textured implants were recalled, she went ahead with



an implant exchange. We decided to also change the position of the implants during that procedure and put the implant on top of the muscle, which was an option that at that point was available and had very promising results. Sabine's comfort improved dramatically.

"I am pain free, and for me to have that peace of mind every day—I don't think that I had breast surgery—that really is a big gamechanger."

It is a fairly typical story. When the implants are positioned over the muscle, the implants sit more comfortably, and also it is a more natural, softer result. It has become my preference.

Unlike Sabine, Claudia was a good candidate for both implant and natural tissue reconstruction. Her decision was also complicated by her background. She was a recovery room nurse, and she saw patients recovering from these surgeries, and she received a lot of professional advice from colleagues. She also considered going flat.

"My fears with the implants were similar years to the fears that [Sabine] had, also I've had friends who develop complications, I knew that at some point in the future I might need surgery to change the implants," she said.

It was important to her to make a decision that would be viable no matter what type of treatment she needed moving forward. This was good forethought, because she did need radiation that was not previously expected. Despite some concerns about operative and recovery times, she chose to have DIEP flaps. She was happy with the results and her natural tissue reconstruction tolerated radiation well.

"I have no regrets about having a DIEP flap... If the DIEP can offer something to women, believe it or not, it can give you a little more quality of life."

Patients have different considerations as they choose whether to have autologous or implant reconstruction. For example, implants give us the ability to make a good result, even in thin patients who don't have a lot of tissue to give, like Sabine. They also allow us to give you a reconstruction without leaving another scar on your body. Donor site scars are important to take into consideration in natural tissue reconstruction. However, they are foreign bodies inside of you, and they will need to be changed down the line. Natural tissue reconstruction alleviates the need for maintenance over time and tends to tolerate therapies like radiation a bit better.

When I see patients in consultation, one of the most important things to me is that the decision is made for the right reason. It is important to know that certain aspects of each type of surgery are more important than others. I think it's most important that patients consider the long-term results when choosing a type of breast reconstruction. ■



Scan QR Code
to watch video.

Implant Revision Surgery

By Dr. Ron Israeli

When it comes to breast reconstruction, the road to revision is not necessarily a straight path. That is what makes revision such an emotional topic and important topic. In my portion of this video series, I spoke to three patients who came to me after original reconstruction with different plastic surgeons.

Abby, who had bilateral mastectomies with expander-implant reconstruction, under-the-muscle, explained that her mindset going into reconstruction impacted the standard she set for her outcome.

“I just felt so grateful to be alive that I thought, ‘if this is what I have forever, I should be grateful to be alive and here,’” she said.

Abby was initially happy with her reconstruction, however, as her implants settled, they shifted asymmetrically. She also experienced chronic pain, as did both of the other patients in this discussion. Abby started to think about revision surgery after she met another patient who told her that she had options and did not need to settle.

Karen had bilateral, risk-reducing mastectomies with implants, also under-the-muscle. Later, pathology showed that she had actually had LCIS. Karen had six surgeries as part of that initial reconstruction. As a personal trainer, she struggled with pain and physical limitations after reconstruction. She, too, doubted whether she should self-advocate for a better revision.

“Your emotions really come into play when you feel like no one is hearing you. Am I being too picky? Is that the result I’m going to get?”

Bianca, who is a three-time cancer survivor, articulated a point that

captured Abby and Karen’s experiences and those of many patients I see. “I feel like part of the problem in the past has been people not wanting to speak up... I think it’s important for people to know that they don’t have to settle and they can be happy with their bodies,” Bianca said.

Bianca had bilateral mastectomies with expander-implant reconstruction, under-the muscle. While she was happy with how her reconstruction looked, she had physical pain and animation, which went on for years. One of her implants eventually flipped, which prompted her to start gathering information and opinions about her options.

Karen highlighted the importance of seeking additional opinions. In absence of unbiased information, she said that she believed she had overcompensated. She deliberately selected the surgeon who said she would always have significant limitations in terms of mobility and exercise.

“When I was searching initially for a surgeon, I only went to two, and they each gave me very different opinions on how my surgery would go and what I would be able to do and not able to do after surgery. And I stopped after two doctors, because I thought, ‘am I just going to keep going to doctors until I find the one who tells me what I want to hear, even if it’s not factual?’”

In both Bianca and Karen’s cases, I converted the implant position from one that was under the muscle to over the muscle. This is a good option for active patients with implant reconstruction, because the



chest wall muscle is able to remain in its natural position.

Abby's situation was a bit different, because she had undergone radiation therapy on the left side only. Interestingly, the radiated side held its shape and placement well. To improve her comfort and symmetry, I converted the right implant only from its original position under-the-muscle to over-the-muscle. Much like Bianca and Karen, she experienced significant, long-term improvement in pain and mobility.

One of the most important threads in our discussion was that of self-

advocacy. All three patients managed daily discomfort and limitations, because they felt they did not have the means or the right to speak up. We, as a community, have to continue to shift that mentality. Patients should feel empowered to express their concerns, knowing that it is not vain and their issues are legitimate. ■

Scan QR Code
to watch video.



Implant to DIEP Flap Conversion

By Dr. Randall Feingold

While breast implants are the most common form of breast reconstruction after mastectomy, they are not lifetime devices and may require revisions, removal, replacement or substitution with an alternative approach to breast reconstruction. Patients who experience implant related complications, have had their implants recalled, or are simply unhappy with the way their reconstruction looks or feels often choose to remove their implants and undergo new, natural tissue breast reconstruction. I chose to discuss this topic with my patients, Shuana and Maureen, both of whom converted unsuccessful implant reconstructions with other plastic surgeons to DIEP flaps.

To open the discussion, I asked my patients to recall what breast reconstruction options were presented to them at the time they were diagnosed. Both said that they were told they were candidates for implant reconstruction only.

Maureen did not have adequate tissue for a DIEP flap procedure at that time. She was also not a candidate for bilateral mastectomies.

“They had mentioned there would be a lot of skin removal on the right side, and they didn’t want to do a left side mastectomy as a result. They offered to do a left side mastectomy further down the road,” she explained.



Maureen underwent a unilateral mastectomy on her right side with expander-implant breast reconstruction, under the muscle. She went on to have a very unpleasant experience with her implant as a result of radiation therapy. It became stiff, and she developed muscle cramping and lymphedema. Her range of motion and breathing suffered as a result and she struggled with asymmetry. Over the course of about eight years, she expressed these concerns to her plastic surgeon, but she was not given any options for improvement. Her confidence and quality of life suffered.

“I was always worried about what I was going to look like in certain clothing... constant worry, and the self confidence went lower and lower and lower—I didn’t feel pretty anymore,” Maureen said.

Shuana had bilateral mastectomies with expander-implant reconstruction. She was told implants were her only option when in reality, she was an ideal candidate for a DIEP flap. In her case, it was not shared decision making as much as a situation where she was told what was going to happen. Shuana’s reconstruction was not something that was even taken to fruition because of mechanical problems with healing and some incompatibility with implants and her body.

“I had the double mastectomy with immediate reconstruction with tissue expanders, I would go every week for a fill, and I was probably at 700ccs when I mentioned to the [physician assistant] that was doing my fills that I didn’t know how I was supposed to look but I didn’t think this was it,” Shuana said.

She learned that there were bilateral ruptures in the expanders, which

were removed and replaced. Then, she developed necrosis on one side of her reconstruction, making it unable to support an implant.

Maureen and Shuana each underwent a big operation to salvage their situation. Maureen underwent a risk-reducing mastectomy on the left side and a lymph node transfer to the right axilla, and DIEP flap breast reconstruction. Shuana had implant removal surgery and DIEP flap breast reconstruction.

Maureen experienced pain relief in the chest wall, pain relief in the arm, relief of muscle spasm, improved range of motion, and better balance. She said she felt much more relaxed and confident as a result. She also saw improvement in her radiated skin, which she had been told was irreparably damaged.

Natural tissue flaps have their own blood supply, so they can restore blood supply to radiated territory, unlike a foreign object that can’t really contribute to the healing or the health on the chest wall.

Shuana’s surgery improved her comfort and confidence as well.

“I look so much better. I feel so much better... The difference is just night and day,” she said. ■



*Scan QR Code
to watch video.*

Post-Mastectomy Pain Syndrome

By Dr. Jonathan Bank

A significant percentage (over a third) of women who undergo mastectomy will go on to develop Post-Mastectomy Pain Syndrome (PMPS), a chronic pain in the breast, chest, and/or underarm areas that can persist for years after mastectomy. Current research suggests that breast surgery can damage or affect sensory nerves in the breast, which may cause PMPS.

PMPS is best addressed through an interdisciplinary approach that is tailored to the individual patient's needs. Treatment modalities include physical therapy, pharmaceutical pain management, local anesthesia, and reparative surgery. I spoke to two patients, Susan and Jenn, who underwent multiple PMPS treatment modalities before ultimately having surgery to relieve debilitating, years-long nerve pain.

Susan came to me suffering from multiple implant replacements that were causing pain and discomfort, particularly on the left side, running all the way down her arm and around to her back.

Susan had a few interesting challenges. She was very young when she was diagnosed, she had radiation, implant reconstruction underneath the chest muscle. The implants that were placed were ultimately recalled. Even radiation on its own can contribute significantly to pain. There are multiple sources of post-mastectomy pain. We began by removing the implants and starting from scratch with a DIEP flap breast reconstruction. I initially identified one nerve that we reconnected, and we thought the pain was resolved. Susan initially recovered well, but then we uncovered other problems. When she recovered from the DIEP flap and the subsequent secondary procedures, a different pain popped up.

“Lower, on the side, and it literally would wrap all the way over, right across, onto my shoulder blade,” is how she described the pain.

So, we went back in, did another surgery, and that finally relieved the pain. One of the reasons why Susan was in pain for such a long time was that she was not aware there was any way to rectify the issue.

“It is such a relief. You kind of feel like it's part of the process. You're diagnosed with something so terrible and you go through such a long period of replacing things and trying to fix it and never feeling good, always feeling like something is not normal, like something was put on your body, and you just live with it,” she said.

It was fitting that Susan used the term relief, because that is the name of my interdisciplinary initiative, Breast Relief, which addresses PMPS through physical therapy, local pain management, and surgery. Jenn was one of the first Breast Relief patients. She was in physical therapy for five years. As a hairdresser, her ability to use her arms directly impacts her livelihood. After years of pain, spasms, and other neurological disturbances, she learned about me from her physical therapist during COVID.

“My right side, [was] uncomfortable. I couldn't put my finger on it, but when I raised my arm, my fingers would go numb and this incredible heat would go down my arm,” she explained.

Jenn started with pain injections, which improved but did not rectify the situation. After about a year, we did bilateral mastectomies with implant reconstruction and some nerve repair. We repositioned the implants over the muscle and reconnected some nerves.

We were able to replicate some of the external spasms she had been



experiencing when we were marking pain areas right before surgery. During surgery, it can sometimes be difficult to ascertain what is the actual culprit. I wasn't sure which one was the problematic nerve that was the culprit in Jenn's case, but then there was one place that I touched and I actually saw the muscle spasm during surgery. After surgery, her range of motion improved, and her pain was relieved.

"I feel no pain after not knowing how to range that pain because you just get used to being in pain," she said.

It is important for patients to know that despite its under-diagnosis, there are approaches that can improve or relieve PMPS. Self-

advocacy is really important in these instances. Patients need to speak up about their pain and we as physicians need to listen and safely push the envelope to find effective solutions.

Scan QR Code
to watch video.



DIEP Flap in Thin Patients

By Dr. David Light

These videos provided a unique opportunity to bring some attention to procedures that are not as well-known, which is why I chose to talk about DIEP flap reconstruction in thin patients. Many thin patients are told that they do not have enough tissue for DIEP flap breast reconstruction. While that was once true—and still may be so in some cases—advanced DIEP flap techniques and specialized procedures have broadened candidacy for this type of reconstruction.

My patients, Mary and Kim, each came to me unhappy with prior implant reconstruction and in search of natural tissue options. Both underwent a different, advanced DIEP flap approach to reach the volume they needed for breast reconstruction via natural tissue.

Mary had already undergone bilateral mastectomies with implant

reconstruction. She had multiple implant complications, including wound healing issues after radiation therapy. After multiple implant exchanges, she developed a wound that remained open for months, even after her implant was removed. It was a dangerous situation that needed to be managed by a microsurgeon, which is why her initial plastic surgeon referred her to our practice.

“My only option was a DIEP flap, because I’d already had an LD flap on the other side during my first complication,” she explained.

In order to close the wound and restore her breast, Mary had a stacked DIEP flap. That is a relatively unusual procedure where we combine two DIEP flaps to make one breast that matches the volume of the other breast.



Kim initially underwent nipple and skin sparing mastectomies with expander implant reconstruction. She did not feel included in that decision-making process and felt consistently unwell. After about a year-and-a-half, she decided she wanted to have her implants removed. She came to me prepared to go flat. At that point, I introduced her to extended, delayed DIEP flap breast reconstruction, which she ultimately chose.

In a delayed DIEP flap, we elevate the side of the body—sometimes called the “love handle” area—in addition to the abdominal tissue included in a traditional DIEP flap. That additional area is pre-elevated and then put back down during a preparatory surgery. When we elevate this area of tissue, it cuts the blood supply to that area so that it only receives blood from the vessels that supply the DIEP flap. The blood flow rearranges itself accordingly, allowing us to take a larger area of tissue to achieve a patient’s goals.

Kim and Mary were both able to achieve a quality, proportional natural tissue breast reconstruction despite their thin frames. Theirs are unusual cases, but they are worth including in the conversation. Patients like Mary and Kim would normally be told that you don’t have enough tissue for autologous reconstruction and that implants are their only option. Including these types of unusual circumstances and the innovative techniques we have available to address them is critical.

Physical breast reconstruction complications can affect your self-esteem, social life, and personal and romantic relationships. Kim was in a bad relationship, her self esteem and confidence were gone. Having the surgery restored that confidence. Mary told us that she

stopped dating when the implants were initially exchanged. While she has not formally resumed, her mindset shifted after her stacked DIEP flap.

“I feel better now. I wouldn’t turn somebody down, let’s put it that way,” Mary said.

To close our discussion, I asked each to share a pearl with patients who are considering surgery that they didn’t know before or thought would be helpful.

“It’s that there are options and there are more than the plastic surgeon in your city or town. Do a little bit of research, even if that’s just being part of a facebook or support group. Reach out,” Kim said.

Mary echoed her sentiment and said that she also felt it was important to show her scars to people facing mastectomy and reconstruction.

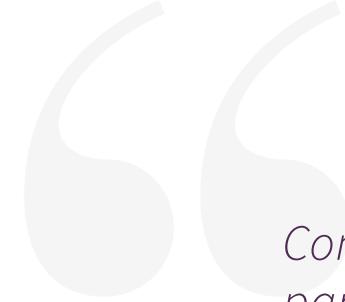
“If you show them just by being who you are that you got through it, and it’s not a big deal, then it’s not a big deal.” ■



*Scan QR Code
to watch video.*

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
- Living Beyond Breast Cancer
- Manhasset Women’s Coalition Against Breast Cancer
- PALS
- Pink Aid
- Sharsheret



Community partnerships are a cornerstone of our practice.

Community is the most cherished and distinguishing feature of our practice. Our patients inspire us every day. From our own NYBRA community to broader breast cancer and reconstruction communities across the country, we believe it is our responsibility as practitioners of medicine to ensure that patients feel informed, supported, and connected. In addition to our usual work with organizations like the DiepC Foundation and LearnLookLocate, the NYBRA doctors launched the non-profit organization, BreastReconstruction.org, for which they all serve on the Board of Directors. BreastReconstruction.org is an informational platform and resource that aims to improve breast reconstruction outcomes for every patient at every stage. The organization’s official October 2023 launch is just the beginning; it is poised to be the go-to resource for all things breast reconstruction. Drs. Feingold, Israeli, Korn, Light, and Bank will continue to serve as board members and fundraising partners as the platform grows and develops.



The American Cancer Society's 16th 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 16th Anniversary of the American Cancer Society's Doctors of Distinction Golf Invitational, held on October 10, 2023 at Atlantic Golf Club in Bridgehampton, chaired by Dr. Feingold. The day was sunny and picturesque as our esteemed golfers enjoyed a round of golf at this spectacular venue for a vital cause. Our honoree, Dr. Lawrence Glassman, spoke passionately about advancements in lung cancer care and research and the work that the American Cancer Society does. ■



**LIVING BEYOND
BREAST CANCER®**

**NYBRA
PATIENTS
HONORED**



DANA DONOFREE



ABBY MATCH

Butterfly Ball Life In Bloom

By The NYBRA Team

Dr. Ron Israeli and Dr. Jonathan Bank were both honored to be co-chairs of the Living Beyond Breast Cancer (LBBC) 2023 Butterfly Ball in Philadelphia this past November. This annual event brings together individuals committed to making a difference in the breast cancer community, while raising awareness and funds to support the mission of LBBC, a national nonprofit that provides trusted information and support for individuals facing breast cancer.

The 2023 Butterfly Ball raised nearly \$800,000! The evening highlighted several honorees including two inspiring NYBRA patients, Dana Donofree and Abby Match, who have shown exceptional resilience and advocacy in the face of breast cancer. Dana Donofree, recognized for her contributions to empowering breast cancer survivors, and Abby Match, a beacon of hope and strength for her community, exemplify the spirit of the Butterfly Ball.

As part of a charitable donation to LBBC, Dr. Israeli painted portraits of Dana and Abby. Both beautiful oil paintings were on exhibit at the event and later gifted to these two amazing women.

With the theme of the event being “Life in Bloom,” Dr. Bank’s book project “Reblossom,” created in collaboration with photographer Erez Sabag, was provided for sale in further support of LBBC.

Dr. Israeli and Dr. Bank will both continue their collaboration with LBBC through 2024, providing their expertise in creating educational content for patients facing breast cancer. A planned video series will include patients in conversation, discussing their breast reconstruction journeys. We look forward to further future collaboration with LBBC!

COMMUNITY PARTNERSHIPS



Making Strides

By The NYBRA Team

Twenty-two years ago, Drs. Randall Feingold and Ron Israeli gathered just a handful of patients in the Jones Beach parking lot before sunrise for NYBRA's first Making Strides Against Breast Cancer as a practice. No one knew that it would become a cornerstone in our practice community.

This year, we once again arrived before the sun came up to set up our tent and tables. Familiar faces filed in for sweatshirts, snacks, and salutations as the day kicked off. Our team seized this opportunity to connect and reconnect with patients old and new.

We once again ranked among the top organizations in the country, alongside companies like TJX, Richoh, Penske, NYSUT, Chevrolet and more, proving what a dedicated, tight-knit community can create. We continue to be unyieldingly proud of and amazed by the patients, friends, and colleagues who come together to make this happen each year. ■





MAKING STRIDES AGAINST BREAST CANCER WALK AT JONES BEACH – OCTOBER 15, 2023





The BreastReconstruction.org community is a community that shares information, uplifts those in need, and celebrates narratives and images of women who are not just surviving but thriving beyond mastectomy and reconstruction. Our main goal is to provide comprehensive breast reconstruction information so that every patient has the tools to make the right decision for them. Whether you are at the initial stages, recently diagnosed, or considering delayed reconstruction, we aim to provide everything you need to partner with your surgeon to determine the most suitable type of breast reconstruction for you.



Michelle Rechenberg, Executive Director

BreastReconstruction.org Launched Rebrand on Breast Reconstruction Awareness Day

BreastReconstruction.Org announced a complete rebrand and official organization launch on October 18, 2023. Your go-to resource for all things breast reconstruction includes a fresh logo and website design, brand new website content, video series, social media campaigns, and more. BreastReconstruction.org is a 501c3 non-profit organization whose mission is to improve breast reconstruction for people from every background, at every stage, by empowering them with the tools and resources they need to make informed breast reconstruction choices.

“Our mission at BreastReconstruction.org aligns with that of Breast Reconstruction Awareness Day. An initiative created by the community for the community, BreastReconstruction.org provides the resources patients need to make the best breast reconstruction decisions,” BreastReconstruction.org Managing Director, Dr. Ron Israeli said.

BreastReconstruction.org existed as a static online resource for breast reconstruction for many years. On October 18th, the organization launched a powerful, expanded website with comprehensive information on every type of breast reconstruction procedure available in the United States, along with tools and resources that help them process that information and apply it

to themselves—like firsthand accounts from other members of the community, interactive programming, and content that helps build a breast reconstruction vocabulary from the ground up.

“While exploring various options for my breast reconstruction journey, I encountered many websites that contained only partial information. This proved to be both frustrating and overwhelming. What sets BreastReconstruction.org apart is its comprehensive nature; it provides information on all available reconstruction options on one, accessible site.” Breast Reconstruction.org Executive Director, Michelle Rechenberg.

Breast cancer is the most common cancer in women worldwide. Despite incredible technical advances in breast reconstruction, many people who undergo breast surgery outside of major cities are not offered the option of breast reconstruction. When it is offered, many patients do not receive adequate information on the range of surgical options available to them to make informed decisions. As survival rates improve, breast cancer management is no longer simply a matter of living with or after the disease. It is about thriving before, during, and after treatment. Breast reconstruction is also extremely powerful for people considering risk-reducing procedures in response to harmful gene mutations or family histories of illness. These individuals need comprehensive information and insights as they make key, life-changing decisions.

This launch marks the start of a decisive effort to promote collaborative medical care by giving patients the information they need to become a part of their own breast reconstruction conversation. The organization has concrete plans to expand this dynamic resource, including constant updates on surgical advances, continuous voices from the breast reconstruction community, foreign language options, and more. Above all else, BreastReconstruction.org announces itself as a comprehensive resource on breast reconstruction. ■

Why do we need to expand the breast reconstruction conversation?

Even when it is offered, many patients do not receive adequate information on the range of surgical options available to them to make informed decisions. As a result, these individuals may not have access to the right procedures for their bodies. Limitations in breast reconstruction training among plastic surgeons plays a role in creating these gaps.

Medical and societal cultures have yet to truly embrace the profound relationship between reconstructive surgery and patient mental health. Breast cancer management is no longer simply a matter of surviving the disease. It is about truly living before, during, and after treatment. Open dialogue plays a vital role in shifting the culture.

- **Get Involved**
- **Donate**
- **Volunteer**
- **Partner With Us**

*Scan QR Code
to learn more.*



Experience the Stories of “Reblossom”

By The NYBRA Team

“Reblossom” is a new book that draws an elegant parallel between the regeneration of flowers and the resilience of women undergoing a double mastectomy.

Twelve inspirational women of diverse ages and backgrounds come together in this unique collaboration between plastic surgeon Jonathan Bank, M.D., photographer & director Erez Sabag, and creative director Jeannette Valbuena.

Proceeds from the sale of the book benefit the Living Beyond Breast Cancer Foundation, whose mission is to save lives by meeting the most critical needs of breast cancer patients and investing in breakthrough research to prevent and cure breast cancer. The book launched during an immersive gallery exhibit on October 19th, 2023, at Lavan Chelsea, in Manhattan, NY.

Together, we stand united in the fight against breast cancer, celebrating the resilience and beauty that blooms in the face of adversity. ■



Paralleling the elegance and regeneration of flowers with the beauty and resilience of women

NEW PRODUCT: Post-Operative Comfort Is Here!

By The NYBRA Team

In the realm of post-operative recovery, especially after breast surgery, comfort and rapid healing are at the forefront of every patient's mind. That's why we're excited to introduce the launch of a new ground-breaking comfort device specifically designed for recovery from breast surgery: Relievr.

Dr. Jonathan Bank developed the "Relievr," designed to provide post-operative comfort after breast surgery. Utilizing the "gate theory" of nerves and pain, the device generates controlled mechanical vibratory stimulations that desensitize sensory nerves affected by surgery.

In an age where technology intersects with healthcare, this product also has a convenient app available on both the App Store and Google Play Store. This state-of-the-art application is designed exclusively for the Relievr device, offering users a seamless and personalized post-op comfort experience.

A great gift for somebody planning surgery, or to take the edge off of those annoying nerve "zaps" weeks, months, and years after surgery. ■

Relievr



Introducing “Insights: An Intimate Look into How Breast Cancer Affects Individuals From All Walks of Life”

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.

PART 1: “Single, Under 40 with Breast Cancer,” honed 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.

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.

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

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. One patient 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 Patient Empowerment Program even more important to them.

Meet the patients and watch the full conversation with Mollie and Dr. Light.

Scan QR Code to watch full video segment.



PART 2: Mollie Sugarman, Dr. David Light, and Four Couples Shed Light on How Breast Cancer Impacts Long-Term Relationships

“A cancer diagnosis can either alter a relationship positively or it can fracture an already stressed one. Healing is an active process that directly impacts both partners. Very frequently, spouses are the forgotten parties in this journey and it is critical for them and for the relationship to have access to support tools,” Patient Empowerment Program Clinical Director, Mollie Sugarman, said, opening up this installment of Insights: An Intimate Look at How Breast Cancer Affects Individuals From All Walks of Life.

This session focused on issues specific to heterosexual couples in long-term relationships or marriages. Mollie and Dr. David Light led a discussion on relationship-specific challenges and their potential to give way to growth. The conversation ranged from reimagining existing routines to intimacy to broader relationship paradigms and more. Participating couples represented a broad spectrum of ages and backgrounds. For some, it was the first time they shared their diagnosis beyond their family. We are extremely grateful for their generous participation. Watch the full discussion moderated by Mollie and Dr. Light! ■



Scan QR Code to watch full video segment.

PART 3: Mollie Sugarman, Dr. David Light, and four NYBRA patients engage in a conversation about “Learning What You Need to Know When You’ve Never Needed to Know It.”

This installment sheds light on an issue that transcends breast cancer and applies to almost anyone confronted with a complex medical diagnosis: how do you know what you need to know when you’ve never needed to know it before? Diagnosis can be disorienting, overwhelming, and full of new information. Patients are not only expected to absorb a great deal, it is also often incumbent upon them to know which questions to ask to receive the right care. But how can you know what to ask when you do not yet know what you need to know?

This discussion is intended to help individuals create a type of playbook that they can turn to should they confront any medical diagnosis during their lifetime. Having the tools at hand during stress allows one to create order from the disorder of diagnosis,” Mollie explained. Dr. Light’s patients graciously shared their experiences, thoughts, and feelings in an effort to help patients create that playbook. Watch the full discussion to glean wisdom from the stories of these four women, along with context and guidance from Mollie and Dr. Light! ■



Scan QR Code to watch full video segment.



Dr. Ron Israeli, Dr. Jonathan Bank and NYBRA Patient, Chelsey, Join the DiepC Journey

By The NYBRA Team

Dr. Ron Israeli and Dr. Jonathan Bank are well known for their creative projects within the breast reconstruction community and advocacy space. They joined DiepC Foundation founder Terri Coutee and Dr. Israeli's patient, Chelsey, on the DiepC Journey Podcast to talk about the impact and future of their artistic endeavors. Chelsey is a breast cancer and reconstruction advocate who has been involved in projects with both doctors alongside her own advocacy work.

This podcast focused on *Restored*, a multi-modal lifecast project that Drs. Israeli and Bank created in collaboration with Form Collaborative, photographer Erez Sabag, creative director David Warren, and Allergan Aesthetics. *Restored* is a book and art exhibition that tells the stories of twelve breast reconstruction patients through images, sculptures, textures, and words from each woman that aim to get at the heart of how physical and emotional restoration can leave patients feeling stronger and more complete than ever.

Drs. Ron Israeli and Jonathan Bank worked with Form Collaborative and Allergan Aesthetics to create a series of lifecasts for each woman in materials that related to her experience. The resulting book includes images of the women, their casts, and more as they show others that beauty and strength can take many forms. Highlights of this discussion include:

***Restored* is a reimagination of a 2012 project by the same name.**

The 2012 Plastic Surgery Conference marked the establishment of Breast Reconstruction Awareness Day, which aims to shift focus to the breast reconstruction options available to women facing mastectomy. That year, Dr. Israeli shared the first iteration of *Restored*, a series of uniform, fiberglass lifecasts of eight of his patients. It was at that conference that he and Dr. Bank first met. Dr. Bank was still in training at the time. Nearly ten years later, the pair—by then partners at NYBRA Plastic Surgery—started thinking about creative work that they could do together.

“You never know where your ideas come up or where you end up with these artistic projects. In speaking with Jonathan, we ended up brainstorming the concept of bringing *Restored* back as a new iteration that was more multi-dimensional. Not just a lifecast project, but a photography project,” Dr. Israeli explained.

***Restored* includes elements of Dr. Bank's prior project, *Reconstructed*.**

Reconstructed was inspired by the Japanese art kintsugi, which involves mending pottery with gold to highlight the beauty of the cracks and thus that of adversity. This multi-media collaborative included multiple segments over several years of work, including



a photography art book, an extensive series of videos, and a gallery exhibit. Chelsey participated in that initiative as well, despite some initial hesitations.

“I had some reservations. I wanted to make sure that these were good photographers; I didn’t want to look crazy,” she said, with a laugh.

When Chelsey saw work from the photographer, Erez, she said she felt confident that she wanted to participate. That experience prompted a swift “yes” when Dr. Israeli asked her to join them again. The overlap in using some of the same patients and creative collaborators between *Reconstructed* and *Restored* was deliberate. In some ways, the endeavor reflects an evolution for both.

Projects like *Restored* and *Reconstructed* provide many forms of inspiration.

Dr. Bank explained the direct flow from awareness to funding, to research, to saving lives. He has also seen it impact individual women.

“My goal for all of these projects is for one woman to see and muster up the courage to get that mammogram that she’s been pushing away and find something sooner rather than later,” he said.

For Dr. Israeli, the artwork adds a layer of sustained emotional connection to his clinical work. Plastic surgery, he explained, is physically, mentally, and emotionally intense.

“These kinds of projects are what keep me engaged and interested and more emotionally attached to what I do in caring for individuals who are facing mastectomy and reconstruction. It’s come to the point now where a lot of patients, when they come and see us—I’m sure

Jonathan can say the same—they’re aware of these projects and they want to be involved in another project. As much as these projects create a sense of hope, they also create a sense of inspiration. And it’s not just inspiration for the patients or for the people that see the patients, it’s also inspiration for us.”

This work fits into a broader narrative on bodily acceptance.

As Chelsey put it: “I think being involved in both of these projects is also part of normalizing the differences of bodies and trauma and things that happen to us through our life. Especially today, when we can elect to have surgeries and we cannot, I think just empowering people to accept themselves and our changing bodies and aging bodies and whatever they are is the best medicine in some ways. Just accepting ourselves and loving ourselves as much as we can—I think that both of these projects gave me personally that encouragement to accept myself in a different way.”

For Dr. Bank, that kind of acceptance is at the core of the work.

“That’s really the heart of *Reconstructed*, embracing our imperfections and understanding that we’re beautiful because of the path that we took and whatever hardship it brought along.” ■



Scan QR Code
to watch video.



Releasing the Past, Embracing the Future

By Mollie Sugarman, Clinical Director of the Patient Empowerment Program

The Sisterhood of Support recently reunited for their first in-person meeting in over three and a half years. This special event not only marked a joyous reunion, but also heralded the inaugural release ceremony for the Patient Empowerment Program. It was made possible thanks to the support from NYBRA's physicians as well as Christine Rockicioli.

Patients, some who had been on their medical journeys for up to a decade, came together on a beautiful day. They took part in a release ceremony, letting go of things that were weighing them down. They used special paper that dissolves in water, ensuring an eco-friendly approach.

A release ceremony is a transformative ritual to release something that no longer serves you, such as negativity, old resentment, hurt, suffering, and loss. The goal is to enable focusing on what is more significant to move forward. It is an inspirational practice to release the past.

Participants set their intentions, wrote down what they wanted to release, and then together, they let it go into the ocean. They also shared affirmations to support one another. The event provided a warm and encouraging space for everyone to let go of what was holding them back. The day ended with a gradual return from the water, marking a collective step forward in their personal journeys. Overall, it was a heartwarming and meaningful event for all involved.

As creator and Clinical Director of the Patient Empowerment Program, I am always exploring tools that would most benefit the needs of our patients as they move through their challenges. ■



Scan QR Code
to watch video.

Staying Sew Connected

By The NYBRA Team

When Erica created the FemPower Belt, she did not intend to lay the groundwork for a simple product that has helped countless patients. She was simply looking for a way to channel some presurgical jitters and shield her two young children from the sight of postsurgical drains.

“My son was in the threes, and my daughter was in the fours. I was nervous about them looking at the drains. I thought these poor kids were going to be traumatized by looking at the drains, and so I thought I’d do a fun pattern so they wouldn’t have to see them,” Erica explained.

And so, Erica sewed the first, now-ubiquitous FemPower Belt, ahead of bilateral, risk-reducing mastectomies with direct-to-implant breast reconstruction in 2012. She was just 34 years old at the time.

“My aunt had breast cancer at 48 and so did my grandmother, so by 38 I was expecting breast cancer,” Erica explained.

Erica learned she carried a harmful BRCA gene mutation in 2003, when she was just 25 years old. Multiple relatives had dealt with breast or ovarian cancer by that point, including an aunt with whom Erica was close. When her genetic testing results were positive, she reflected on what she had watched her aunt endure. She made a plan for herself: she would have risk-reducing mastectomies by the time she was 35 years old.

Forethought afforded her some flexibility. She researched surgeons and reconstructive options and considered her life in tandem. An avid

runner who challenged herself to complete marathons, she wanted to make sure that she could remain active. Overall, she was grateful to have the opportunity to be selective.

“I had time on my side, so I had the time to go and interview breast surgeons and plastic surgeons to see who fit my personality and my lifestyle.”

Erica found a great fit in Dr. Ron Israeli, who balanced artistry with an understanding of who she was as a whole person. She said that working with him was her easiest decision.

“When I went to Dr. Israeli, he was heaven sent. The fact that he had a minor in fine arts—I loved that he’s into the artistry of it. And he said, ‘I love that you’re an athlete, and we’ll get you back to being an athlete.’”

Erica said that the mastectomies were a tremendous relief after years of surveillance.

“Once I had my mastectomies, I literally felt like I had a new lease on life, like there was a weight off my shoulders. I didn’t realize how much anxiety I was holding for so long. I felt like there was this sword dangling over my head all the time.”

After Erica’s surgery, the Clinical Director of NYBRA’s Patient Empowerment Program, Mollie Sugarman, saw the drain belt and immediately knew it could help other patients. The pair worked together to make the one-time project into a pre-op staple at our

PATIENT EMPOWERMENT

practice. In the 10 years since her surgery, Erica has used the belts to pay it forward and stay connected with the practice. These key items have helped countless patients through their recoveries.

Erica was, of course, in attendance at February's FemPower Belt Workshop at Full Circle Physical Therapy. The day served as a reminder

of just how long it's been since her surgery and just how far she's come in the decade since.

“It's in my past, it's something I did, and it's nice to know that there's a support group at NYBRA. I tell anybody I know that is going through something to please go to NYBRA and see Dr. Israeli.” ■



A Beacon of Hope and Generosity in the Fight Against Breast Cancer

By The NYBRA Team

NYBRA patient, Jennifer LaCalandra is a shining example of resilience and compassion. As co-president of the Massapequa Cheer team, Jennifer has transformed her personal journey into a beacon of hope for others facing similar challenges. Recognizing the financial burdens that often accompany medical treatments, she became a fervent advocate for those whose health insurance may not cover essential expenses, such as physical therapy or other critical needs. In her role as a fundraiser extraordinaire, Jennifer organized a remarkable dunk tank event outside a local restaurant. Every dollar raised went towards supporting individuals grappling with the financial strain of necessary medical services.

“I want to raise money for other people that need it, things that health insurance won’t cover including physical therapy or other breast cancer needs. I want to give back as much as I can,” Jennifer said.

Jennifer also has fundraised in other ways to cover the costs of materials for the post-op items in NYBRA’s pre-op bags. These pre-op bags provide great comfort for patients.

As a hair stylist, Jennifer continues to share her expertise and offer valuable advice on handling the challenges of hair loss during chemotherapy. Her compassionate approach helps patients find ways to feel more comfortable in the process, emphasizing the importance of holistic support in the fight against breast cancer.

Jennifer LaCalandra’s story is one of courage, resilience, and unwavering generosity. Her selfless endeavors, both in fundraising and personal support, have created a ripple effect of hope and inspiration in the community. ■



Exciting News from the Patient Empowerment Program

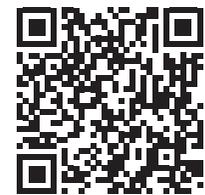
By The NYBRA Team

We are delighted to announce a new initiative as part of the Patient Empowerment Program.

Our patients and their partners remain connected to our practice for an extraordinary amount of time. Those enduring connections often reflect remarkable desires to pay it forward to newly diagnosed individuals and their families. From that kind and generous urge to continue a cycle of compassion comes a new NYBRA Patient Empowerment Program offering: “We’ve Got Your Back.”

This new program offers partners and families direct support in errands and transportation. It was directly inspired by John Mannara, an active member of the PEP, husband to our patient Patricia. During one of our recent Men’s Breakfast Meetings, John expressed a desire to be available to help with these types of basic but vital tasks for individuals who lack support. The other partners in the meeting quickly rallied behind this gracious offer.

To get the program started, we are registering supporters who feel they will be able to provide assistance and encourage those needing this assistance to scan the QR code and complete the form. ■



Scan QR Code
to sign up

The Crucial Role of Physical Therapy In Breast Cancer Recovery

By The NYBRA Team

Diana Tjaden, Founder of Full Circle Physical Therapy/Ivy Rehab, presented a Be Informed Lecture to NYBRA patients highlighting the pivotal role of physical therapy in the comprehensive treatment of breast cancer patients. Full circle/Ivy Rehab continues to be the only physical therapy practice in the Northeast, exclusively devoted to the care and treatment of patients recovering from a breast cancer diagnosis or breast surgery.

Her presentation compared the experiences of two individuals, Jan and Rachel, and focused on the importance of early intervention, pre-surgical evaluation, and a collaborative team approach.

Jan and Rachel, both 50 years old and diagnosed with stage two invasive ductal carcinoma, embarked on distinct journeys after their breast cancer diagnoses. Jan, referred for a pre-surgical evaluation, benefited from information on sleeping and sitting positioning, post-surgical expectations, and pre-existing musculoskeletal issues. This early intervention empowered her with knowledge and set the stage for a well-rounded recovery.

On the other hand, Rachel, relying on online searches and anecdotal information, found herself overwhelmed with contradicting advice. Her lack of pre-surgical evaluation led to decreased shoulder range of motion, and she struggled to manage post-surgical swelling. The divergent experiences of Jan and Rachel highlight the critical role that physical therapy plays in ensuring a smoother recovery process.

Jan's journey continued with physical therapy sessions that included manual lymphatic drainage, bandaging, and range of motion exercises. Educated about compression bras and garments, Jan was well-prepared for the challenges ahead. Regular communication with her physical therapist and emotional support from fellow patients contributed to her positive outcomes.

In contrast, Rachel faced challenges due to delayed referral to physical therapy. Experiencing tightness and pain, she downplayed her symptoms and struggled with household activities. The lack of a baseline assessment and delayed intervention led to increased stiffness, decreased range of motion, and heightened anxiety during radiation.

"If Rachel had come in to perform manual techniques and guided exercises to restore range of motion tissue, her mobility, flexibility, strength, cardiovascular endurance could have been significantly enhanced following breast surgery. And this is one of the biggest differences between physical therapy offices to educate on safe techniques, to return to everyday activities, and to communicate with surgeons and oncologists regarding progress or concerns if needed," Diana Tjaden said.

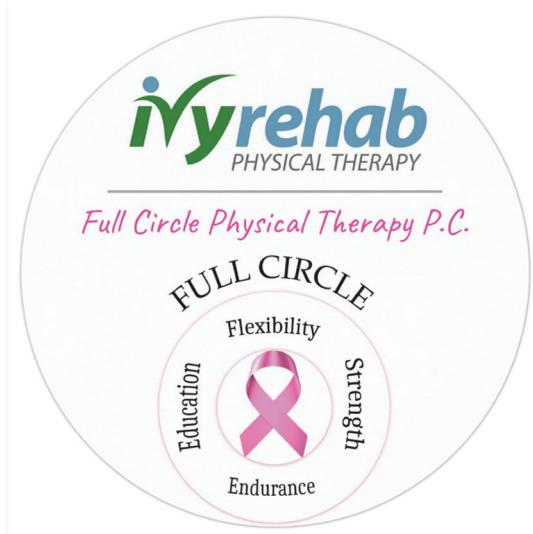
The presentation emphasized that physical therapy goes beyond addressing physical limitations; it provides emotional support and fosters a sense of community. Jan, surrounded by a supportive

network, navigated chemotherapy with modified exercises and returned to normal activities with minimal pain. Rachel, lacking a similar support system, experienced decreased energy and endurance.

A key takeaway from the presentation was the significance of a team approach in breast cancer treatment. Collaboration between physical therapists, breast surgeons, oncologists, plastic surgeons, social workers, and other healthcare providers ensures comprehensive care. The team approach facilitates timely communication, early identification of issues, and a more holistic understanding of the patient's journey.

The benefits of physical therapy extend beyond restoring range of motion and flexibility; it aids in preventing lymphedema, reducing orthopedic issues, and improving overall quality of life.

Jan's positive outcomes, contrasted with Rachel's challenges, underscore the importance of early intervention, education, and a collaborative team approach. As the healthcare community continues to recognize the holistic needs of breast cancer patients, physical therapy emerges as a cornerstone in achieving optimal functional results and improved quality of life. ■



Diana Tjaden
Founder
Full Circle Physical Therapy

Scan QR Code
to watch the video



Be Informed Lecture Series

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:

- Rachel Beller, MS, RDN – Consultant to GMA and CNN for Breast Health Nutrition / Beller Institute on Anti-Cancer Nutrition
- Jana Deitch, MD on Breast Cancer Surgery: Choosing What is Right For You
- Dr. Tomer Singer on Fertility Options Surrounding Breast Cancer or a Genetic Mutation Diagnosis
- Harriet Cabelly on Living Well Despite Adversity
- Ditzka Katz, PT, Ph.D. and Ross Lyn Tabisel on Reclaiming Sexuality During & After Cancer Treatment or Risk-Reducing Surgery
- Dr. George Autz on Screening for Breast Cancer: What Does Dense Breast Tissue and Risk Stratification Have to Do With It?
- Kelly Johnson, DO on What Test Determine Breast Cancer Treatment Recommendations?
- Rachel Pill, LMSW on Sex and Intimacy: Getting Your Mojo Back Post-Mastectomy
- Diana Tjaden on The Importance of Physical Therapy Before & After Breast Surgery
- Marnie Rustemeyer and Randall S. Feingold, M.D. on Completing the Circle: Nipple Reconstruction and Medical Nipple Tattoo
- Randy Hight, LCSW on Getting Through the Holidays: Stress Management Tools



“Outstanding lecture that provided me with much insight and quelled my concerns regarding nipple reconstruction and tattoo. Extraordinary clinicians and presenters. Thank you!” ~KG

“Love it. Just what I needed to hear! Open, honest, and informative...Hope to hear Part 2! Rachel was fantastic! This hits home on so many levels. Thank you!” ~JL

“So validating! Thank you for all these terrific suggestions that will help me confront the anxiety about facing others during the holiday season; so helpful. Grateful for your time.” ~LT

“This was wonderful! Mollie’s Be Informed Lecture Series provides us with such honest, open, and relevant topics. Where else can we openly receive information about intimacy after a cancer diagnosis. All the speakers are exceptional.” ~EB

“Thank you to Diana and her entire team. You are all truly amazing and kind. You have helped me through the entire process. I looked forward to all the support and love at every session.” ~JB

YEAR IN REVIEW



Mollie Sugarman



George Autz, MD



Rachel Beller, MS, RDN



Harriet Cabelly



Jana Deitch, MD



Randall S. Feingold, MD



Randy Hight, LCSW



Kelly Johnson, DO



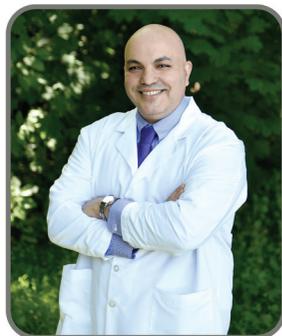
Ditza Katz, PT, Ph.D



Rachel Pill, LMSW



Marnie Rustmeyer



Tomer Singer, MD



Ross Lyn Tabisel

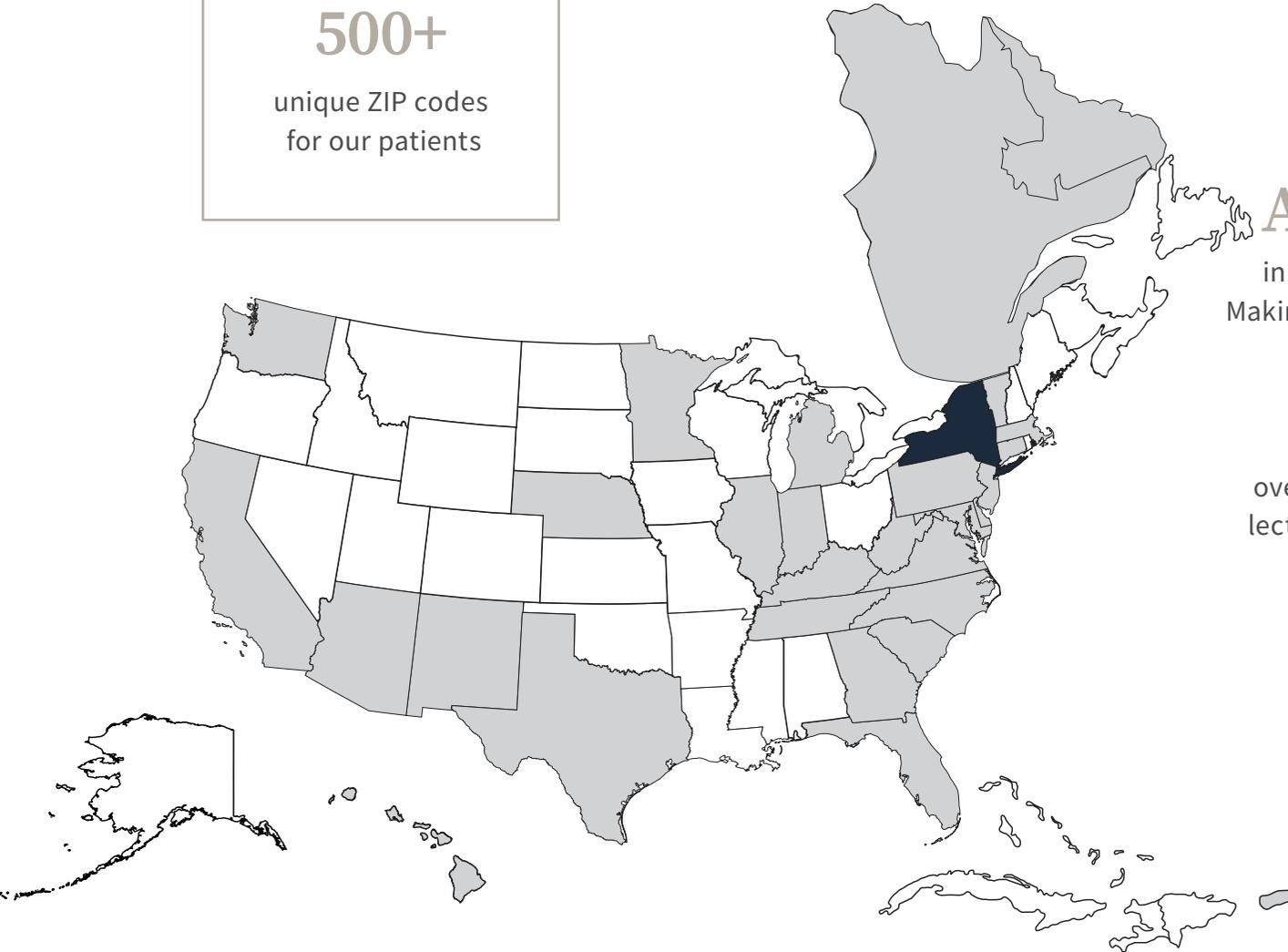


Diana Tjaden

Our Numbers Speak Volumes

500+

unique ZIP codes
for our patients



\$1.7+ Million

raised for Making Strides
Against Breast Cancer

Among Top Teams

in the Nation raising tens of thousands for
Making Strides Against Breast Cancer in 2023

Virtual Support

over 72 virtual support group sessions and
lectures for patients and caregivers in 2023

22 Years

of continued partnership with
Making Strides Against Breast Cancer

Thousands

of hours of community support,
educational efforts, and social
media outreach in 2023



700+ primary post-mastectomy breast reconstruction procedures

1,000+ secondary and revision breast reconstruction procedures

750+ cosmetic surgeries performed in our operating room in 2023



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