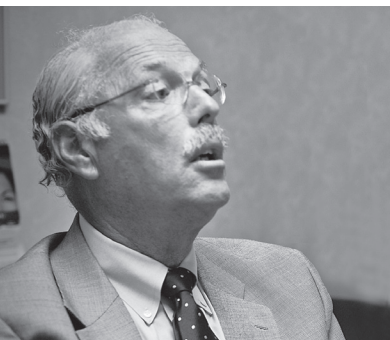




Sherri's Story

Innovations in Tissue Expander Breast Reconstruction



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This second book is dedicated to all of the brave women who have shared their stories with us since our first book came out in 2006. Your stories of loss, hope, courage, and strength are the reason we continue to do this work.



Sherri Burgess | Previvor

Sherri's Story

Meet Sherri



Sherri is a mother, a daughter, a wife, a sister. She lives in a small town in eastern North Carolina with her husband and three sons. In her mid-30s, she chose to have prophylactic (preventative) mastectomy.

In November of 2009, Sherri found a lump in her breast. She had an ultrasound and then a core biopsy, and her doctors found atypical cells. She had tested negative for the BRCA gene mutation and this was not a cancer diagnosis, but the lump was not benign either. She was told it was "something to watch." At this point, Sherri looked at her husband and children and wondered *What am I waiting for?*

Sherri had seen her mother fight breast cancer, and her mother's sister had recently been diagnosed with it as well. Her maternal grandmother died young and the family knew nothing about her medical history. But there was enough evidence for Sherri to feel like it was only a matter of time before she got cancer. Sherri and her husband had been dating when her mother was diagnosed, and they'd talked openly then about Sherri's fear of breast cancer and her willingness to be proactive about preventing it.

Next, Sherri made the decision that more and more women are making today: to have her breasts removed when she was well, to prevent what she felt sure was imminent. Sherri recalls being with her mother when she was sick as she explains her thought process: "I'm doing this because I went to so many doctors' appointments with my mom and I knew in my heart then that I wanted to walk into those offices because it was my choice, and not because I got a call from the doctor with a cancer diagnosis. My mom didn't get an opportunity to make that choice; it was made for her. As every cancer patient knows who's been through it, it's a lot more difficult when you are sick and you

feel like your options are so limited. I just felt that if my history showed that I was at such a great risk, I wanted to do it on my time and on my own terms.”

It’s been seven years since our public charity, *Myself: Together Again* (M:TA) released our last book about one woman’s journey through mastectomy and breast reconstruction. Debbie, from the first book, was diagnosed with cancer at the age of 32. The changes and innovations in expander and implant surgery that have happened since then make the process look different—and the results, better. Whether you’re undergoing treatment for a cancer diagnosis or to prevent one, we hope this book will highlight how breast reconstruction with implants has changed and improved.

About 75% of the breast reconstruction procedures that are performed today are with tissue expanders and/or implants. Implants have been around for more than forty years. Advancements in medical technology and techniques, such as fat grafting, are helping to produce surgically optimal results that are making implants more popular. Our goal, however, is not

to advocate for this type of reconstruction or for reconstruction at all. We want to enable you to walk the path and view the imagery of one woman’s reconstruction with implants today. As with any treatment planning that comes with a breast cancer diagnosis, you should of course discuss your options with your own medical team.

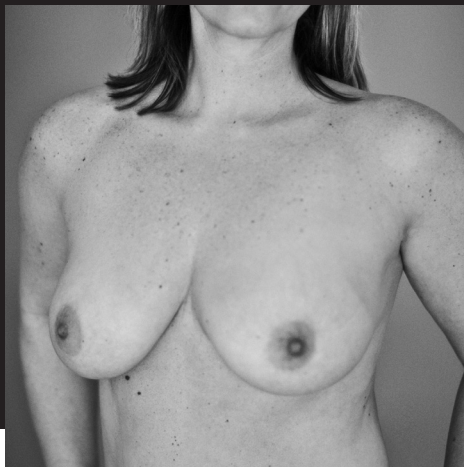
This is the story of a previvor—a survivor of a predisposition to cancer. This book does not try to represent what every woman’s journey will look like—just one woman’s journey. If you are diagnosed with cancer, your journey will be different. If you are having chemotherapy and radiation, your journey will be different. What we hope is that this will bring some peace to you as you begin your process, whatever that may be.

>> If you are at high risk of breast cancer, your insurance may cover mastectomy and reconstruction surgery. Sherri's insurance covered all of the procedures described in this book. Check with your insurance company if you think you might be a candidate. There will most likely be a lot of legwork (research, conversations with the insurance company, doctors' visits, etc.) to do to get the process started.

Sherri's Journey

The year after her mother's cancer treatment began, Sherri started talking to her gynecologist about her options. Seven years later, eighteen months before Sherri would have her prophylactic mastectomy, she began actively researching the process. She continued the discussion with her gynecologist and brought two different genetic counselors and a plastic surgeon into the conversation as well.

Sherri was 37 in 2011 when she had the bilateral prophylactic mastectomy that began the nearly year-long process of reconstruction documented in the pages of this book.



Pre-surgery

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I just felt that if my history showed that I was at such a great risk, I wanted to do it on my time and on my own terms.”

After the Initial Surgery

Sherri was treated in Virginia Beach, Virginia. She had a two stage breast reconstruction procedure. This first surgery was stage one. (Stage two is exchange surgery—see page 22.) In stage one, her breasts were removed and tissue expanders were inserted. A tissue expander is a silicone shell that is filled with sterile saline, or saltwater, to stretch the skin and make room for the implants, which are inserted later. Dr. Jonathan Jacobs, Sherri's plastic surgeon, used Natrelle® expanders, made by a company called Allergan. Dr. Jacobs was able to inject 300 cc's of saline into the expanders. He would add more saline at subsequent appointments to stretch the skin and create room for the implants.

>> One improvement in breast reconstruction with implants can be attributed to changes in expanders over the last eight years. Expanders of today are a teardrop shape that expand as a teardrop shape. They have a narrower base and more projection than the expanders of just eight years ago. They are also textured, contoured and tabbed to hold them in position.

>> Women have reported that resuming normal activity within days of the surgery feels almost impossible, while others seem to be able to manage it better with pain medication. Like anything with reconstruction, individual experiences

vary a lot. Physical therapy was something that was recommended to Sherri after this first surgery to address this very concern and we know that physical therapy can help women regain mobility. Sherri opted not to have physical therapy at this time.

Sherri spent three days in the hospital following the surgery. These photos were taken a week after surgery. The drains at her waistline were used to remove excess fluid from the site. At this point, Sherri was still taking prescription pain medication. It was hard to take a shower and get dressed and ready, and it was hard to keep it together for the camera when we came to document her progress. Always on her mind, though, were women who go through this process with cancer, and Sherri was grateful to be healthy. She slept a lot and had to have help with even the slightest movements. The pain in her arms, which was worse than the pain in her chest, surprised her, and she wasn't able to do much in the first few weeks.

When she woke up after the surgery, Sherri felt an incredible sense of relief. She felt suddenly released from the anxiety that had plagued her for years. Even without

knowing the results of reconstruction, she knew without a doubt that she'd made the right choice. A week after the surgery, she described her sense of relief: "This had been weighing on my mind for seven years. I do not have one regret. Now I can heal and move on and not have to think about this anymore. For me, it felt like the weight of the world had been lifted. And that's before seeing what the outcome will be. No matter what, it was the right thing to do."

Having 300 cc's of saline injected right away made the emotional adjustment easier for Sherri because her chest wasn't totally flat. Still, though, Sherri wasn't ready to look at herself in a mirror until a week after the surgery. By this time, she was taking prescription pain medication mostly at night and ibuprofen during the day. Nights were more difficult, as it was hard to get comfortable and sleep. Sherri had to take



Dr. Jacobs was able to inject 300 cc's of saline into Sherri's expanders.



Sherri a week after surgery with drains to remove excess fluids.

>> One reason to avoid lifting, in addition to the discomfort, is that one hand tends to be dominant, and favoring one hand over the other during recovery could cause asymmetrical results.

additional medication for the narcotic itching she experienced as a side effect of the pain medication. After four weeks she was able to start doing light chores around the house that did not involve lifting or reaching. It was four weeks before she could hold her hair dryer to dry her hair, and she couldn't lift it above her head until six or seven weeks after surgery. She wasn't able to lift her two-year-old until almost three months after the surgery.

Dr. Jacobs was pleased to be able to get 300 cc's of saline in each side during the initial surgery. Sherri wondered at the time why that was important, but soon she learned that it's not often that women come out of surgery so expanded. Sherri might have been more comfortable if she had been expanded less, but this would spare her some pain later on.

One thing that was important at this point in the process was staying on top of pain management. The first night after coming home from the hospital, Sherri slept through the time when she should have taken her medication and subsequently woke up in a lot of pain, which took two hours to subside. After this experience, she started setting an alarm to go off at the times when she needed to take medication, even in the middle of the night, so she could stay on schedule, and not wake up in a lot of pain. A week after the surgery, Sherri had the drains taken out.

>> Dr. Jacobs used AlloDerm® Regenerative Tissue Matrix, an ADM made by a company called LifeCell™, at the time of the mastectomy to anchor the pectoralis muscle to the chest wall, creating a larger, more expandable breast pocket. AlloDerm® Tissue Matrix has been used successfully in more than one million grafts and implants for more than fifteen years.

>> The amount your surgeon will be able to expand you at the time of your first surgery is determined by your muscle and the amount of skin spared during surgery. When your surgeon has the ability to spare your skin, which is usually the case in a prophylactic mastectomy, there's more space for expansion. The amount of muscle and its elasticity is another determinant of how much expansion is possible.

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She felt suddenly released from the anxiety that had plagued her for years.”

ADMs, or Acellular Dermal Matrix (processed tissue used to supplement and support the soft tissue of the mastectomy skin flap in post mastectomy breast reconstruction), which allow the surgeon to create a larger, more expandable breast pocket, may enable women to be expanded more initially, which can shorten the expansion process. In general, they have made the expansion process easier for the surgeon because there is more tissue with which to work. With any breast reconstruction procedure that elevates and expands your muscle, women may experience pain initially.

A Setback—10 Days After the Surgery

Every woman's journey through mastectomy and reconstruction will be unique. Sherri experienced a setback that is not common, but was part of her process nonetheless. She was supposed to have the first expansion three weeks after the mastectomy, but just before the appointment, she accidentally burned herself with a heating pad. She was using the heating pad for menstrual cramps, and because she had no feeling in her chest, she didn't realize the heating pad was touching her incisions. She fell asleep, and six hours later she found the burns. There was no pain, but Sherri was worried because the burns looked bad. Dr. Jacobs said they would have to wait for the burns to heal before doing the expansions.

The burns required a lot of care and they delayed the reconstruction process. Although the burns were deep, they were not painful since Sherri had no feeling in her chest (breast reconstruction with implants usually does not restore the feeling in your breasts, although some women have reported regaining sensation).



Sherri accidentally burned herself.

The delay was frustrating, but it also gave her body more time to adjust to the expanders and improve the range of motion in her arms. Her biggest difficulty at this point was sleeping because she sleeps on her stomach and couldn't do that. She went into the first expansion feeling rested and like her body was ready.

Expansions: Part 1

In early May, Sherri had her first expansion at Dr. Jacob's office. He added 100 more cc's of saline to each side at her first appointment, bringing her to 400 cc's in each side. This procedure consists of inserting a small needle through the skin to a "fill port" located inside the expander and injecting the saltwater into the expanders. Sherri had no pain during the procedure, but the next day her chest felt sore and she had minor back pain. She took ibuprofen for about five days to manage the discomfort and soreness.



Sherri just after her first expansion.

When Dr. Jacobs showed Sherri the Natrelle® implants, she was surprised at how many choices there were in terms of size and other factors. They didn't make any decisions at this point, putting off final decisions until the pre-op appointment. Eventually, they decided on Style 15-492 Moderate Plus silicone gel implants.



Sherri with 400 cc's of saline in each side.

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*This had been weighing on
my mind for seven years.
I do not have one regret.”*

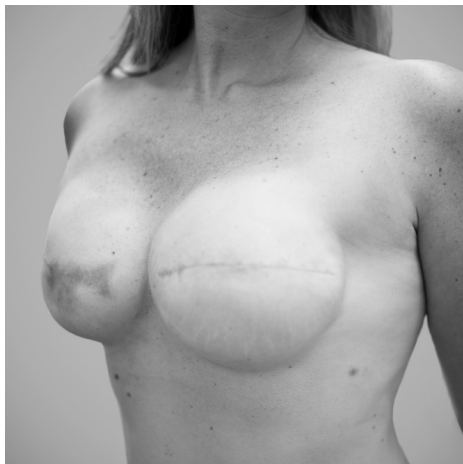
>> The number of expansions you'll have is dependent on how large you want your implants to be. You have to expand close to 100 cc's beyond what you want your final size to be to in order make room for the implants, and then you have to wait at least two weeks after the final expansion before having exchange surgery to place the implants.



Sherri's second expansion.

Expansions: Part 2

During the second appointment, two weeks later, Dr. Jacobs added 100 more cc's of saline to each side, which brought her to 500 cc's. Again, Sherri didn't have any pain during the procedure. After this expansion, however, she was more uncomfortable than the first time. Her back pain and the soreness in her chest was more significant, and she was still unable to sleep on her stomach. Again, she was able to manage the pain with ibuprofen. She wasn't able to exercise or pick up her children, but she was able to go on walks and do light chores around the house.



Sherri with 500 cc's of saline in each side.

Final Expansion and Preparation for Exchange Surgery

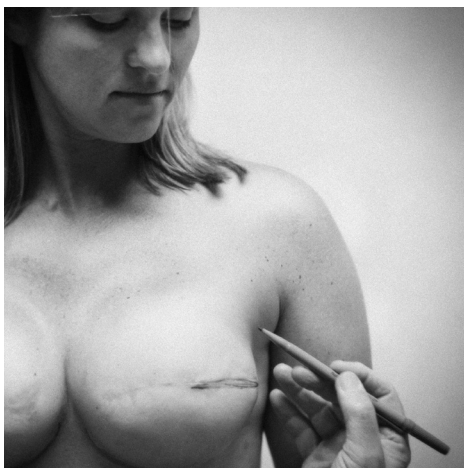


Sherri and her husband meeting with Dr. Jacobs on the morning of implant surgery.

Sherri was supposed to have two more expansions of 50 cc's each, but she was in so much pain at this point that she was only able to go through with one of them. The third and final expansion, two weeks after the second one, brought her to 550 cc's in each breast. Sherri called off the last one. Sherri described the feeling as a constant pressure and a stabbing pain. When she

went in for the last expansion, she told Dr. Jacobs that she was done with expansions and ready to schedule implant surgery.

Most women would say that being over expanded a week or so prior to implant surgery is probably the most uncomfortable time during the entire breast reconstruction process. It's common to feel beaten down



Dr. Jacobs marks Sherri for implant surgery.

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I'm doing this because I went to so many doctors' appointments with my mom and I knew in my heart then that I wanted to walk into those offices because it was my choice, and not because I got a call from the doctor with a cancer diagnosis.”

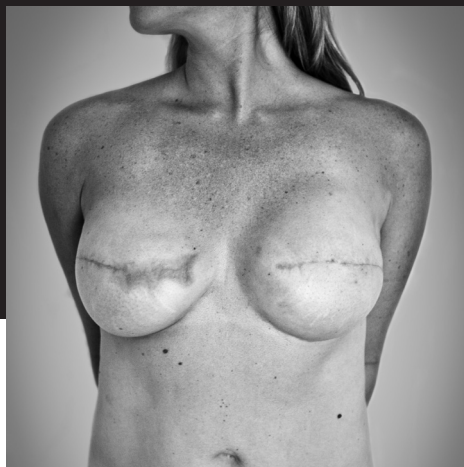
by the process at this point. Because this was the way Sherri was feeling and because the shape of her breasts were not changing much at this time, we did not get photos or video footage of this part of her process. These photos were taken on the morning of her implant surgery.

>> After the implants are placed, it takes a couple of weeks for the swelling to go down and for the implants to settle. After this has happened, you can see if there are voids or places that could be improved with fat injections (see page 27).

Exchange Surgery

Sherri had implant surgery in June 2011. This was stage two of the breast reconstruction process. During this surgery, the doctor removed the tissue expanders and placed the Natrelle® implants.

The implant surgery was easier than Sherri's initial surgery, but it still required recovery time. This time there were no drains, and she came home the same day she had surgery. She used pain medication for the first three days, and after that, she was able to manage any discomfort with ibuprofen. There was some swelling that was noticeable to Dr. Jacobs but not to Sherri, and some bruising as well. The implants were a relief, and a lot more comfortable than the expanders. The back pain that was so



Sherri with the Natrelle® implants.

extreme after the expansions was gone. The implants felt more natural and like part of her body. The expanders had never felt natural. Sherri was relieved when she could finally sleep on her stomach again, two weeks after the surgery.

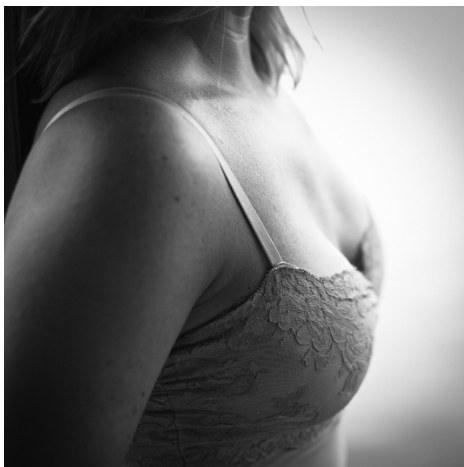
Sherri felt excited that the journey was almost over. She had experienced days when it felt like it would never end. At this point, she was ready to wake up in the morning and not have breasts, nipples, expansions, and exchange surgery be her first thoughts.



Soon after Sherri's implant surgery.

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Because of the link between breast and ovarian cancer, Sherri knew that this was also one more sign that she had made the right decision.”



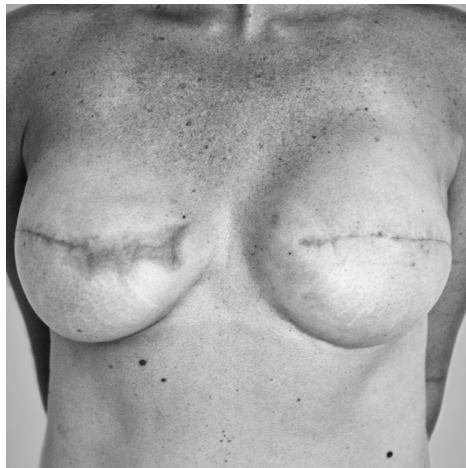
Another Setback

Sherri received some terrible news in August on the day before she was going to schedule the surgery for her burns. Her mother had been diagnosed with ovarian cancer. This was an emotional setback for Sherri, and she decided to delay the surgery so she could help her mother deal with her new diagnosis and start treatment. Because of the link between breast and ovarian cancer, Sherri knew that this was also one more sign that she had made the right decision.



Sherri took time off from her surgeries.

Surgery to Address the Burns



Before burn scar removal surgery.



After burn scar removal surgery.

Sherri had surgery to correct the burn scar in November. Originally, Dr. Jacobs had thought he could address the burn scar and start on nipple reconstruction at the same time. He realized, however, that the damage was so extensive that it might have changed the center of the breast mound, so he recommended a separate surgery to remove the burn scar. Sherri felt crushed

and disappointed. Her mother was sick, the holidays were just around the corner, and she was ready for her reconstruction process to be over. The unforeseen events that stretched out the process were trying for Sherri. She had been anxious about nipple surgery, but by now she just wanted to have the procedure and be done with it.

>> Phantom breast pain and phantom breast sensations sometimes occur after mastectomy, just like with a limb after amputation. Sherri has experienced both, and she found the itching to be particularly bothersome because scratching it does nothing to relieve the sensation. For her, the itching sensation has lasted anywhere from fifteen seconds to fifteen minutes. The pains she has experienced were sharp pains that went away quickly. If you have these symptoms, report them to your doctor. If they are particularly severe and/or frequent, your doctor may recommend medication, massage, physical therapy, or another treatment.

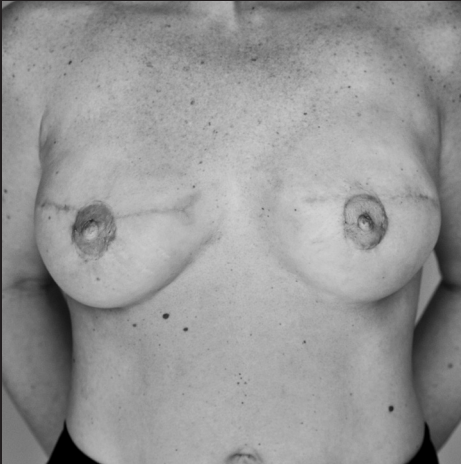
Nipple Reconstruction



Although this process for Sherri was longer than expected, when she looked at herself in the mirror, she felt a sense of peace.”

Dr. Jacobs performed nipple reconstruction in December in a two step process, the first step in his office and the second step in the hospital operating room.

Dr. Jacobs used a delay flap for nipple reconstruction. The first part of the procedure is performed to improve blood supply to the area by making incisions on either side and just under the nipple site. This procedure took about fifteen minutes, and only a local anesthetic was used.



>> Fat injections are a new adjunct treatment that have significantly improved the look of the implant. There can be a “step off” from the implant to the chest area. Now doctors can use fat injections to feather and contour that transition from the implant to look more natural. There is the risk that the fat will not take and it will calcify, and that the calcification will look in mammograms like a suspicious mass. There is a lot of evidence, however, showing that this does not often happen; moreover, doctors are now more able to distinguish calcification from a mass. There is still much that we do not know about fat and how it reacts in the body, but it is being studied and we hope to learn more about it in the not so distant future.



*No matter what, it was
the right thing to do.”*

The second part of the procedure involves raising the skin at the center of the site to mimic a real nipple. Dr. Jacobs and Sherri opted to do fat grafting as well. During fat grafting, fat is suctioned from another area of the body such as the abdomen, hips and flanks, and then it is concentrated and injected into any voids that exist on the upper chest. The fat removal process is innocuous, leaving only a bruise. Fat injections are frequently but not always a part of the process, and this is one of the innovations that has become more popular in the last seven or eight years. This part took place in the hospital with Sherri under general anesthesia. She was home several hours after the surgery.

Three months after the delay procedure and nipple reconstruction, the nipples were tattooed in a simple, in-office procedure for a darker, more authentic look. Although this process for Sherri was longer than expected, when she looked at herself in the mirror, she felt a sense of peace. Now, she could close this chapter and get back to her family and everyday life.



Sherri's final reconstructed breasts.

In Sherri's Words

After years of contemplation and meetings with countless doctors and counselors, I was prepared for the process of reconstruction after mastectomy to take four or maybe five months at the most. Given I began this process a healthy woman, my plan was to be well on the road to recovery just as my children were getting out of school for the summer. WOW!!!! I am surprised now to think I could have been so naive. I should know by now very few things in life work out exactly how we plan. Needless to say, life happens and plans change. No one could have predicted the setbacks I would encounter. As it turns out, it has taken eleven months to complete this process and no one could be happier about closing this chapter and moving on than me. Yet I can say with confidence that if I had this decision to make over, I would do it all again. That might surprise some, but

I must tell you that the anxiety I had been dealing with on a daily basis prior to making this decision had taken over and the relief I feel now is a relief that is difficult to describe. It is also easier for me to say that I would do it all again because the support that I have had from my family and friends has been unwavering. While I was the one who ultimately made this decision, it affected many. I have had some long, difficult days that are discussed in this book. What isn't discussed, however, are the long, hard days experienced by my family and the countless sacrifices they all made while caring for me. I sit here now with a lump in my throat as I know a million thank yous can't possibly be enough for all the love and support that I have received.

Before I attempt to say thank you, though, I want to acknowledge that if you are



Sherri and her family

reading this book, chances are great that you are facing some tough choices. I want to recognize that every woman's decision is her own and that reconstruction is not the right choice for everyone. Reconstruction was the right decision for me and my goal in doing this project with the public charity Myself Together Again (M:TA) is to help you determine whether it may be right for you as well. Prior to my initial surgery, I was desperate to hear and see that another woman was "okay" after having mastectomies. Please know as you are reading this book that I am in fact okay. I chose to be a part of the making of this book because I hope that my experience can help other women. If this book makes even just one woman's journey any easier, then I have done my job.

While I chose to have a prophylactic bilateral mastectomy, I did not choose to have the family history that I have. It is the people in my life who give me the courage to say that I would do it all again. My friends have sacrificed time with their own families to provide everything from casseroles to babysitters. Dr. Jacobs is second to none not just for his outstanding work but also for the emotional support and patience

he has consistently shown me during so many visits. The M:TA team has been an unexpected and amazing support system. What I thought would be "a few pictures" has evolved into so much more. Reading Debbie's first book and learning more about the work she does through M:TA has not just provided answers to so many of my questions, it has given purpose to this process and a hope that my story might be helpful and reassuring to other women on their journeys.

THANK YOU to so many but especially to my family. I have the greatest parents who have always put the needs of their girls before their own and this was no exception. My mom moved in for close to a month to help me and to ensure that my household ran smoothly, leaving dad to maintain theirs. My mom has felt some guilt and responsibility for the decision I made to have a mastectomy and she has apologized to me so many times. As I have said to her in response, seeing her battle with cancer has ultimately spared me the same fate and how do you thank someone for that? My husband has been my everything and his love and patience have astounded me. He has been my rock and as usual was always

able to bring a smile to my face even during some of the darkest days. He has been both mom and dad to our boys during the times that I was out of commission. I thank him for this but more importantly I thank him for being a man who never made me feel defined by my breasts. He said to me before this all began: "I need you, not your breasts." Lastly, I have to thank the three angels in my life. Boyd, Reid and Andy, you are the best. Thank you for all the popsicles, butterfly kisses and very gentle hugs you have given me this past year. Thank you for your patience when I couldn't pick you up or drive you to practice. I love you all and hope you will one day realize that you boys made every moment of this journey worth it.

A Message from Debbie

As I sit here today helping to edit and put together this second book, I feel an enormous sense of pride that our public charity *Myself: Together Again* is still going strong after almost seven years. In just a few months, I will be an eight year cancer survivor. I started this public charity and developed the first book because there were little to no resources available to women that showed what it looks like to go through the process of tissue expander breast reconstruction. As you have just read in Sherri's story, it truly is a process and it's not an easy or quick one. Reconstruction, whether it's tissue expander or any other type, will test your body, your mind, your patience, and your resolve. It is not for everyone for any number of reasons, but it was right for me and yet I went into it blindly and needed so badly to see what the process looked like.

Fortunately, there are books out there such as Kathy Stilego's *The Breast Reconstruction Guidebook* and Dr. Susan Love's books which do a wonderful job at preparing a woman for all that goes into reconstruction, but I needed more. Today, I feel so happy that there are now two books available to women that can hopefully decrease their anxiety and raise their awareness about this process. The first book with me as the patient shows and tells what the journey is like for a young cancer patient. This book, *Book II*, discusses a healthy woman's decision to remove her breasts; but it was also designed to show all women the recent changes and innovations in tissue expander breast reconstruction since my surgery took place, almost eight years ago.



Myself: Together Again Project Creator Debbie Horwitz | 7 Year Cancer Survivor

One thing I've learned in the process of making this book is that cancer survivors and previvors are on the same team. Sherri said it best when she compared her journey to mine. She knew that my surgery took something from me and that, in contrast, her surgery gave something to her. I had my breasts taken away when I was young, getting ready for my wedding, and not ready to have them taken away. What Sherri's surgery gave her was the peace of mind that she hadn't had for years, and that she couldn't have had if she hadn't gone through with it. I'm excited that women can have a more authentic and beautiful look after reconstruction today and I look forward to seeing how advancements make the process even more aesthetically pleasing and easier on the patient in terms of being less invasive and requiring less recovery time.

Like Sherri, I have some people to acknowledge and I want to begin with her. When we decided to go for it and create a second, more updated book, I put the word out through my website that we needed a new model and story. I interviewed several women from across the country and made the decision to go with Sherri after hearing her family history and her choice to become

a previvor of cancer. I knew that our public charity might take some heat for creating the second book around a woman who was not diagnosed with cancer, but I also realized that her story was powerful and that it would be far reaching. Most importantly, I knew that there were other women out there like Sherri who were just as deserving of this type of resource and I worried that they were not finding it. As I started to get to know Sherri, it was awkward for both of us at first because we jumped right into shooting and filming; by the time the decision was made to go with her, her surgery had already been scheduled. She was nervous about taking this on, but like me, she had a story to tell and she wanted to do this so that it could help other women. I was nervous too, but soon Sherri and I found our groove and became fast friends and there has been no looking back. Sherri, it has been an honor to take this journey with you. Thank you for being so wonderful to work with and making this work seem effortless at times. I want to extend a special thank you to Sherri's entire family who had to give her up on numerous occasions while making this book. Sherri, I can't wait to take this book out into the world with you and watch you share your story and see the lives that you touch.

Thank you for agreeing to do this and thank you for being my friend.

To Dr. Oschwald, my plastic surgeon here in Raleigh, North Carolina and the man who worked behind the scenes with us to create the first book: I owe you a huge thank you for what you said when you came up to the stage in 2010 to accept an award at M:TA's five year celebration. I expected that you would approach the microphone and say some kind words but I never expected for you to look back at me in front of 300 people and say that it was time for a new book. I thought that you were out of your mind at the time but today I know that you believed in me—and that we could do this again. I know that you have found so much value in sharing the first book with your patients and you recognize that it is time for them to see what reconstruction looks like today. Thank you with all my heart for encouraging us to do this new book and I hope that we have made you proud.

To Dr. Jacobs, Sherri's plastic surgeon: thank you for trusting in me. You were not familiar with me or my first book, but you opened your doors to our crew and let us document this process. I know that

you did this mainly because you knew this was important to Sherri and we knew right away that there was not anything that you wouldn't do for one of your patients. I hope that you are as pleased with this book as we are. Sherri looks beautiful and feels beautiful thanks to you.

I need to extend a very special thank you in this book to Allergan, specifically their Natrelle® team. In 2011 Natrelle® partnered with M:TA and became our largest sponsor to date as well as our first sponsor outside of North Carolina, where M:TA was founded. Natrelle®'s sponsorship was a long time in the making but it could not have happened at a better time and it was their support that made it possible for us to develop this second book. Natrelle® is committed to educating women about their products and that made them the right fit for M:TA because together we can reach more women.

Life Cell™, Blue Cross and Blue Shield of North Carolina, Cancer Centers of North Carolina, Wells Fargo Foundation, Harris~Legacy Foundation, Wake Radiology and Lux Salon make up the rest of our main sponsors and they have truly paved the

way for Book II, our website, video series, and overall outreach. These sponsors are a big part of the M:TA family and several of them have been supporting us from the beginning. I can't imagine where we would be without them.

Last but certainly not least, I want to thank my family. My husband Evan has stood by me through my cancer, my recovery, the creation of this public charity and the work it's taken to make it a success. He is my hero and I would be lost without his enduring and steadfast support. My two beautiful children Jordan (5) and Drew (3) have had to share their Mommy with M:TA and I feel so incredibly fortunate to have been able to follow my heart and do this work while raising them. M:TA has been running strong with the support of my family and friends, and of course because of the hard work and dedication of my team. To my team: Becca Rosal, Gardner Reynolds, Bronson Elliott, and Cande Barrow—you are all invaluable to me and collaborating with you has produced incredible results that we should all be proud of. Your work energizes and inspires me.

Please refer to our website for a closer look at Sherri's journey through our video series. We hope that you'll also visit our website for support with your or a loved one's reconstruction process and for more information about new innovations as they happen, and please recommend it to other women. I am so moved by the stories I hear from women all over the world who contact us with questions, comments and concerns. I would love to hear from you. You can contact me at: info@myselftogetheragain.org



Sherri, Previvor & Patient for Book II with Debbie Horwitz, 7 Year Survivor & Myself: Together Again Project Creator

Acknowledgements

A special thank you to the sponsors who have made this book possible. A few of our sponsors wanted to share some information about their companies and their contribution to the book. Please see the final page of the book for a complete list of all of our corporate sponsors.



Since 1994, LifeCell Corporation has been a pioneer in the science of regenerative medicine.

Our flagship product, AlloDerm® Regenerative Tissue Matrix has been used successfully in more than one million grafts and implants to date. Used in soft-tissue repair procedures, AlloDerm® Tissue Matrix transitions into host tissue for a strong, natural repair. AlloDerm® Tissue Matrix is derived from human tissue which is processed using a proprietary technique to remove the cells that can lead to tissue rejection and graft failure. The resulting acellular tissue matrix is used in soft-tissue repair and replacement procedures, including breast reconstruction postmastectomy.

In 2009, the American Society of Plastic Surgery (ASPS) conducted a survey that revealed only 3 out of 10 women who are eligible for reconstructive procedures following mastectomy are informed of their breast reconstruction options. We at LifeCell believe that's 7 women too few. LifeCell Corporation decided to sponsor Myself: Together Again because generating awareness of breast reconstruction options is a long-held LifeCell commitment. That commitment began years ago when the company became a sponsor of the Central and South Jersey Susan G. Komen affiliate. Since then, the company has expanded its outreach to include working with different organizations such as Facing Our Risk of Cancer Empowered (FORCE), and building a breast reconstruction educational website, www.BreastReconstructionMatters.com.

Location:
New Jersey

Website:
www.lifecell.com



Wake Radiology, a leader in women's breast imaging, is dedicated to early detection.

We are the largest multi-site radiology group in central North Carolina, and our seven outpatient women's imaging offices have earned the Breast Imaging Center of Excellence (BICOE) by the American College of Radiology (ACR). This designation is awarded to imaging centers that have achieved high practice standards in image quality, personnel qualifications, facility equipment, quality control procedures and quality assurance programs. Together, our imaging sites are fully accredited in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy.

We strongly believe in the powerful message of hope and support that *Myself: Together Again* delivers throughout the world. Women who undergo breast cancer recovery and reconstruction have never had such a detailed account of the process, and we are once again very proud to support the publication of the second book, *Sherri's Story*. We wish M:TA continued success as they seek to educate women about this procedure through very personal, real accounts from the brave women who share their stories.

Location:
North Carolina

Website:
www.wakerad.com

Start With A **COMPLETE** Treatment Plan.

**A Complete Breast
Cancer Treatment
Plan Includes
A Discussion
About Breast
Reconstruction
Options.**



Amy

Bilateral Reconstruction
Natrelle® Gel Implants
Surgery Date: 7/17/08

Robyn

Unilateral Reconstruction
Natrelle® Gel Implants
Surgery Date: 1/26/09



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Sherri's Story

Innovations in Tissue Expander Breast Reconstruction

This book is a visual guide which tells the story of one woman's journey through tissue expander breast reconstruction with implants. Changes and innovations in this type of reconstruction process are producing more authentic-looking and aesthetically pleasing results. Whether you're undergoing treatment for a cancer diagnosis or to prevent one, we hope that this book will give you an idea about what the process can be like.

If you've come across this book through a source other than your doctor, our hope is that you'll share it with your medical team. Our first book is in hundreds of hospitals across the country and in many cases, it was introduced to doctors by their patients.

You can order this book through our website (myselftogetheragain.org) or amazon.com. If you can't afford the book, please write to us to request a complementary copy or copies for you and your doctor.



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