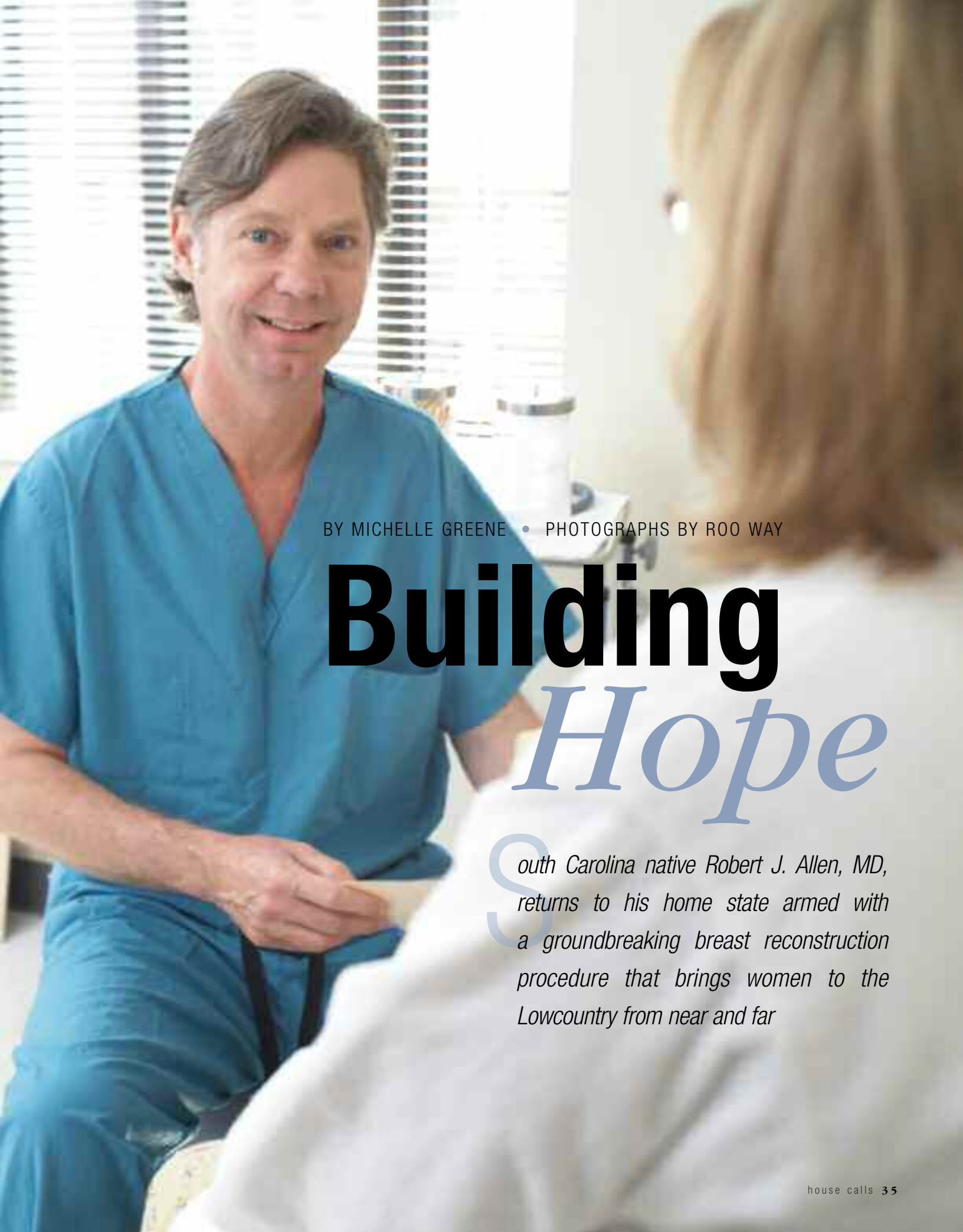

BY MICHELLE GREENE • PHOTOGRAPHS BY ROO WAY

Building *Hope*

South Carolina native Robert J. Allen, MD, returns to his home state armed with a groundbreaking breast reconstruction procedure that brings women to the Lowcountry from near and far

A Healing Journey: Breast cancer survivor Kim Wood traveled from Michigan to undergo Dr. Allen's newly developed DIEP breast reconstruction.

"This was the contribution that I wanted to make. I wanted to create the highest quality, most permanent option for breast reconstruction."

—Dr. Robert J. Allen

PHOTOGRAPH COURTESY OF KIM WOOD

After Kim Wood, a fraud investigator and mother of two, was diagnosed with cancer and underwent surgery, radiation, and chemotherapy in 2003, she knew she had some homework to do. Following her mastectomy, she began researching her options for breast reconstruction. Implants, she quickly determined, weren't ideal, as they would likely cause scarring and would have to be replaced eventually. Wood also considered what is known as the "tram flap," which reconstructs the breast using muscle from the stomach, but had reservations about the possible side effects. "I'm fairly active, and I especially love to water ski," says Wood, "so I wanted to be able to use my stomach muscles. This procedure was going to limit my ability to do the things I enjoy."

After a bit more searching, the Michigan resident ran across a third option, one she had heard very little about. A search online produced a news piece about a procedure called the "DIEP flap" (technical translation: Deep Inferior Epigastric Perforator), and about a highly innovative plastic surgeon by the name of Dr. Robert J. Allen.

Forging Ahead

Over the last 15 years, Dr. Allen has pioneered and refined a microsurgical technique that uses a woman's fat tissue from her abdomen or buttocks for a natural breast reconstruction after a mastectomy. The primary advantage is that DIEP is more attractive, not to mention more natural, than the traditional use of muscle or an implant to restore the breast.

"I was a little leery," claims Wood. "No one I knew had heard about it, nor had anyone performed it in my city, or even my state."

However, a chance encounter with one of Dr. Allen's former patients gave Wood a nudge. The woman convinced her to schedule an appointment with the plastic surgeon, and Wood and her husband traveled down to Charleston to meet with him.

"My husband and I were so bowled over by how wonderful he was in person, we thought, 'this can't be real!'" recalls Wood. "We knew we had made the right decision."

A Return to His Roots

Born and raised in South Carolina, and a graduate of both Wofford College and the Medical University of South Carolina, Dr. Allen became interested in microsurgical tissue transplantation during his fellowship in plastic surgery at New York University Medical Center in 1982. "I had attended an international microsurgical scientific meeting at NYU, which inspired and challenged me to find new techniques and ideas for performing tissue transplantation," he says. "I felt like there was tremendous room for improvement in this arena."

Traditionally, surgeons have used the muscle from the back or abdomen to reconstruct the breast, assuming that muscle would be best for blood supply and flow. "I wondered, what about the blood supply to fat tissue?" he says. "Plastic surgeons were performing 'tummy tucks' and disposing of the fat, so I thought, 'what if the fat could be used to reconstruct the breast for a more

natural look and feel?'"

From his research, a new kind of perforator flap (DIEP) was born. "This was the contribution that I wanted to make. I wanted to create the highest quality, most permanent option for breast reconstruction."

Dr. Allen now performs roughly 300 microsurgical breast reconstruction procedures annually in New Orleans, New York, and Charleston, where he has recently relocated his practice after Hurricane Katrina hit New Orleans—his former homebase—in 2005. Dr. Allen performed his first surgery at Roper Hospital in January 2007, and among those that followed was Kim Wood's surgery, which, by all accounts, was a success.

Her advice to other women seeking reconstruction? "Take the time to explore your options," she says. "I wouldn't have found this procedure if I had not done my homework and really researched what's out there."

Paving the Way

In addition to consulting and training at universities and medical centers across the globe, Dr. Allen created the Group for Advancement of Breast Reconstruction (GABRs), an international, elite group of plastic surgeons, all interested in learning the DIEP flap technique and discussing new ideas and ways to refine and improve the options for women facing breast reconstruction.

Honing a Method:
Dr. Allen's DIEP flap procedure uses fat rather than muscle to rebuild the breast. Above is a sketch depicting how fat is taken from the buttocks.

"Helping breast cancer patients is very rewarding work for me. They are so grateful; they're a very special type of patient," says Dr. Allen.

Despite his groundbreaking work, the dedicated plastic surgeon remains humble. "Things evolve from what comes before. I consider myself standing on the shoulders of previous innovators."

For more information, go to www.diepflap.com or call The Center for Microsurgical Breast Reconstruction, (843) 727-3770.

Breast Health Care at Roper St. Francis Healthcare

Roper St. Francis Healthcare provides the most comprehensive care available for women's breast health, from screenings to diagnosis to breast cancer treatment and reconstructive surgery. The Roper St. Francis Cancer Center and our new Breast Care Center offer the following services:

- Five mammography locations featuring digital mammography, ultrasound, stereotactic breast biopsy, PET imaging, and breast MRI optimized with FTP (Full-Time-Point) analysis software.
- Medical oncology: chemotherapy and antiestrogen hormonal therapy
- Radiation oncology: full radiation services, including IMRT (Intensity Modulated Radiation Therapy) and state-of-the-art MammoSite echnology
- Surgical oncology, including sentinel lymph node biopsy
- Reconstructive surgery, including scarless microsurgical breast reconstruction
- Breast Care Navigator Program
- Breast Cancer Survivors' Group
- Oncology Social Worker
- Genetic Counseling
- Clinical Trials and Prevention Research