



I've included the entirety of Chapter 3 on the following pages. I hope it gives you a good sense of my writing style and that you find it helpful as you navigate the surgical portion of your breast cancer experience. Please don't hesitate to reach out to me at [kimharms@rocketmail.com](mailto:kimharms@rocketmail.com), on Instagram [@kimharmsauthor](https://www.instagram.com/kimharmsauthor) or on Facebook at [Kim Harms Author](https://www.facebook.com/KimHarmsAuthor).

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## Chapter 3

### **It's Not a Boob Job: The Distinct Differences between Reconstruction and Augmentation**

*"The biggest similarity between a breast augmentation appointment and a breast reconstruction appointment is the same pink paper gown that women wear open to the front."*

– **Jess Ludwig, RN<sup>1</sup>**

I have no feeling in my breasts. So when people refer to breast reconstruction as a **boob job** (breast augmentation), I kind of want to throat punch them. That probably sounds a little brash, but it's like a dagger to my heart when someone compares the surgery I was forced into because of cancer to a surgery that's purely cosmetic.

If boob job and breast reconstruction were truly interchangeable terms, I'm convinced boob jobs would not exist. Who would choose to increase their bust size with side effects like long scars running across the center of each breast, no nipples, and completely severed nerve endings? And the emotional side effects with removal of all natural breast tissue can be even harder to overcome than the physical. Breast reconstruction is life altering. And because cancer is most often what makes reconstruction necessary, it's also, more often than not,

bathed in heartbreak. A boob job is not.

When I was newly diagnosed with breast cancer and began frequenting medical clinics, I knew nothing about breast reconstruction procedures, the intensity of the process, the expected results, or the side effects. And although I knew breast augmentation and breast reconstruction were different animals, I didn't understand just how different. I certainly didn't feel educated enough to explain to someone how what I was about to go through would be exponentially harder than the experience of their cousin who had a boob job last year.

The further I traveled down the reconstruction road, and the more I researched, the better I understood that these two things that seem similar at a glance are so very different. And I want to share my experience and arsenal of knowledge with you.

### **Breast Reconstruction vs. Breast Augmentation—What's the Difference?**

The most obvious difference between these two types of surgery is the reason they are performed. Breast reconstruction is necessary to restore breasts after a mastectomy. A variety of types of mastectomies exist based on the specifics of the surgical procedures and how much tissue is removed. But regardless of the procedure, a **mastectomy** removes about 99% of the breast tissue.

After my bilateral mastectomy, my plastic surgeon was tasked with creating something out of nothing. Tears drip onto my keyboard as I think about pieces of my feminine body literally cut off and dug out, but that is exactly what happened on the morning of February 25, 2016.

After my general surgeon spent two and a half hours taking me apart, my plastic surgeon came in and spent another two and a half hours putting me back together. He had to clean up the mess. But even after this surgery, I was left with four-inch-long angry-looking incisions.

(A few years later those incisions calmed themselves down to soft pink scars.) Though not every woman has the same type of mastectomy or the same type of reconstruction I did, the pain of having a piece of yourself forever taken from you is universal.

Many women, including myself, who undergo **implant reconstruction** (inserting an implant that's filled with saline or silicone gel) are required to make a lot of trips to their plastic surgeon for **expansion appointments** (the slow stretching of skin, and sometimes muscle, to accommodate an implant). The expansion process is made possible by filling an **expander** (a hard balloon-like device) that is placed in the chest during the first phase of reconstruction. The plastic surgeon pumps saline into each newly created breast through a menacingly long needle attached to a syringe.

After my best expansion appointments, I was uncomfortable for a couple days. After my worst ones, the pain was so intense that I had to sleep all night upright in my chair. Even the smallest movement made me feel like my chest might explode. I know my plastic surgeon would have removed some of the saline for me if I'd asked. In fact, he often told me if it was too uncomfortable (he didn't like to use the word pain), he would take some out.

Unfortunately, it was never until after I arrived home from my appointment that the extent of pain I would be enduring became evident. The idea of moving my screaming chest back into a car and driving forty minutes to the surgeon's office did not appeal to me, and I couldn't bear the thought of taking a step backwards. I just wanted to get done. I wanted to have all of this behind me and feel normal again. The removal of saline meant adding at least another week to my expansion schedule, and thus pushing "normal" further away.

Not everyone has expanders as a part of their reconstruction experience. **Direct to implant** reconstruction is becoming more common. In direct to implant, reconstruction is completed

immediately following a mastectomy and the months-long expansion process is eliminated. In other instances, women undergo **flap reconstruction**, which uses tissue transplanted from another part of the body, such as the belly, thigh, or back. This frees women from the pain of expansion appointments, but it adds an extra layer of depth to their recovery (as they have multiple surgical sites and a longer overall time in surgery). Regardless of the type of reconstruction, women going through the process can endure pain for weeks. Even months. But it's not just the physical pain of reconstruction that makes it differ from a boob job. Reconstruction comes from a place of sadness and loss. It's an attempt to regain a sense of normalcy after one of the key feminine parts of the body is removed. To this day I don't feel like my old self. I've found a new normal, but my breasts are not a part of the original me, and they never will be. And that makes me sad.

Breast augmentation, on the other hand, is what I consider a "happy procedure." It's something women do to improve their look, not to save their lives. During a **breast augmentation**, the plastic surgeon utilizes implants or fat to enhance the size and shape of already existing breasts. The woman's natural breast tissue remains intact, expansion appointments are not necessary, and an implant is added to the breast tissue for aesthetic reasons. A breast augmentation is completed using a small incision in an inconspicuous area like the armpit or the underside of the areola, or even near the belly button.<sup>2</sup>

Though it is generally recommended to wait several weeks after an augmentation before resuming physically demanding tasks, the acute pain tends to ease up after the first few days. It also usually only requires a couple appointments with a plastic surgeon, a consult prior to surgery, and a checkup after.

The procedures for reconstruction and augmentation bear some similarities—the same types

of implants are used in both breast augmentation and breast reconstruction—but breast reconstruction is exponentially more challenging, both physically and emotionally.

### **Day-to-Day Life with Reconstructed Breasts**

Not only do the surgery and recovery time for breast reconstruction and breast augmentation differ, but so do the end results. Each woman who undergoes breast reconstruction has a unique recovery experience and a unique assortment of after effects, but I have yet to meet a woman who has called her journey through reconstruction easy.

From dealing with breast firmness and numbness, to lack of nipples, to the adverse effects reconstructed breasts can have on sex life—the challenges are extensive. Between the physical pain and the emotional strain, I have cried more tears in the few years since cancer than in the decade prior.

Your experience will be unique to you, but you will likely face some bumps in the road. I will list some difficulties or obstacles you may experience, as well as compare these challenges with a boob job so you can better understand (and explain to others if necessary) the important differences.

### **Nipples**

To keep them or not to keep them. That is the question. Oh, the choices a woman never imagines she will have to make.

I had my nipples removed. Because of where my tumor developed, the **margins** (a rim of normal tissue surrounding the cancerous tissue) the surgeon needed to take affected my nipple area. I didn't really have a choice, but I think I would have decided to remove them if I

did. I just knew I wanted all of my breast tissue gone for my peace of mind.

I later got nipple tattoos that look remarkably nice, though it would be hard to mistake them for the real thing. In fact, Corey and I joke about having a six-foot rule. If he stands about six feet away and gives my breasts a quick glance, he is almost convinced that I have real nipples. It's not perfect, but it's our attempt at making the best of this crazy circumstance life threw at us.

I had my tattooing done by Jenny,\* an **aestheticist** (a medical tattoo artist) at a plastic surgeon's clinic. It was a surreal experience. I reclined topless in what kind of looked like a dentist chair while Corey sat in a chair near the door. The three of us talked about parenting and tropical vacations while Harry Connick Jr. Christmas music pumped through the speakers and ink pumped through Jenny's needle into my breasts. Bizarro.

Jenny used different ink tones and shading around the center of the tattoos to create a three-dimensional look on my two-dimensional nipples. A downside of medical tattoos is that they fade over time because the ink used for these tattoos is different from permanent commercial tattoo ink used in tattoo parlors. I'm told it's common for women who choose to go this route to have their tattoos touched up about every five years, but I didn't make it that long. Mine started fading out within a year, so I had a second visit with Jenny.

Some women who undergo nipple removal with their bilateral mastectomies choose to have an additional surgery to recreate nipples. During this outpatient surgery, the plastic surgeon makes a small incision, forms a nipple shape with the breast skin, and holds it in place with stitches until it heals. (In some instances, skin is grafted from the inner thigh or labia instead.) Though reconstructing the nipple provides a more natural looking breast than tattooing alone, reconstructed nipples can flatten out or fall over time, requiring more

surgery.

For other women, a **nipple-sparing mastectomy** is an option. This is dependent on a number of factors, including the type of cancer, the size of the tumor(s), and the tumor location within the breast. During a nipple-sparing mastectomy, the nipple is kept intact and allows the woman to retain a small portion of her natural breast. Though the nipple is natural, it's 100 percent aesthetic. The nerve endings are still severed, leaving the area void of sensation. Misty, a thirty-something breast cancer survivor, chose to have a nipple-sparing mastectomy. "They do look different than before, but I'm happy with the outcome," she said. "No regrets. I've learned everything in this journey is a process to work through, and it takes time to adjust to the new you—physically, mentally, and emotionally."

A final nipple option is to have them removed and skip reconstruction and tattoos altogether. There is no right or wrong choice, and you can even wait years before deciding to go in for a nipple reconstruction surgery.

### ***A Boob Job by Comparison***

Breast augmentation preserves natural nipples and usually preserves nipple sensation. But because the nerve that takes sensation to the nipple is thin and small, there is a risk of it getting cut or stretched during breast augmentation surgery. If it's stretched the feeling generally comes back, but this can take up to two years. If it's cut, the damage is permanent. In the US, the risk of permanent nipple numbness after augmentation is 15 percent.<sup>3</sup>

### **Nerve Endings and Numbness**

I have sensation around the perimeter of my breasts, but for the most part, my boobs feel the same way my cheeks feel after having a cavity filled. Annoyingly numb.

When Corey touches the tattoos where my nipples used to be, I have zero sensation. I've grown accustomed to it, but it still makes me sad sometimes. Especially when it comes to sexual intimacy. Like many women, I found my nipples to be one of the most sensitive parts of my body—a part that played a key role in sexual stimulation. I physically healed a long time ago, but Corey and I are still adjusting to this change in how my body responds to him. It's been a battle, and we've had more than one night of intimacy halted by tears. Sometimes mine. Sometimes his. But we are committed to working through the challenges because we long for the day that we can say we've overcome this obstacle.

During a mastectomy, the nerves of the breast are completely severed. Reconstruction made my breasts look nearly normal, but they don't feel normal. Some women experience regrowth of some nerve endings, but even with that regrowth, the sensation in the breast is different from before surgery.

A handful of years after previvor Rachel's bilateral mastectomy and reconstruction surgeries, very little feeling returned to her breasts. Numbness became the norm. She would take feeling back in a heartbeat if given the choice, but the lack of sensation doesn't disrupt her daily life.

"I'm constantly aware that it feels different, and there was a learning curve in getting used to it. But different is my normal now."

### ***A Boob Job by Comparison***

Though women with breast augmentation may experience a change in the sensitivity of their breasts, the majority retain fully (or mostly) intact nerves. Some changes in sensation are likely felt as the body heals, but if the procedure is done right, the end result includes functioning nerve endings. This allows the woman to have enhanced breasts that feel the

same sensations as her pre-surgery breasts.

According to a study published in *Plastic and Reconstructive Surgery*, the American Society of Plastic Surgeons medical journal, 40 percent of women had some numbness after breast augmentation surgery, but only 2 percent had persistent numbness after healing.<sup>4</sup> One-hundred percent of reconstruction patients deal with varying degrees of permanent numbness.

### **Breastfeeding**

One of the most ridiculous things I read during the course of my breast cancer year was in a mastectomy informational booklet. It said, "It is unlikely that a woman will be able to breastfeed after a bilateral mastectomy."

Understatement, anyone? Corey and I had a good laugh after reading that.

A bilateral mastectomy removes all breast tissue. The milk ducts are gone. And the nipples from which milk exits the body are gone as well. Unlikely? How about utterly impossible? My youngest was in second grade when I was diagnosed and we had no plans to add to our family, so this didn't affect me. But it's disappointing and even heartbreaking for a woman in her childbearing years to be stripped of her ability to breastfeed babies. Many women consider breastfeeding one of the most important experiences they share with their infants.

This rang painfully true for Tammy, a young mom of a toddler and a baby, when she was diagnosed with breast cancer. A couple years after successful treatment completed, her third child was born. She found breastfeeding to be a special bonding experience with her first two babies, but it was not an option with her last. She said it was hard at first, but she kept things in perspective. She knew that having a third child was only possible because she made it through treatment alive and healthy. That trumped the disappointment.

She said, “When I look back at it, I don't feel that I missed anything [by not breastfeeding]. A breast cancer diagnosis makes you re-evaluate what is important in life, and I was just very grateful to have a healthy baby.”

### ***A Boob Job by Comparison***

Most women who undergo breast augmentation are still able to breastfeed if they choose to do so. Though a small risk of damage occurring during surgery (reducing a woman's ability to breastfeed) still exists, in most cases, all of the parts of the breast necessary for lactation remain functional.<sup>5</sup>

### **Scars**

When I look at my naked torso in the mirror, I see pink four-inch scars running horizontally across each breast. They are a daily reminder of a very scary time in my life. Women who go the DIEP flap route (explained more in chapter 4) have additional scarring from hip-to-hip on their abdomen. Like my nipple scars, the abdominal scars fade over time, but they will never go away. Each scar forever serves as a reminder of what cancer took from us.

On the flip side, I think we can also look at our scars as a sign of strength. A reminder that we endured some really challenging stuff in order to stick around this earth for a while longer. Each morning when I look in the mirror, those scars encourage me to not take this life for granted.

Scars are weird like that, aren't they? They always represent something hard because scars do not come without pain, but they can also represent healing and hope—a reminder of the suffering, but also encouragement in the hope that healing brings.

### ***A Boob Job by Comparison***

During a breast augmentation, a small incision is made in an inconspicuous area, resulting in little visible scarring. The incision is generally done around the areola, in the armpit, or on the underside of the breast. Sometimes it is even done at the naval and the surgeon uses an endoscope to guide implant placement. After recovery, a woman who has undergone breast augmentation has a natural looking and normal feeling breast.

### **Firmness**

I used to be a tummy sleeper. Not anymore. When I lie on my belly, it feels as if I have two tennis ball halves where my soft breast tissue should be. If you took a cross-section of my breasts, you would see the skin, layered on top of chest muscle, layered on top of a silicone implant, layered on top of the chest wall—no soft breast tissue.

Though I am getting used to the odd firmness of my breasts, I miss the softness of my real ones. To look at me clothed you would never know that my breasts don't feel or function like real breasts, but every time I hug someone, my radar goes up and I wonder, "Can she feel that my breasts are weird? Because I can totally feel that my breasts are weird."

Women who opt to use their own tissue for reconstruction have the benefit of more natural feeling breasts than those who go the implant route. Judi originally had silicone implants, but recently chose to have them removed and underwent DIEP flap surgery. Though her chest still remains numb, she loves the softness of her new breasts compared to the implants. "The feel of the breasts are very, very soft and squishy. They really are like *real* breasts. Droops and all!"

### ***A Boob Job by Comparison***

Because women who undergo breast augmentation retain their breast tissue, they also retain

the soft natural feel of the breast. Breast augmentation has all the positives of breast reconstruction (if you can consider any part of breast reconstruction to be positive) and very few of the negatives.

## **Movement**

Several years ago, our family watched the movie *Journey 2: The Mysterious Island*. A scene that my then elementary-age boys found particularly hilarious was when Duane (the Rock) Johnson demonstrated the “Pec Pop of Love.” Repeatedly flexing his giant chest muscles alternately over and over, Johnson advised his teenage companion that this move has worked to attract women for thousands of years.

Well, guess what? I am now an expert at performing the Pec Pop of Love.

I haven't demonstrated it for my boys because that would totally gross them out. But since I don't have soft breast tissue, and my muscles are right under my skin like a man's, I can pop my pecs almost as impressively as The Rock.

This gives Corey and me a good laugh sometimes, but the fact that my body can do this weird thing leads to awkward situations in public. You see, when I get cold, my chest muscles start twitching. So when it's fifty degrees and windy and I'm standing outside at a tennis meet, quietly cheering my boy on (because you don't yell at tennis meets), my muscles move without my blessing. I'm quietly clapping and whispering, "Way to go, Carter," and my boobs spontaneously pec pop away. Thankfully, my layers of clothing generally cover up the evidence, but that doesn't stop me from being self-conscious.

I'm even more self-conscious at my bi-weekly exercise class at our local rec center. I joined this class in order to regain some strength after my year of cancer, but I didn't anticipate the

uneasiness my chest would cause me. My breasts do not move the way other women's breasts move. When we lift weights or do any sort of exercise that relies heavily on my chest muscles, I try to angle myself away from people the best that I can because I'm fearful of what people will think when they see my boobs moving in ways boobs aren't supposed to move.

Women who have over-the-muscle implants or who undergo flap surgeries don't have this strange consequence of reconstruction. Flap surgeries result in natural breast movement, and though over-the-muscle implants are firmer than natural breasts, they move relatively naturally as well.

### ***A Boob Job by Comparison***

Since women who have undergone breast augmentation retain their breast tissue, and most of the time their muscles still cling to their chest wall, they do not have issues with movement that women who have undergone breast reconstruction have.

### **Thoughts from a Plastic Surgery Nurse**

I've described many differences from a physical perspective between breast reconstruction and breast augmentation, but a nurse's perspective offers clear disparities in the appointments for the two surgeries. Jess, a registered nurse who spent some of her career working in plastic surgery, said these differences are vast.

During an initial consult, both reconstruction and augmentation patients are asked similar questions, but responses are remarkably different. For instance, many women in for a breast augmentation consult don't remember the date of their last mammogram. For these women, a mammogram is just a necessary evil to check off on a yearly female to-do list.

But when a mammogram leads to a cancer diagnosis, the story is significantly different.

Women tend to remember the day they found out they might have breast cancer. Most often, they also remember the date of their ultrasound, biopsy, and every other event that marked the path to their diagnosis. Dramatic life events tend to sear into our memory banks.

Jess also often saw augmentation patients only once before their surgery, so she didn't develop a relationship with them, but she was deeply affected by some of the reconstruction patients she served. Since women undergoing reconstruction often visit the plastic surgeon's office regularly for months, nurses tend to become emotionally attached.

"I would go home and pray for many of these women. I wasn't prepared for the emotional toll it would take on me as a nurse," Jess said. "And even if I couldn't feel exactly what each of these women was feeling or thinking or going through, I was inspired by them."<sup>1</sup>

### **Extending Grace to the Tactless**

People will say stupid things to you throughout your reconstruction process. Guaranteed. On my saddest days, I didn't even go out in public because I didn't know if I could emotionally handle whatever hurtful thing I might hear that day. You just do what you've got to do to get through each day, and sometimes that means sending your hubby to the grocery store so you don't have to listen to the checker's story of how her aunt died of cancer last year.

But I have learned something about people who say insensitive and ignorant things. Most of them are not trying to be jerks. They just want to enter your world, but they don't understand how to do it appropriately. So we can choose to get mad (which I definitely did sometimes) and hold a grudge, or we can step into their shoes and remind ourselves that we're not perfect either. I too have said stupid things from time to time when I've misunderstood another

person's journey. When I haven't lived that person's pain.

In fact, when I think about that person who was excited for me that I was going to get a boob job, I'm convinced she was just looking for the silver lining. She'd never been exposed to breast reconstruction. She knew nothing of the numbness, the discomfort, and the scars. She wanted to encourage me, not hurt me.

It may sound a little weird, but it helps me to actually stop and silently say things like, "She doesn't understand; God help me forgive her," when I am hit with a comment that takes my breath away. I don't always immediately forgive that person and want to be their best friend, but I have grown in this thing called grace—this giving to others the benefit of the doubt and extending forgiveness when it is not requested.

It's not easy, but it is freeing to forgive and move on. To “let it go” as that annoying Disney song repeats over and over. When I can keep myself from judging a person by his or her comment, I am free to live without the encumbrance of bitterness, anger, and defeat.

And maybe, at some point down the road, I will have the opportunity to gently advise some of those people who make boob job comments of better ways to relate to breast cancer patients so they don't inadvertently make someone else want to throat punch them.

*Note: In this chapter I explained some key terms and took you on a walk through the day-to-day realities of living with reconstructed breasts. You will find a (non-exhaustive) glossary of medical procedures and implant materials in the back of this book.*

\* Name changed for privacy.

**Resources:**

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