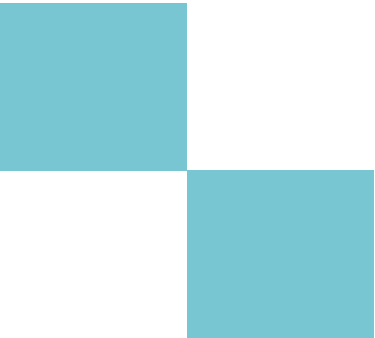




# Redefining Beauty and Appearance After a Breast Cancer Diagnosis



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# We Are All the Divine Feminine

**By Quinn Obrigewitch**

At the very core of my being, I radiate feminine essence. I grew to understand this through the loss of a physical trait that has been deeply rooted as a symbol of femininity and sexuality for so many centuries - my breasts. At the age of 18, I was diagnosed with the BRCA1 genetic mutation just as my mother, auntie, and sister before me. This meant that I was at high risk for contracting breast cancer.



For many of my early years, breast cancer played a major role in my family. I directly became a part of the battle these structural women of my life had fought. As soon as my mother's diagnosis was discovered to be genetic, she was determined to have us children be part of everything breast cancer related, whether it be seminars, doctors' appointments, or simply books and articles; anything to keep her four daughters and potential BRCA1 carriers mindful. Thus, after my diagnosis, I felt my life was laid out for me. My mother's past became a glimpse into my future. A war began between my subconscious mind and my physical body. I resented my boobs; I didn't trust them.

Two years later, I stared at the reality of my situation as I undressed before my prophylactic mastectomies. I kept a brave face as I walked into the hospital alone, I took pills as they were handed to me without asking questions, and I stifled back tears as my surgeon's pen danced over my skin. Promptly after, I was escorted into the operating room where I would lay down with

my gown open, body exposed, and chest cold. A perceived sacred part of my body left unprotected. The contrast of the cold industrial environment with my warm placid body laying crucified on the table led to an overwhelming feeling of intense vulnerability. It was then, my first thought first moved into my conscious mind – *Will I wake up from this surgery less of a woman?*

This question sparked my deliverance into reclaiming my femininity.

Initially, my biggest concern was dating. Being a young and naive woman, obviously I want to find my life partner, but how am I to expect someone to love me when I lack something so important for an intimate connection? Especially in youth, love is vain. Over the next few months after my surgery, I chose to get naked with myself before anybody else could, not only with my body, but with my mind. I paid attention to my movements, my thoughts and my feelings and in this, I discovered femininity in hidden places.

I found femininity in the grace of my writing and through my love of living things. I found femininity in my nurturing attitude and through my voice when I laughed. I found femininity through my compassion, my soft touch, and my resilience. Femininity does not represent my physical body that is merely a vessel. Rather, femininity lays in my soul. I have a right to live as who I am and to love who I am.

In place of nipples, I have scars; beautiful bright red scars that speak as my surgeons' signature for her artwork. I invite all women to explore the canvas that is their body, reclaim their peace, and lean into self-love. Those who do not accept your scars, do not accept your journey and your femininity is too beautiful to be disregarded.

# I Only Wanted One Surgery, So I Chose AFC Reconstruction

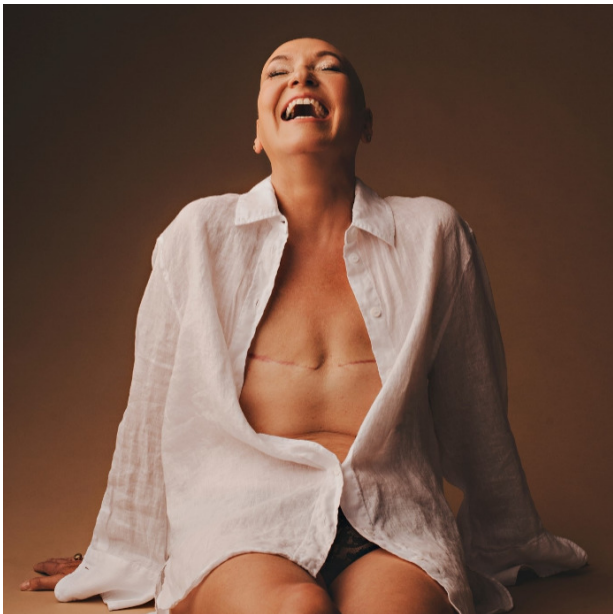


Photo by One for the Wall Photography

## By Ellyn Winters-Robinson

This year 28,000 women in Canada will be diagnosed with breast cancer. On March 10th, 2022, I became one of those women. Disturbingly, within a month of my diagnosis, two more of my close friends received their breast cancer diagnoses. In total, I have 15 close friends and counting who are either breast cancer survivors, or who are currently

battling breast cancer. This silent epidemic seems to be growing at an extraordinary pace.

While my cancer -- three tumours in total, the largest at 4.5 cm -- was isolated to my left breast, I opted to have a double mastectomy. I also decided quickly that I would move forward with aesthetic flat closure (AFC) reconstruction versus breast mound reconstruction. My mastectomy was my first surgery. I wanted it to be my last, and I had little appetite for the long and difficult process of breast mound reconstruction.

As a relatively slim woman, I was not a candidate for the Diep Flap procedure, where tissue is taken from the abdomen. The alternative Latissimus Dorsi Flap procedure, where the lat muscle is used to replace breast tissue, quite frankly, horrified me. Physical fitness is a large part of my existence. I simply couldn't risk losing part of my back, my strength and limitations to my physical mobility.

AFC is a relatively new medical term that's used to describe an approach to doing a mastectomy when breast reconstruction is not being performed. The goal of aesthetic flat closure is to have the chest contour be smooth after the mastectomy, without folds of skin or hollowed out areas, is growing in popularity among women facing a mastectomy; however, it is still not widely talked about or readily proposed as an option by surgeons. I heard about AFC from a friend who is a breast cancer survivor and raised the possibility with my surgeon. I liked that AFC is less invasive for the patient, is often a one-and-done surgery, and when performed by a skillful surgical hand, gives the patient a very smooth and perfectly flat chest.

The women I've spoken to who are fellow "flatties" express no regrets about their decision. This is backed up by research that indicates that the majority of women who opt for AFC are pleased with their outcomes. I don't miss my D-cups, and I quickly adjusted to my new streamlined physique. I haven't discarded an article of clothing. In fact, I have become more experimental with my fashion choices.

I don't seek to convince any woman that flat is the way to go. It was the right option for me, but that said, the decision about reconstruction is a personal choice and no woman should feel judged or ashamed about her body and her choice. God knows, women who have experienced breast cancer go through enough as it is.

I do hope, however, that the day will come when AFC is automatically proposed alongside implants and Diep flap as a third reconstruction option. I have spoken to far too many women who simply were not made aware that an aesthetically pleasing flat chest after a mastectomy is even an option available to them.

# Considering a Mastectomy Tattoo? Here's What You Need To Know

Following **breast cancer surgery**, there are a **variety of options** available to you. You may choose to live flat, have breast reconstruction, get implants, or use breast prostheses. Another option that you may have not considered or known about are mastectomy tattoos. Women who have gotten mastectomy tattoos following their breast cancer treatment have given a variety of **reasons for getting them**, including that they are a confidence boost following treatment, to cover scars, to create something beautiful, and to mark what they've been through.

Once your partial or full mastectomy has been completed, you will have to wait a while for your operation sites to fully heal before getting a tattoo. You should also be finished with your radiation and chemotherapy treatments. The **recommended wait time** is around 3 years post-treatment; however, you should check with your healthcare team to first confirm that you can



safely get a tattoo and then to confirm how long you have to wait after cancer treatment.

When you've been giving the okay to get a tattoo and have been told how long you need to wait, it's time to start researching where you want to get your tattoo done and by whom. A quick Google search can let you know of local tattoo studios and artists. If possible, visit a few that you are interested in to see the artists at work and to get a sense of how clean and sanitary the studio is. If you cannot visit in person, the studio most likely has a website and social media pages that feature pictures and videos of their work. Another great avenue to finding an artist or studio is to ask family members or friends with tattoos for recommendations.

Don't hesitate to reach out directly to the tattoo studio or to a specific artist to ask them questions about what to expect.

Other questions to ask are:

- If they have experience with mastectomy tattoos
- Whether they are registered and have up-to-date health and safety certificates
- If you can have the tattoo done in a private room or area
- If you can bring someone with you
- How many sessions it will take to complete your chosen design
- What the expected costs are

Once you have chosen where to get your mastectomy tattoo and by whom, it's a good idea to inform them of any allergies or health conditions that you may have, including that you had breast surgery. Depending on your scars and the tattoo that you want to get, the artist may incorporate your scars into the design or draw directly on them. Speak to them about this and ask for their advice on the best way to go about this.



Although you may have experience of pain in your chest area from your mastectomy, the pain from a getting a tattoo is different and can be quite painful as local anaesthetic is not used; ask the tattoo artist about what type of pain to expect and how best to deal with it. Once the tattoo has been completed, you will most likely have a plastic film wrapped on the area. The artist will tell you how long to leave this on and will let you know about any necessary [aftercare](#).

Getting a tattoo is a generally safe process. Risks associated with tattoos come from dirty needles that can spread diseases. Therefore, it is important to ensure that sterile equipment and fresh needles are used. [Other risks](#) from tattooing include:

- Infections
- Allergy to pigment (you can test for this by asking the tattoo artist to do a patch test)
- That they are permanent (While tattoos can be removed, this process can be expensive, painful, and there is no guarantee that the tattoo will be completely removed)
- Fading over time
- Swelling, redness, bruising, and itchiness in the area where you get the tattoo (these should all go away after some time)

If you are considering getting a mastectomy and need some inspiration or want to get a sense of how they look, you can have a look at the following galleries:

[Mastectomy Tattoo Inspiration](#) from Breast Cancer Now  
[Mastectomy Tattoos](#) from Garnet Tattoo



# Considerations For Nipple Sparing Mastectomy

## What is Nipple Sparing Mastectomy?

Nipple Sparing Mastectomy (NSM) is a surgery performed on individuals **removing their breast** due to breast cancer or as a risk reduction method to **prevent** breast cancer. During this procedure, a small cut is made in the breast and the entire breast glandular tissue is removed from underneath the skin and nipple, leaving them intact. Breast reconstruction, using either an implant or natural tissue, is then performed at the same time. NSM is a procedure that attempts to balance the preservation of the breast area with an effective and successful breast cancer treatment.

## When is Nipple Sparing Mastectomy Used?

In most cases, women who get a **lumpectomy** as their breast cancer treatment require radiation treatment afterwards. However, when it comes to mastectomies, **research** from the US shows that around 70% of the 300,000 new breast cancer cases diagnosed annually with early stage breast cancer may not require radiation

after complete mastectomy. NSM therefore presents as an opportunity for women to avoid the many side effects that come with radiation.

### **Who Should Consider Nipple Sparing Mastectomy?**

NSM may be best for:

- women whose tumor does not involve the nipple or tissue under the areola
- women whose tumors are surrounded by a clear margin of cancer-free tissue
- women who have not been diagnosed with inflammatory breast cancer or advanced breast cancer with skin involvement

### **Risk of Recurrence after Nipple Sparing Mastectomy**

According to research, when NSM with immediate reconstruction is performed, the risk of recurrence in the nipple area is low as long as individual characteristics of the tumor are taken into account. In a [study](#) of 944 women diagnosed with early-stage breast cancer who had NSM followed by immediate breast reconstruction, a recurrence rate of 4.1% was found during a follow-up time of 14 months to 15.4 years. This recurrence rate was for cancer in the nipple area and did not include recurrence in other areas near or away from the breast. For those who had a cancer recurrence, the [characteristics](#) of their initial cancer included being:

- multifocal
- multicentric
- hormone-receptor-negative and HER2-positive
- high grade
- large areas of DCIS in addition to the invasive cancer

In another [study](#) of 311 individuals who had NSM, a rate of recurrence of 5.5% was found during a median follow-up time of

51 months with no recurrences involving the nipple or areola that was kept intact.

### **The Next Steps for You**

NSM offers women who are eligible for lumpectomy but looking to avoid radiation therapy a way to conserve their breast skin and nipple while still effectively treating their cancer. While NSM has a low rate of recurrence, it is important to keep in mind that very specific characteristics of the cancer contribute to this low rate. If you have been diagnosed with early-stage breast cancer, are considering reconstruction after mastectomy, and if keeping the form and structure of your breast is important to you, speak to your surgeon about nipple sparing mastectomy.

# Have Hair, Do Care



**By Adriana Ermter**

Breast cancer made my hair thicker. And wavy-er. Not right away obviously. It's not like it was a special prize I was gifted with to make up for the shock and fear of being diagnosed with breast cancer.

My formerly thin and fine hair has always curled a bit, but only after it has grown past my earlobes. It was shoulder-length when I was diagnosed, so I can't pinpoint the exact moment I noticed the change. But it happened sometime after having surgery and undergoing radiation, but before starting Tamoxifen.

To be perfectly honest, I wasn't exactly thinking about my hair then. Let's face it, on the days I managed to crawl out of bed with enough time to drag my exhausted, aching body into a standing position under the shower and actually wash my hair, I certainly didn't spend any additional time looking at it in the mirror afterwards. I didn't have it in me and basically just let my hair air-dry as I stumbled to work before pulling it into a messy bun. On the days when I picked sleep over clean hair, dry shampoo masked the grease and made it look and feel thicker. Plus, more often than I'd like to admit, I didn't always brush it. What was the point? I was only going to twist it up and out of sight. It was the first time in my life I could have cared less about my appearance.

Before then however, about a month or so after having surgery, my then oncologist told me that along with radiation I needed aggressive chemotherapy. Without missing a beat, she went on to

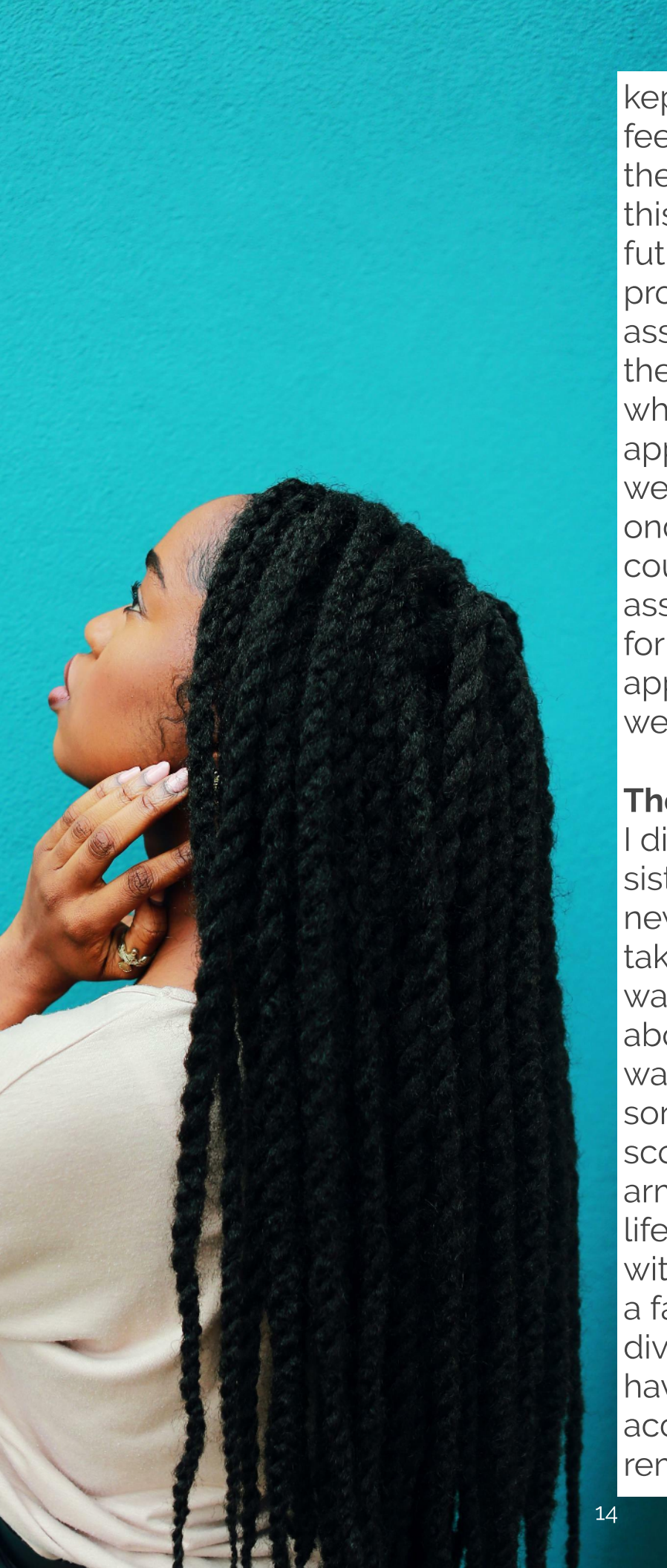
tell me to expect to lose all of my hair after I'd had my second round of treatment. I cared about my hair then. I cared a lot.

### **Bad Hair Daze**

For as long as I can remember, I've fretted about my blonde locks or more precisely, the lack of them. Throughout junior and senior high school I carted a cordless Butane curling iron around in my backpack. It's shocking none of my school books ever caught on fire. Yet, when I got caught in the rain or the snow or just felt plain insecure, I'd race to the nearest bathroom, press the button on the side of the metal cylinder and start curling. I coveted swishy, thick, girl-next-door hair. Back then, mine had a slight green tinge from daily swim practice, perpetually smelled like chlorine and as far as I was concerned, was receding thanks to pulling a tight, thick plastic bathing cap on and off several times a week. I complained about my hair's limp, thin and unpredictable style every single day. Now, with just one conversation, my hair instantly became my most prized possession. I couldn't lose it.

At least that's what I was thinking as the oncologist's words continued to fall, numbing my body. My mind however was in overdrive, whirling with visions of baldness, no eyebrows or eyelashes, the flatness of the back of my head, wigs and hats, and most of all, utter disbelief. In the four months since I'd been diagnosed, had surgery and samples of my tumour's tissue had travelled to and from California for the Oncotype DX testing to determine my susceptibility for a recurrence of invasive ductal carcinoma, all of my doctors had said I would most likely not need chemotherapy. And now I did. I didn't cry, but I also couldn't speak. I felt like I'd left my body and was floating alongside myself as I left the oncologist's office with my best friend beside me and headed to the hospital's labs to have the mandatory pre-chemo testing done on my vital organs.

When I was finished, my friend and I went to my neighbourhood pub. It was only 11am, but I ordered a vodka martini and my friend



kept them coming. Still, I didn't feel anything. Not the booze or the sadness or the reality of what this meant for my health and my future. Later that afternoon, as promised, my oncologist's assistant called, confirming that the round table of physicians who'd met after my fateful appointment to review my chart were in agreement with the oncologist's recommended course of treatment. The assistant then gave me the date for my first chemotherapy appointment. We hung up and I went home alone.

### **The Aftermath**

I didn't call my parents or my sisters. I couldn't talk about the new direction breast cancer was taking me in and while I knew I was being vain and immature about my impending hair loss, I was terrified. I'd made peace, sort of, with losing an ice cream scoop sized chunk of my right armpit and breast. It saved my life. I was even coming to terms with knowing I would never have a family of my own. I was divorced and single. Who would I have a baby with anyways? But accepting I would lose the remaining parts of my femininity,

my long highlighted hair, the eyebrows I'd painstakingly grown out after tweezing them pencil thin during the '90s and the natural, long lashes I took such pride in had all helped me feel like some bit of my former self was still intact. The thought of becoming sicker through chemotherapy and losing everything that represented my womanhood and beauty felt cruel and hopeless.

I allowed myself to feel like this for exactly one day. Then, I made a to-do list that started with calling my stylist and booking an appointment to cut off my hair. The idea of shorter clumps of hair falling out was easier to bear than handfuls of long strands. I'd previously experienced hair loss, albeit to a lesser degree, when I was going through my separation and divorce. The insurmountable stress I'd felt then had caused my hair to thin, break and fall out. I knew that having a super short haircut made the loss less painful. I tried to convince myself that I'd be fine. I'd done this before.

What I'd never done however, was shop online for wigs and hats for chemo patients, but I forced myself to, and put a couple of the softest looking ones I could find into my e-cart to buy later. I even toyed with purchasing a brilliant blue, pageboy-styled wig. I figure if I was going to be bald I might as well make a fashion statement and do it proudly. Then I called my sisters, parents and closest friends and shared the news before writing a detailed email to my workplace's HR department outlining how I would like to manage this next step and my current workload. I asked to schedule an in-person meeting to talk things through, because I needed to keep my job. Being practical and taking action made me feel like I was in control, yet, in reality I'd lie awake at night for hours, spooning my cat as my mind raced, despite the melatonin pills I'd swallowed before turning out the lights.

## **When Things Changed**

A week went by and exactly one day before I was scheduled to



cut off my hair, the phone rang with my then oncologist's assistant wanting to book an appointment for another test. The timing however, conflicted with my first and upcoming chemotherapy appointment, which I pointed out—all of my exams were supposed to be completed before I started treatment. Confused, we hung up so the assistant could connect with the doctor.

An hour later my phone rang again, this time with the physician who very awkwardly told me I no longer needed aggressive chemotherapy. As I questioned her reasoning she began to back pedal, saying that while my Oncotype DX testing recurrence score of 25 points straddled the medium risk/high risk range for my age group and required chemotherapy, my new course of action would no longer include the invasive treatment. Stunned, I reviewed the transcripts my friend had carefully taken during the meeting with the oncologist. Nothing made sense. Typed in black and white, were the oncologist's words, "Your breast cancer is much worse than we initially thought. You must start chemotherapy right away." When I reminded her of this she became defensive and in that moment, I no longer trusted her with my care.

I wanted to yell and call her four-letter words for inferring that I was to blame, that I had misinterpreted our conversation. How could she be so callous? Why was she not owning-up to the mistake, the misdiagnosis she'd made? How could she not know that having breast cancer is stressful and there are so many details to remember and medical facts to learn, that patients like me depend on their doctors for guidance, honesty, care and transparency? But I didn't. Instead, I asked if I could have a second opinion and would she be able to refer me to a reputable oncologist at Princess Margaret Hospital. She agreed and called the hospital on my behalf. I was booked to meet my new medical team the same week. But before I did, I picked up all of the paperwork, scans, lab and surgery notes and results from my prior team to take with me.



### **A Fresh Perspective**

After multiple appointments with my new team of doctors, my new oncologist clarified that my former one had misinterpreted my Oncotype DX report. While my overall score was high for my age and would typically require chemotherapy, my breast cancer had been detected early and was a Stage 1, Grade 1 tumour. Combined with the tumour's size and the wide margins of tissue surrounding it that my former surgeon had been able to remove, ideally eliminating any additional cancer cells meant that I could safely move forward with multiple courses of radiation and a long-term prescription of the chemo-infused oral drug, Tamoxifen. I did not have to have aggressive chemotherapy.

Hearing those words caused a cold sweat of relief to pour over me from my head down to my toes. It didn't change the fact that I still had breast cancer, but it did wipe away the gripping fear of not knowing how sick chemotherapy would make me, if I would be able to take care of myself by myself, continue to work to pay for my mortgage, buy food to eat and tend to my cat. And I would keep my hair—all of it.

Buoyed with hope, I left my new medical team feeling lighter, that is, until I walked through the large reception area overflowing with other women who'd been diagnosed or were about to be told that they too, had breast cancer. Within this sea of women, some were bald, many wore soft-looking hats or printed scarves, a few had on wigs and all were patiently waiting their turn to see their doctors. It was overwhelming and I was instantly consumed with guilt for feeling elated to still have my hair. My face went red and tears stung my eyes. I've never felt less dignified.

### **Feeling Pretty Guilty**

I've always known I like feeling pretty. On a dating app I recently filled out, I double-clicked on the answer yes, when the questionnaire asked if I felt flattered when complimented by a stranger. Yet, after an article I'd written about experiencing body shame for my weight gain had been published, a loving and lifelong friend whose opinion I respect gently reminded me that my appearance is the least interesting part of me. I know she's right and I'm trying to let go of my vanity and sense of inadequacy. But I can't help but wonder, do other women battling breast cancer fear losing their hair and are they just as overcome with relief as I was when they learn that they will keep their hair too? Or maybe it's just me. I don't know. No one really talks about this.

When I see a woman wearing a headscarf, wig or hat pulled down over her head, her face bare of eyebrows and eyelashes, I no longer look away. I used to tell myself I was doing this out of consideration for the woman's dignity, but I feel differently now. So I acknowledge her presence by looking directly into her eyes and smiling. It's the best way I know how to silently say that I think she's beautiful, courageous and strong. And even though it's a small, silly gesture, nowadays I make a point of washing my own hair more frequently and blowing it dry and styling it. I also add mascara to my lashes and darken my eyebrows. It's the least I can do. I'm grateful for the hair I never lost.



## Adaptive Fashion for Breast Cancer Patients

Breast cancer and its various treatments can change your body in many ways: weight gain or loss, tenderness, lymphedema (swelling in the limbs), partial or complete mastectomies, prosthetic breasts. This might mean that your old or favorite clothing may not fit, or fit properly any longer, and it can be difficult to find outfits that you can feel good in. It may be time to have a heart-to-heart with your closet, and explore some of the options for comfortable, adaptive clothing that can make

you feel confident and excited about getting dressed again. When the adaptive clothing market began around 40 years ago, the initial focus was mainly seniors in long-term care homes who required help getting dressed. Now, however, adaptive clothing has gone more mainstream, making it easier to find fashionable and comfortable clothing to fit the needs of those with breast cancer.

If you are unsure what sort of clothing you may need, start by evaluating what you already own. Underwire bras should be avoided until all tenderness is gone, and any surgeries have fully healed. If you are really attached to a certain piece of clothing, it may be possible to

have it altered to flatter your new shape. Check with local tailors to see which items could be adapted. When shopping, opt for soft or stretchy fabrics and ensure that the cut and fit doesn't interfere with any post-surgery accessories, like drains or expanders. Be aware of "strategic seams"; seams which cross over sensitive areas and may rub or cause discomfort, especially if the garment is snug or form-fitting.

Tommy Hilfiger's [Tommy Adaptive](#) line, [With Grace B. Bold](#), [Care+Wear](#), [LymphedIVAS](#), and [Cancer be Glammed](#) are some examples of modern lines of adaptive wear. Products include post-operative bras, compression garments with flair, and clothing that is stylish, but can also accommodate drains and bandages while being easy to wear. Many options are available that feature hidden pockets for post-surgery accessories.

Thrift stores and consignment shops are also a great way to experiment with new styles of clothing to see what works for you without too much financial investment. You can try before you buy as opposed to online shopping. Sometimes, however, a different wardrobe may not be enough to make you feel comfortable; [Look Good Feel Better](#) specializes in giving women the tools and resources to regain a sense of self and renew their feelings of womanhood, however those women see to define it. They offer online and in-person workshops ranging from wigs and hair alternatives to breast health, skincare, and cosmetics. Don't be afraid to try new things; be flexible with your body changes and find looks that are comfortable and inspire confidence.



## A Quick Guide to Nipple Reconstruction

During a mastectomy or double mastectomy, the nipple is usually removed. One option to remedy this is to have a **nipple-sparing mastectomy**. However, if you are not a candidate for this, you may want to look into whether getting your nipple reconstructed is more ideal for your situation. While **nipple reconstruction surgery** is a great option, it may not be ideal if:

- You've had radiation treatments which damaged your breast skin
- Your breast skin became too thin due to the mastectomy
- You have lymphedema of the chest
- You have a history of infections in the breast area

It's usually advised to wait for around **4 months** following breast surgery to have your nipples reconstructed to allow your breast to heal and to settle into a final position. Waiting also ensures that you are happy with the reconstructed breast(s). To ensure you wait for the appropriate length of time in your specific case, speak to your healthcare team about how long you should wait. Also speak to them about whether you can get nipple reconstruction surgery. Once you have been given the OK to get your nipples

reconstructed and you have been told how long to wait, your next question to your healthcare team should be what you should do to prepare for the surgery. In addition to speaking to your primary healthcare team, you should also speak to the plastic surgeon who will perform your nipple reconstruction. Some questions and topics to discuss with them include:

- How many nipple reconstruction surgeries they've performed
- Which technique they use and which they will be using with you
- If they have before and after pictures of the nipple reconstruction surgeries they've done
- The size of nipple you want
- An explanation of how the surgery will be done, what to expect, and aftercare

In most cases, nipple reconstruction surgery is a day surgery and is performed under local anaesthetic, unless your healthcare team and you decide that general anaesthetic is better. The surgery can take anywhere from **15 minutes to an hour** to perform. Plastic surgeons may use a **variety of techniques** to reconstruct your nipples, including:

*Using surrounding skin* – Small cuts are made in the skin where the new nipple will be. The tissue is then shaped into a nipple and secured with stitches. This is the most common technique.

*Skin graft* – The new nipple is created with skin from another body part. When this is done, local anaesthetic will also likely be used on the area that the skin graft is taken from. This technique has higher rates of post-surgery complications.

*Nipple sharing (nipple only)* – If you had only one breast removed during your mastectomy and the nipple on the unoperated

breast is large enough, part of the nipple is taken and used to create a new one. This technique results in the best matching of the two nipples.

Regardless of the technique that the plastic surgeon uses, the reconstructed nipple is usually made to be larger than the desired size because it will flatten and lose its projection over time. Other considerations to keep in mind when you are trying to decide whether or not to have your nipple reconstructed are:

- It's additional surgery
- The reconstructed nipple will not look or feel like your original nipple
- There will likely be no sensation in the reconstructed nipple
- There are some risks, including:
  - Necrosis - If the tissue that was used to create the nipple doesn't get enough blood, it can die. Depending on the extent of this, the tissue might be trimmed, treated or the nipple might have to be removed
  - Poor positioning

In most cases where nipple flattening, necrosis, or poor positioning happen, the nipple can be reconstructed again. Speak to your healthcare team and the plastic surgeon who performed your reconstruction for next steps to take if you would like to have the surgery redone. Once your nipple reconstruction surgery is complete and healed, you may consider getting a **3D tattoo** to make your nipple and areola appear more realistic.



# My Breasts Are My Boobs

By Adriana Ermter

It's safe to say I think about my breasts a lot. Wait. I just wrote breasts. Not boobs, tits, coconuts, gazongas or even The Girls. Breasts. Ugh. Having breast cancer has done this to me. It's made me think of my boobs as breasts.

Before my breast cancer diagnosis, I only ever called my breasts "boobs". Sometimes, if I was being funny or sharing a story about how a guy at a party made eye contact exclusively with the upper half of my turtleneck I'd throw in the term knockers or say something super cringe-worthy like lady lumps to get my point across, but my usual go-to word was boobs. So let me start this again.

I think about my boobs. A lot. I always have.

## Being flat as a board

When I was in elementary

school my older sister Liz and her friends called me flat-as-a-board, usually followed by the statement, and-never-been-nailed. Then, she and her friends would kill themselves laughing and run in the opposite direction away from me. Liz and I are only two years apart, but she developed way earlier than I did. Naturally, I idolized her. I was short, skinny, concave in the chest region and envious of anyone wearing a bra. I was also clueless to what the saying never-been-nailed meant and I suspect my sister was too. Nevertheless, I wanted to be exactly like her, which included having boobs even though I was only nine years old.

I coveted being grown up so much that when my childhood best friend Teresa and I were in Grade 4, we practiced breast-enhancing exercises. We'd both read Judy Blume's book *Are You There God? It's Me, Margaret* and identified with the 12-year-old heroine's struggles with puberty. Despite not being in puberty ourselves, we'd chant Margaret's exercise incantation, "we must, we must,



we must increase our bust," while bending our elbows and pulling our arms back and forth across our flat chests like we were Kathleen Heddle and Marnie McBean. It didn't work.

### **The Calvin Klein cover-up**

By the time junior high school rolled around, Teresa had moved away and Margaret was shelved and dusty. Obsessed with fitting in at my new school, I was so busy following the polo shirt and pearls dress code I forgot about my pancake status despite covering it up with the mandatory Calvin Klein cotton bra. (I owned two; one pale blue, the other baby pink, both with matching underwear. I saved my babysitting money to buy them.) Plus, I was swimming competitive synchro five days a week and no one on my team cared about the size of their boobs.

Fast-forward three years to Grade 10 and once again, my gaze shifted downwards as I willed my A cups to grow. They didn't. To compensate, I fantasized out loud with my high school BFF Toby about how great I'd look with breast implants and then sigh dramatically. A stint as a catalogue and commercial model redeemed my size for a while and then, finally, post university when I was 25 my boobs expanded to a B cup. Not because I'd gone on the pill, which had worked growth wonders for some of my friends but never me, but because for the first time in my life I wasn't racing from class to the pool, eating whatever I could carry

in my backpack. I ecstatically tucked my padded Victoria's Secret bras to the back of my underwear drawer.

### **My B-cup diagnosis**

From that point onwards, me and my boobs had a good relationship. They were perky, everything pointed north and I felt just as confident wearing fitted tops as I did going braless beneath a tube top. My boobs and I were happy. That is, until I was diagnosed with breast cancer.

When I first learned that the lump in my right armpit was breast cancer and had a tail extending into my right breast, I felt betrayed. No one in my family had breast cancer, so I assumed neither would I. I was wrong. That was when my boobs went from being an up close and personal part of me to becoming something negative and separate from my body. It's also when I stopped referring to them as my boobs and started calling and thinking about them as my breasts.

### **Living with the enemy**

What is it about having breast cancer that does this? Carcinoma cells are at fault, not my boobs and rationally, I know that. Even when I'd been flat-as-a-board-and-never-been-nailed I'd hadn't looked at my boobs as being bad. The exact opposite actually, I always had high hopes that one day they would grow. With my diagnosis though, my breasts became a source of pain, literally and figuratively, and I began to only think or talk about them in terms of their current and future health.

After the partial mastectomy that left me with a permanent, ice cream scoop-sized dent in my right armpit and breast, I looked misshapen, scarred from surgery and charred from radiation. With the 35 pounds I gained courtesy of the hormone-blocking, chemo-infused drug Tamoxifen, my B cups grew to D cups in a little less than three months. I barely recognized them. They didn't look or feel like they belonged to me.

Back then I was concerned about regaining my energy and the mobility in my underarm and side. Now, while I'm grateful to have full movement and 75 per cent of my energy is back, I battle with feeling like I've lost the pretty, fun, feminine and desirable part of me. I'm divorced, single and out of shape from lying on the couch. My damaged breast, I-had-cancer label and age make me worry about dating, being accepted as I am, naked or clothed, never mind the fucking deep-rooted fear of the unknown and the possibility of having a secondary cancer or a breast cancer recurrence.

### **Advocating for The Girls**

As hard as I work to see my mostly-intact boobs and the mammograms I now have regularly as gifts, check-ups with my oncologist or MD can still fill me with apprehension. When that happens, my mind spins out of control as I wait to hear the results from my latest ultra sound, MRI or biopsy. Don't get me wrong, I will ALWAYS choose testing and knowing over not. Knowledge is power and choice and something to be shared.

I never really knew much about breast cancer screening or testing until after I was diagnosed. Not because I didn't care, I didn't think I was at risk. I speak up now though, for my boobs and everyone else's, because getting screened for breast cancer the second you celebrate your 40<sup>th</sup> birthday is crucial to living a healthy life. Especially if you're like me and don't have a history of breast cancer in your family. The Canadian website [My Breast Screening](#), launched in October 2021, is a must-double-click-and-read to stay up to date on provincial screening information and to learn how to advocate for your own breast health, particularly if you haven't been diagnosed.

Having that diagnosis changes everything; at least it did for me, including how others saw me and how I perceived myself. One of the most surprising things I noticed is how clinical and distant the technicians and doctors are. I'm sure it's because the wait rooms

of every hospital and clinic are overflowing with women, but this disassociation has rubbed off on me. When I deal with my breast cancer and breasts, I rarely feel like a person, if that makes any sense, even though having breast cancer has been one of the most personal experiences of my life. I don't like it and I can see this change in how I think about, act towards and refer to my breasts. Even my monthly self-breast exams have taken on a grocery-store quality, like I'm feeling up the melons for ripeness. Yet all I want is to reconnect with my boobs.

### **Reclaiming my boobs**

I've never been one to name The Girls, but it's something I've been thinking about lately, you know, as a way to reclaim them. I don't know what I'd call them though, maybe Norma and Lorraine after my middle names...or not. It's kind of terrible. And definitely not Happy and Ness, like Wendy Osefo from *The Real Housewives of Potomac*, who named her breast implants after how they make her feel. I'm on the fence about this idea so we'll see if it actually happens.

What I have been doing though, is making a point of looking at my



breasts in my full-length mirror after I shower, before I get dressed in the morning. I'm not going to lie, it's not good and absolutely not the reflection I want to see staring back at me, but I'm working on accepting the way I look in this moment. I feel a ton of shame about my body and the way my boobs look in comparison to how they used to. My brain tells me this is dumb, but I still feel it. Sharing these feelings with my GP, therapist and through my own personal self-growth practices helps. It gives the darkness light and is freeing, even if the conversations are super awkward and gross.

It also moves the emotional pain into the past, making it easier for me to move forward. I have to remind myself that I'm not my past or even my future, but I do it. I also tell myself that I'm just me, right now. None of this comes naturally but it empowers me to take the next step I've mapped out for myself, so that I will eventually achieve my goals. Steps such as, giving my full attention to my writing when my laptop's open and to the synchro team I coach at the pool. To being kind to my body by leaving the Cheez Whiz container at No Frills and drinking 12 glasses of water a day. And to calling my breasts boobs again. Because when I do, when I make the effort, I feel good about myself. I know that one day, my boobs will just be my boobs again. That's a good thing.

# 3D Nipple and Areola Tattoos 101: All the Basics You Need To Know

A 3D nipple and/or areola tattoo is an optional last step following nipple reconstruction surgery or as an alternative to nipple reconstruction surgery. If you got a mastectomy and did not get a **nipple-sparing mastectomy** or nipple reconstruction surgery, then 3D tattooing uses dark and light pigments to create a 3D illusion of the areola(s) and the nipple(s). If a nipple reconstruction surgery was performed, then 3D tattooing would be used to create an areola and/or to enhance the reconstructed nipple.

In most cases, getting a 3D nipple and areola tattoo is a pain-free process since the breasts are likely to be numb following a mastectomy. Aftercare and recovery after getting a 3D nipple and areola tattoo is like that of a traditional tattoo. More often than not, **women opt for a 3D nipple and areola tattoo** over nipple reconstruction surgery. In fact, **plastic surgeons recommend these tattoos** over surgery. One reason for this is that the procedure of a tattoo is less invasive, and the healing process is



easier. Another reason is that the results of 3D tattoos have been reported to be aesthetically preferred over nipple reconstruction surgery. Details, shading, and coloring can be used to make the nipple and areola look more realistic than would be allowed with surgery. While considering the benefits of a 3D tattoo, it's important to also be aware of the disadvantages, mainly that there is no physical dimension to these tattoos if you did not get a nipple-sparing mastectomy or nipple reconstruction surgery. Another disadvantage is that the colors of the tattoo may fade over time; however, this can easily be fixed by getting a touch-up.

It's usually recommended to wait anywhere between 4 to 6 months after any breast reconstruction (mastectomy, nipple-sparing mastectomy, or nipple reconstruction surgery) before getting a nipple and areola tattoo. The best way to find out the right time to wait in your specific case is to speak to your plastic surgeon. This is also one of the many questions to ask a tattoo artist if you decide to get the tattoo done by a tattoo artist and are trying [to find an artist](#) to perform the procedure. If you do not want to get it done at a tattoo studio, it may be possible to get your 3D tattoo done at a plastic surgeon's office or at a hospital. Before you decide where to go, make sure to speak to your plastic surgeon about your plans first.

You will also need to speak to your plastic surgeon and healthcare team to confirm that you can get one in the first place. As a general rule of thumb, you are [not an ideal candidate for 3D nipple and areola tattoos](#) if you:

- Have a history of infection to your breast area
- Have overly thinned breast skin due to your mastectomy
- Have lymphedema of the chest
- Had radiation that caused damage to your skin



If you are interested in learning more, you can look at [this gallery of before and after images](#). If after learning about nipple-sparing mastectomy, nipple reconstruction surgery, and 3D nipple and areola tattoos you don't think any of these options are ideal for you, or if you don't qualify, you can look into prosthetic nipples. Prosthetic nipples are stick-on silicone or polyurethane nipples that look like natural nipples that allow you to put them on and take them off as you please. Two well-known brands are [Pink Perfect](#) and [Amoena](#). Another alternative to permanent 3D tattoos are temporary nipple tattoos, such as [Rub-on Nipples](#), [Tata Tattoos](#), and [Nipplebacks](#).



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