MY BESPOKE BREASTS

There was a time when I became obsessed with breasts. It was summer, with scantily dressed women on parade, and I started scrutinizing nearly every passing pair. Were they alarmingly Himalayan, distractingly peppy, bad-boob-job inert? Did their melon-esque glory cause whiplash? Or were they perfect in the Marie Antoinette tradition, the size of a coupe champagne glass? I stopped just short of enlisting SurveyMonkey to help with my research, which had nothing to do with a ballsy gender-preference flip-flop, and everything to do with cancer.

In June, a routine mammogram identified two dubious spots. This led to sprinting through a repeat mammo, then a core biopsy. The following day, while I was grocery shopping, my radiologist called. *Breast cancer*.

I collapsed in the milk aisle weeping as I scribbled names of surgeons. A day later, I completed my first ear-splitting MRI and began a crash course in Who's the Finest Doctor Who Takes My Insurance? Within a week, stunned but holding it together, I underwent a PT scan—another first—and saw an esteemed breast surgeon, Dr. Deborah Axelrod at New York University Medical Center. She expected either a lumpectomy or unilateral mastectomy to be equally effective in removing malignant cells that hadn't spread beyond my breast, but recommended the latter. Lumpectomy would leave me depressed in more ways than one, she explained, since in a nation where the average bra size has ballooned to 36DD, I was distinctly off-trend--an A cup.

That's if we're being generous, since while earlier biopsies had found no malignancy they'd left my right breast sadly dented.

"After surgery we want women to love the way they look," Dr. Axelrod added. "You wouldn't believe the results a plastic surgeon can create."

I didn't.

She arranged for me to meet with Dr. Jamie Levine, a plastic surgeon where--since with cancer goes all modesty--I stripped to the waist faster than you can say pole dancer. Dr. Levine concurred: mastectomy and reconstruction, for sure. He (curiously, plastic surgeons seem to run male, while every breast surgeon and oncologist I met was female) described three procedures. The first rotates muscles from the back to the chest. The second transposes fat from below the waist in an operation that, like Option A, lasts nearly eight hours but in effect gives you a tummy tuck. Fine with my tummy, I elected the third basic, no-frills approach. In the operation, after the breast surgeon does her bit, a plastic surgeon completes the mastectomy by positioning a stiff, hollow plastic disc fitted with a magnet and port under the muscle of the chest wall. Over months, even during the course of chemotherapy or radiation if it is required, in order to expand the patient's skin, saline—typically, two ounces at a time, a bit more than a generous tequila shot--gets injected into the disc after the port is located via magnet. When a woman is healthy enough for additional surgery, has reached a size that she deems right and approximately six more weeks pass, in a second operation the doctor exchanges the expander for a silicone-filled implant. (Saline implants are so yesterday, given that they tend to ripple, harden and burst.) If necessary, in a unilateral mastectomy, which I would be having, the doctor adds a small implant to the healthy breast so both sides will eventually look, if not like twins, at least like sisters. This wa the case for me just as, at this point, some women opt for breast reduction on their non-malignant breast. Later on, the surgeon can construct a nipple on the fixer-upper-breast and a tattoo artist can simulate an areola or even the illusion of a nipple. The process takes place over months, sometimes more than a year. As I learned about reconstruction, I failed to suppress the image of Hans and Franz pumping me up.

In my teens, I envied better-endowed friends. This included every girl I ever met. Then along came Twiggy, as did boyfriends who liked me as I was and I learned not to zoom in above the waist to find the focal point of my sexuality. I may have lived my life a few syllables short of va-va-va-voom, but I accepted my aerodynamic upper-body, and it served me well. I'd nursed a child, became an excellent clothes hanger, and was built for running; for years I'd circled a track without a lot of jiggle.

As most of my buxom friends took a turn for matronly after pregnancies and menopause stole their waists, I appreciated my shape all the more. Never for a nano-second had I considered getting cosmetic breast implants, which struck me as the equivalent of wearing my insecurity and vanity on my chest, so do speak. I also questioned the sense of electing unnecessary anesthesia and expense. But *medical* implants? Suddenly the thought of cleavage, as absent from my life as a diamond necklace, had undeniable appeal. I might be facing down pain, shock, fear, loss-of-body-part, diminished self-esteem, exhaustion, radiation, chemo, baldness and potentially, worse, but with respect to v-necks, intimate apparel, and evening gowns, at least I could look forward to an upgrade from economy to first class. Who knew cancer had a perk?

As I prepped for surgery, however, all I cared about was obliterating malignant cells. According to the National Institutes of Health, one out of every eight women born in the United States — 12.4 percent-- will be diagnosed with breast cancer at some time during her life. As my knowledge of the disease deepened, I replaced "Why me?" with "Why *not* me?" Like a lot of other women who get hit with this disease, I wasn't a likely candidate, a couch potato with a family history of breast cancer, pregnant for the first time past 30 or a woman with late menopause, any of which put you at risk. But since the chance of developing breast cancer climbs with age and I am a baby boomer, this marked me for illness. Eager to concentrate on healing instead of worry, (and wanting to avoid hospitalization during the introduction of new residents, who arrive July 1), I scheduled my mastectomy for the earliest available appointment, June 24th.

The week following the removal of one breast and seven lymph nodes--cancer-free!--was a word-slurring blur of Valium, antibiotics, and Oxycontin, a.k.a. white-trash heroin, enhanced by

my intrepid husband attending to a surgical drain attached to chest, robot-style. And never in my life had I felt more appreciated. Throughout the pre-mastectomy appointments, my mother-in-law and sister-in-law were always at my side along with my husband. One pal sent six pints of gourmet ice cream. Another, a bundle of droll DVDs. Deliveries of flowers, notes, visits, calls and emails from family, friends and colleagues rushed in to feed my courage like an IV drip of kindness.

During follow-up exams I wasn't ready for the big reveal and averted my eyes when nurses bandaged me. It took four weeks to muster the pluck to examine my scar, only to find that I was far less freakish than I expected. The plastic surgeon had completed the mastectomy with a few squirts of silicone, so already I had a gently rounded shape, and the diagonal pink incision that stretched from mid-chest to armpit fell short of hideous. It made me wonder if mastectomy scars inspired the famous pink ribbon symbol invented by the late, great Evelyn Lauder, who'd done so much to raise awareness of breast cancer, as well as money to spur research.

I left the doctor's office charged. This was a good thing, because dealing with immediate, mundane consequences of a mastectomy is close to fulltime job. If ever there was a time to tap into latent Midwestern equanimity, this was it as I researched oncologists, tracked down pathology slides, and in thick summer heat shuttled them to and from New York medical institutions in order to seek a variety of opinions. I wanted three--on optimal treatment, if needed. Following doctors' orders, I also arranged for genetic counseling to learn if my Ashkenazi Jewish roots had given me a giant penalty in DNA Scrabble, the BRCA 1 and 2 gene mutations associated with breast cancer; the test results would take four- to six-weeks. I also dutifully exercised my arm to regain mobility. This at first seemed inconceivable; ten days after surgery, grimacing, I could reach my right arm to only shoulder height. Then there was the blizzard of bills that my husband and I needed to review and co-pays, address. I had solid insurance, but no plan covers everything. For example, the hospital charged a heart-stopping $10,795 for the "orthopedic device" placed inside of me, which looks like a toy you'd buy in a dollar store. Can you say *holy health care debate*?

Reconstruction began a month after surgery. My physician's assistant used a magnet-finder to locate the port beneath my skin. With a long, scary syringe--think John Travolta stabbing Uma Thurman in *Pulp Fiction*—after swabbing me with topical anesthetic, she injected saline into the expander to gradually stretch the skin. This took all of five minutes and caused only fleeting pressure. While the left half of my chest remained its dainty prepubescent self, my right side took off, since the expander pushed the skin—which is robbed of sensation—forward, creating a faux "breast' shaped like an immovable headlight. Even after the first visit, I began to resemble a broken Greek statue, womanly on one side, tomboy on the other.

At the start of reconstruction, I lived in soft camisoles. When I graduated to being allowed to wear a wire-free bra, dressing my chest became a challenge I seized as an opportunity. Roaming the aisles of a down-market megastore--I didn't want to splurge on pricey lingerie that would likely get only short-term use--I felt like an anthropologist as I assessed undergarments, largely in sizes it would take a hutch of Playboy Bunnies to fill. Many appeared to be roomy enough for a beefy thigh, and were wired as if engineered by NASA. There might have been a 38P. Which did not stand for "perky." It took considerable effort to find one pleasingly unconstructed option.

By the time I completed a second injection weeks later, I felt immense and was ready to call it a day, had the physician's assistant not explained that objects in the mirror may be larger than they will ultimately appear, especially to a woman with a sleek chest. She recommended at least one or two more visits to "fill." After a third injection to my eye I looked like Dolly Parton and could feel the stiffness of the expander's edges through my skin, particularly when I tried to sleep. Enough, I decided.

Throughout my experience, in order to check my anxiety, I'd avoided doing Internet research about my cancer, especially since the worst of my tumors was of the hideously branded Triple-Negative variety, which doesn't respond to new wonder drugs. I'd reached out selectively to other women I'd heard about who'd survived breast cancer, and in return, received a warm emotional embrace enhanced by valuable information. Still, the news of the disease initiates you into a populous sorority even if you don't sign on for rush. This leaves you vulnerable to unsolicited informants whose mission is not to help, but to vent.

At the end of the summer a well-meaning hostess introduced me to another guest who had gone through reconstruction. *Because we had so much in common*.

"I needed to see a physical therapist for a *year* in order to get mobility in my arm," this sob sister moaned, barely after hello. I felt sympathetic, and considered how fortunate I'd been that through daily exercise, I'd become as pretzel-y as ever. Sometimes to cheer myself up I'd reach my arm straight up over my head or around my back to meet my other arm, just for the hell of it.

"My reconstruction was botched, *twice,*" Sad Party Guest hissed. "I've had it done over three times. *Three*!"

As she continued to flesh out her bloodstained details, I interrupted. "Sorry, but you're scaring the bejesus out of me," I said and walked away, fast. Nonetheless, for the next few months I felt this woman's vibe in my face like morning breath. Once I'd accepted that I needed a mastectomy, I never let myself dwell on a lamentable outcome. Ok, I'd had what many doctors consider the worst kind of breast cancer tumor and was down to one breast, but it could have been far worse. Lymph nodes were uninvolved and all three oncologists whose opinions I sought out, after their own pathology departments analyzed my slides, eventually concurred that since the size of my Triple-Negative tumor was tiny, I would need neither chemo or radiation. (My other tumor was ductal carcinoma in situ—DCIS—a non-invasive sort.) This was a shock and even greater relief, not that I wouldn't have soldiered through any treatment required. I also found out—as we say on Passover, *dayenu,* it would have been enough! -- I was even less like Angelina Jolie than I thought: genetic testing revealed "no pathogenic mutations, variants of unknown significance, or gross deletions or duplication." Thanks to the party-harpy, though, my mind started popping questions. Was bad karma waiting in the wings, ready to strike? After the expander was replaced by an implant, might my body reject it? Would I rage with infection? Could the implant cause rocky roads of scar tissue or become the catalyst for an autoimmune disease, perhaps from leakage? Lymphedema, anyone?

Maybe I'd simply look deformed, with a bespoke breast that was far higher than its partner, sagged low or had wandered over by my armpits? At the end of the process, would I wind up

with too ample a bosom, thus fast-forwarding to self-inflicted dumpiness, causing me to long for my previous swizzle stick torso? Might I kick myself for the rest of my flat-chested life because I'd been overly conservative, stopping the expansion as I did after only three infusions? Those were the minor concerns. I also pictured death on the operating table like the novelist Olivia Goldsmith, who expired during a routine tuck for a chubby chin.

The week leading up to the "exchange" operation, perhaps demonstrating suppressed anxiety, I erupted with the mother of all colds. Leaving mounds of used tissue in my wake, I took to my bed like a Victorian lady. My normal M.O. is to beat myself up if I waste time with respect to work, but for days before the surgery I felt comatose, incapable of concentration. All I wanted was to get the reconstruction behind me. I pounced on the chance to fill the earliest surgical slot of the appointed day, October 25th, and was happy to leave the house that morning long before dawn.

At the hospital, after I donned a gown and exchanged my normal skivvies for panties of the sort I wore in sixth grade, a kindly nurse marked my right arm with the warning "no blood work and blood pressure"—a lasting mastectomy legacy. She was one of possibly a dozen reassuring souls to ask me to recite my name, birthdate and reason for surgery before it was time to move'em out into an operating room overflowing with medical professionals, scrubbed and ready. The last words I recall saying before anesthesia were to remind the lead plastic surgeon not to make me too enormous.

Close to three hours later, my husband told me I chatted normally with him and my older son in the recovery room. I'll take his word for it. I remember nothing. For a few more groggy hours a second fleet of nurse-angels ministered to me. Following the mastectomy, I'd stayed overnight in the hospital and was given the option of a second night, which I refused. This time, although surgery lasted almost as long as the first operation, following standard procedure I went home, although I felt as least as "uncomfortable," despite the monster tab of pain killer I choked down every six hours. Each small movement made me flinch. I ached throughout my back, not just near my incisions—the partially unzipped mastectomy scar and on the left side, a new two-inch slit beneath my breast, which got a small implant. My swollen chest and torso felt as if it had

been doused with the itching powder of a vaudeville act, an allergic reaction to soap used to prep me for surgery. Before I collapsed into bed, however, I took one peek at my banged up body. From what I could tell I was shapely and perfectly proportioned for a woman with a small frame, with two well-matched breasts, high and youthful.

Sleeping was nearly impossible. But I would have gotten little shut-eye under any conditions, because a few hours after I arrived home from the hospital, my younger son, who lived on the opposite coast, called to say his wife was in labor, a bit ahead of schedule. Twelve hours later I learned that I had a granddaughter, my first. My tears were of profound, complex joy: that the baby was born strong and healthy, since my son has fought cancer, too; that I hadn't bequeathed the BRCA genes to a precious child; and that I'd *lived* to experience this magical moment. I was still here.

After the mastectomy it took about ten days to become pain-free. This time I ditched the pain-killers after three days. Less than two weeks post-surgery, my designer body and I walked into what I thought was a small family birthday dinner. Instead, a circle of close friends and relatives surprised me with a party as well as gift certificates to an old-fashioned neighborhood shop famous for its corsetieres and "over 100 years of fitting bras." At two weeks, I was cleared to fly. I met my new granddaughter, and felt well enough to cook the new family dinner every night.

Already, my scars were fading. In the mirror I saw a piece of work, brought to me my by both art and science, thanks to sharp-eyed diagnosticians, masterful surgeons, and their many talented colleagues. Can breast reconstruction make a dramatic psychological difference? My oncological surgeon was right: it can. Depreciated self-esteem after mastectomy has been studied extensively, but for me, self-esteem has spiked, from simply getting through the experience with a bit of grace as well as the actual result. Do my breasts look natural? Hell, no. They look better than natural, defiantly high and round. To my husband, I'm kind of a hot number—he tells me that if he closes his eyes, it's like being with a 25-year-old. I can wear a wider range of clothes now and actually looking forward to shopping for a new bathing suit?