

Finding the Right Solution

Bayshore Community Hospital

Linda Grant received state-of-the-art restoration at Bayshore after breast cancer.



Parlin resident Linda Grant is happy with the results of her breast reconstruction — the final step in her breast cancer journey.

LINDA GRANT DIDN'T LET BREAST CANCER GET her down.

She worked every day, through chemotherapy treatments and radiation therapy. After having a mastectomy on her right breast, she was ready to move on to reconstructive surgery.

She was referred to **Asaad Samra, M.D.**, a plastic surgeon and the vice chair of surgery at Bayshore Community Hospital. "Dr. Samra was very good about thoroughly explaining the choices [for reconstruction] so that I could make an informed decision after my mastectomy," Linda says. Linda chose to have a silicone implant.



Asaad H. Samra, M.D.
Board certified in
Plastic Surgery
Holmdel
1-800-560-9990

Making the Best Choice for Her

Last fall, Dr. Samra performed Linda's implant surgery along with a lift of her left breast to

provide symmetry.

"Some breast cancer patients are unaware that a lift in the unaffected breast is part of the reconstructive surgery process and a covered benefit by most insurers," Dr. Samra says. "It's not only 'cosmetic surgery,' it's also part of the emotional healing process for women with breast cancer."

A month later, the incision near her implant began to split open. "Some patients do very well with implants, but for others, previous radiation treatments may affect blood flow and interrupt the healing process," says Dr. Samra.

Unfortunately, when Dr. Samra surgically replaced the implant with a smaller version, the incision spontaneously erupted six weeks later. Dr. Samra had to remove the second implant.

Taking the Next Big Step

After discussing her options with Dr. Samra for future reconstruction, Linda decided on an intricate technique called free TRAM (transverse rectus abdominus myocutaneous) flap. Surgery and recovery are more complex with the free TRAM flap — which involves removing skin, fat, and a small portion of muscle from the lower abdomen and transplanting it to the chest, where individual arteries and veins are microscopically reattached to establish blood flow — but the body is less likely to reject the patient's own tissue. It may be a good choice for patients who have had radiation or issues with implant reconstruction.

"After going through a mastectomy, chemo, and radiation to beat cancer, I felt like I had to give reconstruction one more try so I could restore myself," Linda says.

In January, Dr. Samra and a team of plastic surgery colleagues successfully performed the procedure to reconstruct Linda's right breast. Afterward Linda was closely monitored and recovered in Bayshore's Intensive Care Unit and was discharged in only four days.

Moving Ahead

Today, Linda is happy with her results and relieved that it is the last step in her breast cancer journey.

"Dr. Samra guided me through the entire process and helped me to stay strong and focused," she says. "I'm feeling good, my body is healing, and everything worked out in the end."

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