

## Relocating Fat

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Dr. Jeffrey  
Hartog

### Florida Physician Improves Wife's Quality of Life via Novel Procedure for Breast Reconstruction

ORLANDO—Healthy with no family history of cancer, Michelle Hartog, RN, a 51-year-old mother of two teens who manages most non-operative services for her husband's busy medical practice, was shocked last summer when she was diagnosed with Stage 1 breast cancer. The year before, a routine mammogram had shown normal results, but this time, a small lesion appeared highly suspicious.

"Michelle was adamant about being as aggressive as possible from the get-go," said her husband, Jeffrey Hartog, MD, an Orlando-area plastic surgeon. "We quickly went through various options. We knew she would have a mastectomy on the left side. The MRI also showed abnormalities on the right side. Not wanting to deal with it later, she decided to have a double mastectomy. Fortunately, from everything we could tell, that was the full extent of the disease."

The Hartogs were planning ahead for her breast reconstruction around the same time the double mastectomy was being scheduled. By using PureGraft technology, developed by Cytori, to transplant fat tissue from her buttocks and stomach to her breasts, the reconstructed breasts would have a natural shape and feel that would help her avoid many potential psychological damages, like depression, that often affect patients as a result of defects and deformities left by traditional breast reconstruction options.

"Things were happening fairly fast," he said. "I'd been consulting with colleagues in Miami who do breast reconstruction almost exclusively with fat. Having seen their amazing results, and having performed a number of breast augmentations and smaller reconstructions with fat myself, I was planning to have her go down there after the second mastectomy. Then one of the physicians called me and said this was something I should do. He pointed out that it would be beneficial to begin the first stage of her reconstruction with the initial fat grafting at the time of her second mastectomy, and to put some fat on the first mastectomy side, which was still reasonably fresh. There were a lot of benefits to getting started before the tissues had contracted down and made subsequent reconstruction more difficult. That was the impetus and my wife had no issues with me proceeding."

Hartog admitted that he was briefly tentative about performing the procedure on his wife. "I wasn't uncomfortable about doing the procedure; I was more concerned about making sure emotions didn't get in the way," he said. "I got over that pretty quickly and proceeded with the first phase. The results were excellent."

Michelle Hartog has kept up her spirits throughout the health crisis; avoiding more complex reconstruction has helped. Days after the initial mastectomy procedure in late September, she was rocking to tunes at a Rush concert in Tampa. Little more than a week later, she was cheering her beloved Seminoles from the Florida State sidelines when the ACC football team, then ranked No. 23, defeated the University of Miami, then ranked No. 13, with a final score of 45-17.

The second mastectomy and fat injection procedure was similarly uneventful, said Hartog, noting that soon after the chemotherapy is completed in mid-March, the next step in the breast reconstruction will involve an external skin expansion device known as BRAVA, followed by a second fat grafting procedure at the end of April, during which he will bank fat for an anticipated third stage fat grafting procedure for final size, while also planning a small nipple reconstruction procedure.

The fat grafting procedure Hartog prefers involves using gentle liposuction techniques, after which the fat is prepared for micrografting by multiple injections at different levels into the tissues. "Preparation of the fat for grafting involves a fat-washing method, which produces a clean, pure graft," he said. "Also, we'll be initiating an external expander device, which will stretch the skin from the outside for a few weeks to help create a better tissue matrix for the graft to take. Combining these techniques appears to result in a greatly improved take of the graft, with much more predictability than was previously possible. During the next procedure, we will also take enough fat to allow us to do the second and third stages. After injecting a portion of the fat, we'll send the remaining fat to the tissue bank in Dallas, where it can be stored indefinitely for future use. The plan is to then retrieve fat from the tissue bank and to follow up with the final fat grafting procedure in



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approximately two montns.

Seeing the breast reconstruction completed will give the Hartogs another reason to celebrate 20 years of marriage in April, along with special plans to commemorate the milestone anniversary. "We're planning a big trip that may be delayed until we're sure everything's fine," said Hartog.

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### **Fat Grafting Trends**

When Winter Park plastic surgeon Jeffrey Hartog, MD, heard about new tissue engineering procedures using fat for breast reconstruction, he was surprised to learn about patients who had experienced restoration of sensation in the skin over the breasts within a year or two after the fat grafting procedures.

"That's unheard of with issues like implants," noted Hartog, predicting that within a few years, fat grafting technology for breast reconstruction procedures performed on an outpatient basis will be the norm, and most of the presently used procedures for breast reconstruction using implants and tissue flap reconstruction will be the exception.

"Fat grafting will change the breast reconstruction landscape and make it more accessible to women," he said. "The potential is really quite exciting and revolutionary. Unfortunately, only 30 to 40 percent of women who have mastectomies have breast reconstruction. Many don't even know about breast reconstruction options beyond the traditional approach, particularly those who have undergone complex therapy, because many reconstruction procedures are complex and expensive, with fairly high complication rates, especially in the face of radiation. This is where fat grafting for breast reconstruction really shines."

Very few limitations exist for candidates of fat grafting for breast reconstruction, except women who are extremely thin. And even then, innovative solutions may present themselves. "For example," he noted, "I've seen one case where fat from two normal triplets was combined with fat from a third triplet to reconstruct the breast of one."

The best time to reconstruct a breast is when weight is relatively stable, Hartog pointed out. "When fat takes, for the most part, it'll respond to weight changes like it would where we took it from," he explained.

Because fat is very rich in regenerative cells, substantial evidence shows a tremendous improvement in the quality of radiated tissue beds, said Hartog.

"It's really something that needs to be brought out not only for reconstruction," he said, "but also for women with lumpectomies and radiation that could benefit from the relatively simple procedure of fat removed by liposuction."

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