



# When life takes your lemons

## Sydney Peterson

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**S**urgery was my fourth rotation in my third year of medical school. I was just beginning to know what I was supposed to do, what was expected of me... well, at least I knew where the operating rooms were located and how to get clean scrubs. Lecture began with the slides loaded—the triple screen, benign and malignant breast diseases. Nothing makes you more convinced you have a disease than learning about it.

At 37-years-old, my aunt was diagnosed with stage III breast cancer and the breast cancer gene (BRCA) mutation. She lost her battle five years ago when she developed a second breast cancer, triple negative, despite previously enduring chemotherapy, radiation, bilateral mastectomy, and total hysterectomy.

Paternally lined BRCA mutations are not as obvious in the family history. It is much easier to assume

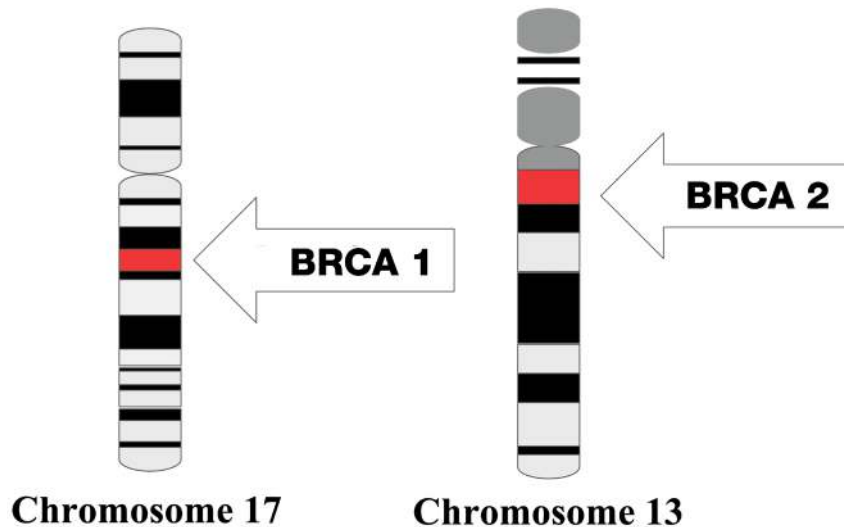
it is a one-off situation, especially in non medically-inclined families.

I ordered an online BRCA test while the doctor teaching the class lectured. I knew the odds. BRCA is an autosomal dominant mutation. My aunt was positive. My dad's risk is 50 percent. If he is positive, my risk is 50 percent. What is my risk?

While awaiting my results, I rotated with the breast surgeon. In her clinic, I would calculate patients Tyrer-Cuzick risk scores. I plugged in my own information with and without a positive result, when an intern looked over and said, "What patient is that? I wouldn't want to be her." With a positive result my lifetime risk would be more than 85 percent.

On the last day the doctor asked if we had questions. I hypothetically inquired about the age a BRCA carrier should consider undergoing a prophylactic mastectomy. As she began to answer the question she stopped and said "Why do you ask?"

Sitting in her office a few weeks later with my BRCA status confirmed, one breast MRI under my belt, she



The BRCA genes are tumor suppressor genes pictured here on their respective chromosomes. Tssssta13 [CC BY-SA (<https://creativecommons.org/licenses/by-sa/4.0>)]

finally answered the question, “There are no guidelines for a prophylactic mastectomy, it is a personal decision.”

Personal decision? What does that mean? There’s no guideline?

In my personal opinion a mastectomy was inevitable. The key was going to be timing. Thinking about what I hoped to accomplish over the next 10 years, the thought of yearly MRIs staggered with clinical breast exams sounded downright exhausting. Who has time to have their breasts checked every six months? Or the calmness to hope you haven’t waited too long? I had a three-week break between year three and year four of medical school. It was most likely the only continuous three-week time period I was guaranteed to have off for the next five years.

### Finding the right plastic surgeon

With the blessing of my breast surgeon, I began my entry into the peculiar world of plastic surgeons with posh offices and finely crafted Instagram pages. Finding the time to go to appointments was nearly impossible. Patient reviews are somewhat limited in finding the

best surgeon. No physician says they are bad. In fact, each tells you why they are the best; why their method is superior. The plastic surgeons show pictures of their outcomes. But, is there ever really full transparency?

The first plastic surgeon told me I would need tissue expanders—under-the-muscle was preferred— and recommended that I consider waiting.

The second suggested direct to implant, and thought flaps were a superior option, “It’s more natural.”

The third suggested the pre-pectoral method, and direct to implant as an option if a faster recovery was important to me; or the new re-sensation technique with the flap procedure.

Time for questions always seemed limited, and geared toward simple points of clarification. I struggled with how to ask, when to ask, and if my questions were relevant. What is regenerative tissue matrix? Can it be rejected? How are the implants attached? To where? What suture do you use? Why?

I wrote down all of my questions, like I had encouraged patients to do. But, I struggled with using them. As I sat in awe of someone at the peak of their medical

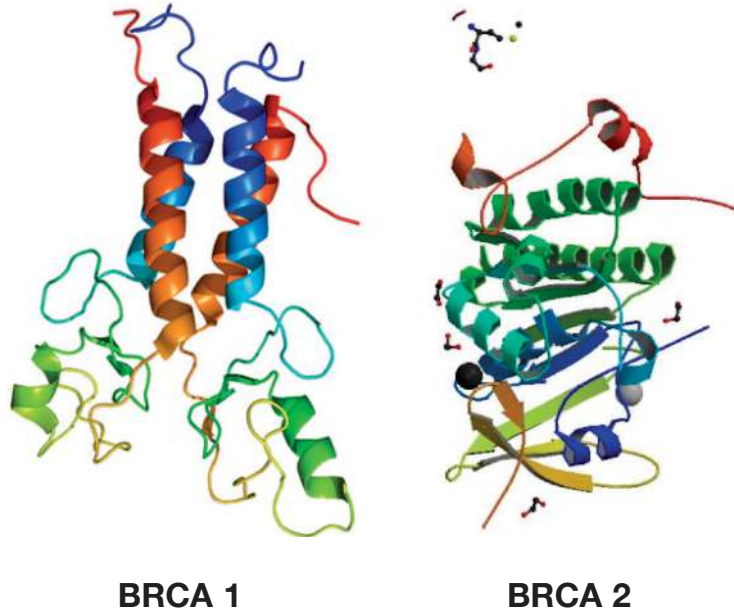


Illustration of BRCA genes 1 and 2. Courtesy of Fertility Centers of New England

career, I wanted to show respect. I didn't want to give the impression I was questioning their skills or technique.

I lost night after night of sleep, frustrated with my lack of understanding, mad at myself for not asking the questions I wanted answers to, and fearful I was going to get a bad grade as a patient.

I searched medical journals and tried to find videos of the procedures. I watched an episode of *Botched* only to realize that was nightmare inducing. My close friends received endless pictures of breasts. Do you like this doctor's reconstruction? Are these better?

Anchor incision; infra-mammary hidden scar; classic; elliptical; or lollipop. Implant with fat grafting; DIEP flap; or SGAP flap. Tear drop or round. Size. Silicone or saline. Textured or smooth. Pre-pectoral; tissue expander; or re-sensation. Neither myself nor any of my medical school friends had anywhere near enough knowledge to delineate which surgeon or reconstructive technique was best.

I found myself attempting to have a discussion about the implications of each of these decisions with family and friends, but found I was just repeating my own conclusions. Each conversation started with an explanation

about the difference between a cosmetic procedure and a reconstruction.

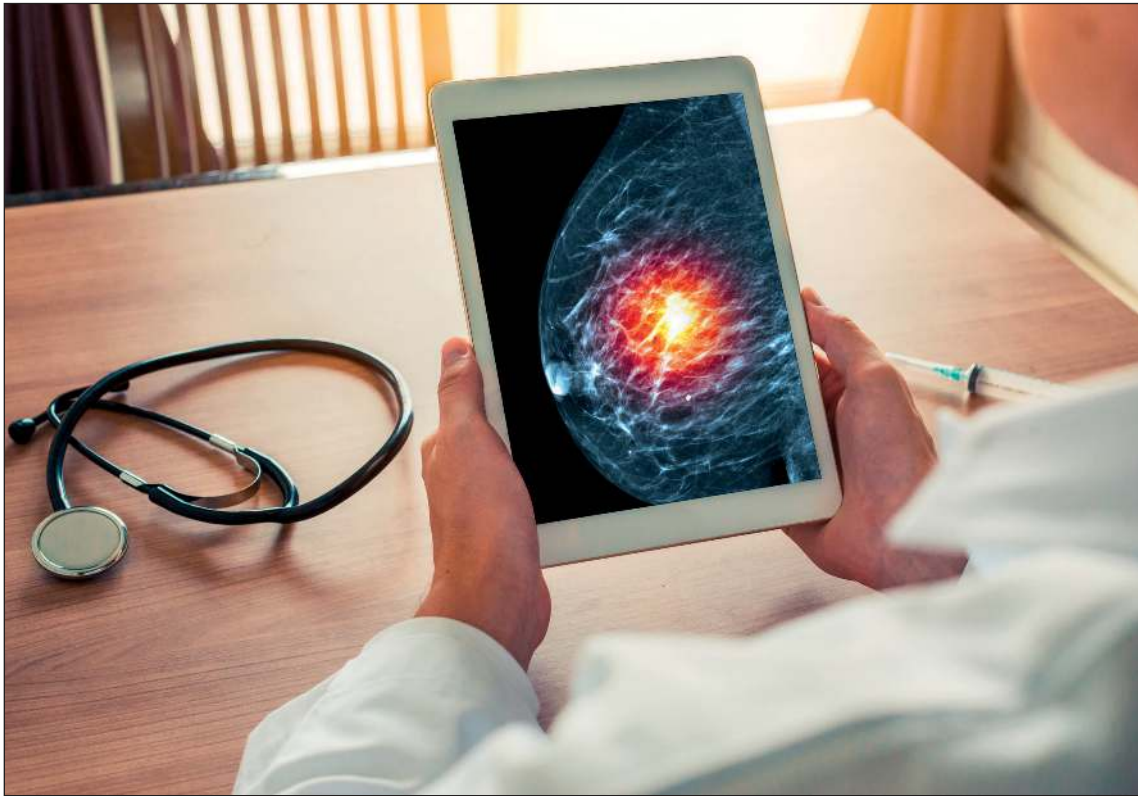
A mastectomy is a removal of all breast tissue, leaving a skin flap, and no nerves. They will never sag, but breastfeeding is impossible. What does losing sensation mean? Will I be able to feel the warmth of a newborn sleeping on my chest?

This was not a cosmetic procedure. I was choosing to permanently scar my body at age 26 for a risk I may never even face. I was choosing to remove one of the most basic and blatant features of my femininity. Once done, it couldn't be undone. It would be a lie to say I wasn't terrified. Beyond the vanity of scars, I feared the nakedness, the cold room, and the complete vulnerability of the situation.

### Trust in medicine

I trust medicine. I have access every day to expert physicians eager to share their perspective and knowledge. I've stood in the operating room holding retractors.

I have the utmost respect and confidence in my breast surgeon, a doctor who inspires me personally and



Mammogram showing breast cancer. IstockPhoto Images. Stephane Noiret

professionally as a hopeful female surgeon. I knew what to expect. I knew that I would never have more faith in my breast surgeon, which helped with the uncertainty.

The medical world is uniquely beautiful. The litany of justifications I had prepared and spouted regularly was never needed in the physician community. One of my OB/GYN advisors was happy that I was having the procedure. “We can talk ovarian protection when you’re done.” Sixty seconds in her presence eased six weeks of stress, and second-guessing every little detail. I felt validated.

With the good comes the bad and the awkward. Sitting naked beneath a thin gown, a purple road map drawn on my chest as the second-year surgical resident attempted small talk may have been more painful than the procedure itself. I wanted to hide in a facility in which I was a student. Yet, I was comforted by the familiarity and understanding of the process.

Post-op day one eating yet another hospital breakfast, my plastic surgeon came to see how I was doing. “What do you think?” he asked pointing. Confused I told him breakfast is decent, for hospital food. No, he chuckled, “Your breasts?” I hadn’t looked. Moreover I

wasn’t particularly dying to take a peek like the blogs said I would. They felt heavy, massive and bruised. They did not feel like they were mine. I shrugged, “Good, I don’t really have anything to compare it to, this is my first mastectomy.” I just wanted to leave the hospital and get out of a place where someone I may know could see me.

### A little knowledge can be dangerous

A little knowledge in medicine is probably worse than being an expert. Prior to surgery I feared complications. Some, such as infection, may have been rational. Some, such as a brachial plexus injury or anesthesia complication, were irrational.

When the color of the drain output changed, I was convinced I had an infection and my reconstruction was going to fail. My plastic surgeon was kind enough to give me his cell phone number for questions, but I was afraid to call. I played worst case scenarios over and over in my head. I typed out my questions in the text screen days before I had the courage to hit send. I did not want to bother my attending over something trivial, especially if it was something I should figure out on my own. I was

fearful of breaking some unspoken protocol in the hierarchy of medicine.

Back in my short white coat three weeks later felt like a relief. No longer a patient, I sat in the doctor's lounge with the OB/GYN resident awaiting a patient to roll into surgery. My confidence was quickly shattered when the door opened and the surgical resident who assisted with my surgery appeared.

Is there an appropriate protocol for this interaction? Do you say "Hi?" How do I not make this awkward? Has too much time passed to say hello? How long can I stare at my shoes?

I was fortunate to have the support of the OB/GYN residents. Residents who recognized I wasn't allowed to lift patients the first week into my elective. Residents who were willing to protect me from the operating room staff. Residents with 101 other things to do, who were looking after me. I was the medical student who had a PGY4 telling me to go sit down for a break.

Regardless of my desire to pretend like nothing in my life was different, something would brush against my chest or I'd pull a retractor and receive a nerve-like shock. Things I've never thought twice about, reaching to grab a light, would make me pause as I felt things shift. Unconsciously, I'd rub the persistently painful part of my chest until someone asked me if I was experiencing chest pain.

Would I do it again? Yes, without hesitation. I'm not sure I sat around thinking about how happy I was with my breasts before the procedure. How does the mind set toward a mastectomy and reconstruction change when it's prophylactic versus for a malignancy? There wasn't medically anything wrong with my natural breasts when I made the decision to remove them. My decision was practicality.

I know my reconstructions are perfectly symmetrical and idyllically round, but I've watched them be battered and bruised. They've been over analyzed to the extreme. I see all the flaws. To this day, they still feel like an appendage that doesn't belong to me.

I'm more acutely aware of my chest than I ever would have cared to be. My chest is both numb and sore in ways I never knew were possible. I've struggled to know where my new chest is, knocking over water cups and running into corners. With their cosmetic perfection I feel like a Barbie doll. This process was far more emotional than I'd care to admit. I'm tired of not feeling like myself, and I'm tired of caring this much about something so superficial.

## Regaining control

I'm grateful to have the opportunity to regain control of my health, and manage my risk. I hope to take the knowledge gained by experiencing life as a patient forward into guiding my future practice. I will always remember to keep those suture tails short.

From my incredible health care team, to my friends and family, I say, "Thank you." To my classmates who covered my patients so I could go meet with yet another plastic surgeon, I say, "Thank you." To the residents who helped me while I was on lifting restrictions, and friends who never failed to provide the humor as I sent them endless pictures of breasts, I say, "Thank you." But beyond everything, I'm immensely grateful to be a part of a medical community with these amazing people and surgeons.

I know that this will not be the last time I seek care from peers. I'm grateful to have the access to the experts.

As I prepare for the second stage of reconstruction, I continue to struggle with how to be a good medical student-patient. I'm working on it.

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