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Chapter 1 : Top Breast Cancer Quizzes, Trivia, Questions & Answers - ProProfs Quizzes

More than half a million women undergo therapeutic or cosmetic breast surgery each year. Whether you or a loved one is undergoing breast surgery for therapeutic or cosmetic reasons, the options and information about breast surgery can be overwhelming.

Which of the following breast lesions are noninvasive malignancies? Intraductal carcinoma of the comedo type. Tubular carcinoma and mucinous carcinoma. Infiltrating ductal carcinoma and lobular carcinoma. Medullary carcinoma, including atypical medullary lesions. Which of the following are the most important and clinically useful risk factors for breast cancer? Fibrocystic disease, age, and gender. Cysts, family history in immediate relatives, and gender. Age, gender, and family history in immediate relatives. Obesity, nulliparity, and alcohol use. Which of the following pathologic findings is the strongest contraindication to breast preservation lumpectomy with breast radiation as primary treatment for a newly diagnosed breast cancer? Grade 3, poorly differentiated, infiltrating ductal carcinoma. Extensive intraductal cancer around the invasive lesion. Tumor size greater than 3 cm. Positive surgical margin for invasive cancer. Axillary lymph node dissection is routinely used for all of the following conditions except: A pure medullary cancer in the upper inner quadrant. Failure to perform radiation after wide excision of an invasive cancer risks which of the following outcomes? Recurrence of cancer in the ipsilateral breast. Greater chance of breast cancer mortality. Which of the following treatments should never be recommended to a patient with purely intraductal carcinoma? Lumpectomy to clear surgical margins, followed by observation. Incisional biopsy with an involved margin, followed by radiation. Excisional biopsy to clear margins, followed by radiation. The proper treatment for lobular carcinoma in situ LCIS includes which of the following components? Mirror-image biopsy of the opposite breast. Mastectomy and regional node dissection. Which of the following statements most accurately reflects the findings of large overview analyses of clinical trials in which adjuvant chemotherapy for early-stage breast cancer was compared to a control group treated only with surgery? The benefit of adjuvant therapy is confined to young patients. Adjuvant therapy benefits all patients and is independent of age or node status. Adjuvant therapy does not work in estrogen-positive patients. The magnitude of benefit is very large. Which of the following statements are true about reconstruction of the breast following mastectomy? A permanent prosthesis or tissue expander may be inserted at the time of the ablative surgery. If the patient requires adjuvant chemotherapy or radiation therapy, reconstruction of the breast is delayed until completion of the treatment. Extensive postmastectomy defects require the use of a flap. Which of the following statements are true about the management of mammary hyperplasia? Reduction mammoplasty can be performed only on women younger than 40 years. Removal of breast tissue to reduce size of the breast is usually predicated on the use of a nipple, areola, and dermal pedicle flap. If removal of gm. Nerves within the axillary fat pad include the intercostal brachial nerve, the long thoracic nerve, and thoracodorsal nerve c. The ductal system of the breast from the alveoli to the skin are lined with columnar epithelium Answer: The majority of patients recur within five years of diagnosis b. Pulmonary metastases are the most common initial site of distant recurrence d. One third of palpable breast cancers are not detected by mammography c. The sensitivity of mammography increases with age d. The American Cancer Society currently recommends routine screening mammography beginning at age 40 e. The total dose given to the breast is usually in the range of to cGy b. Radiation to the axillary nodal bed is normally part of the procedure in most patients c. Long-term complications of radiation therapy include rib fractures and arm edema d. Breast edema and skin erythema usually resolves within a few weeks e. None of the above Answer: A year-old woman, who is currently breast-feeding her firstborn child, develops an erythematous and inflamed fluctuant area on breast examination. The most common organism which would expect to be cultured is Staphylococcus aureus b. Open surgical drainage is likely indicated c. Breast-feeding absolutely should be discontinued d. If the inflammatory process does not completely respond, a biopsy may be indicated Answer: All biopsy

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specimens should be transported to pathology in formalin within 24 hours of the procedure b. Removal of only level I axillary lymph nodes may understage breast cancer in up to one-fourth of patients c. Level III axillary lymph nodes should be removed in all axillary lymph node dissections d. A clinically negative axilla will be found to have histologically positive metastasis in approximately one-third of patients Answer: Estrogen receptors are present only in breast cancer cells b. Mammary ductal dilatation and differentiation of alveolar epithelial cells and secretory cells are the result of rising progesterone levels c. The early first trimester breast changes are primarily due to the increased progesterone effects of pregnancy d. Milk production and secretion after childbirth are maintained by ongoing secretion of prolactin by the anterior pituitary gland Answer: A pre-menopausal woman three years after mastectomy for breast cancer presents with pulmonary metastases. If the patient has received adjuvant therapy, her response is likely to be better b. If the patient is ER-positive, hormonal therapy should be the first line of treatment c. The response to chemotherapy will likely be dose-dependent d. Combination chemotherapy will likely work better in this patient than a woman who is post-menopausal Answer: This lesion is the most common cause of bloody nipple discharge b. Serous non-bloody discharge is unlikely to be due to an intraductal papilloma c. A nonpalpable lesion can often be diagnosed with ductography d. An isolated lesion is considered premalignant Answer: A year-old woman presents with an asymptomatic breast mass. Mammography will play an important role in diagnosing the lesion b. Ultrasonography is often useful in the differential diagnosis of this lesion c. The mass should always be excised d. The lesion should be considered pre-malignant Answer: Which of the following are factors associated with an increased risk for developing breast cancer? Oophorectomy before age 35 c. Use of oral contraceptives d. High-fat, high-caloric diet e. Post-menopausal use of conjugated estrogens Answer: Mutations in the p53 tumor suppressor gene b. A mutation in the short arm of chromosome 2 c. The presence of a BRCA 1 gene on chromosome 17 d. A year-old woman presents with a weeping eczematoid lesion of her nipple. Treatment is with warm compresses and oral antibiotics b. Biopsy of the nipple revealing malignant cells within the milk ducts is invariably associated with an underlying invasive carcinoma c. The appropriate treatment is mastectomy d. The lesion always represents a high-risk disease with a significant risk of subsequent metastatic disease Answer: Avoidance of methylxanthine compounds, particularly caffeine b.

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Chapter 2 : Breast Cancer Surgery - Questions and Answers - Northwest Surgical Specialists

Whether you're a patient choosing breast surgery for therapeutic or cosmetic reasons, or you're a loved one of a breast surgery patient, this book gives you practical answers to your pre and.

Newly Revised and Updated! The book is an invaluable resource for anyone coping with the physical and emotional turmoil of this frightening disease. The Basics What is cancer? Will I die if I get breast cancer? Is it true that breast cancer is the leading cause of cancer death among women? What causes breast cancer? Does breast cancer only affect breast tissue? Are there different types of breast cancer? What are the different types of breast cancer? What is the difference between invasive and noninvasive cancers? There are different types of breast cancers, so are there also different types of benign breast problems? Risk Factors and Prevention What risk factors are most important in determining my likelihood of getting cancer? My breasts are always lumpy. How does estrogen relate to breast cancer? Can birth control pills or hormone replacement therapy put me at risk? How do I tell which factors should concern me? Should I do research? Is there anything I can do to prevent breast cancer? What is a breast self-examination BSE , and why should I perform one? When should I start doing BSE? How often should I do BSEs? How do I perform a breast self-examination BSE? What is a clinical breast exam CBE? How often should I get a CBE? Do mammograms prevent breast cancer? Who should get one, and why? If mammograms are so good at detecting non-symptomatic tumors, why should I continue doing breast self-examinations? How do genes affect breast cancer risk? Does every woman with an altered breast cancer gene get cancer? What is genetic testing for cancer risk? What should I consider before getting tested? What can I do if I have an altered gene? Will getting a genetic test affect my health insurance coverage? Can they refuse to cover me if the test is positive? Where can I get more information about genetic testing? What questions should I ask? What do I do now? How is a mammogram performed? What might show up on a mammogram, and what results should concern me? Why do I need a biopsy if a mammogram has located a mass? What are the options available for the treatment of breast cancer? A friend suggested I get a second opinion. What things should I consider when making treatment choices? What do these mean? Which is more important? What is the difference between cancer and recurrent cancer? How is recurrence prevented or treated? Why do I need a team of doctors to treat me? How do I choose my team of doctors? What is the difference between local and systemic treatment? Should I have a bone scan before my breast surgery? What will it tell? Surgical What is a mastectomy and how does it differ from a lumpectomy? Why would I choose one over the other? How do I prepare for surgery? What can I expect after surgery, and how long will it take to recover? Is it possible to reconstruct my breast? What are the options for breast reconstruction, and how do I know which one to choose? Does insurance cover it, or will I have to pay for breast reconstruction? What is lymphedema, and how is it treated? Is there anything I can do to prevent it? Radiation What is radiation therapy? Are there different kinds of radiation therapy? How do I prepare for radiation therapy and what happens when I receive it? What are the common side effects, and how do I deal with them? How does internal radiation therapy differ from external radiation therapy? Chemotherapy and Hormonal Therapy What is chemotherapy? How is hormonal therapy different? What are the drugs most commonly used to treat breast cancer? How do they compare to other treatments? What are some of the side effects, and how can they be alleviated? What can I do about fatigue? Why do I have more energy some days, less on others? What is a clinical trial? Should I consider joining a clinical trial? What is meant by hormonal therapy? Other Therapies I had a radical mastectomy years ago, and my doctor says I should take tamoxifen now. Are there any side effects with tamoxifen? What is meant by adjuvant therapy? Is it the same as alternative therapy? Are there alternative or herbal treatments for breast cancer and its side effects? What happens if the cancer comes back? Are pain drugs addictive? What can I do to deal with hair loss? Do meditation and guided imaging really help prevent recurrences? Where do I find treatment that will take a holistic approach to healing? Can I put off surgery while I take an extended vacation? Can I use something for nausea from the chemotherapy? Does

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marijuana help me find relief? I got my diagnosis through Medicaid. Will Medicaid also cover my treatment? When all else fails, how do I prepare myself and my family for my death?

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Chapter 3 : Plastic Surgery Questions and Answers

Quad hailstorms purge a tipped mohican adown by a seventy than eighty Questions & Answers About Breast Surgery download ebook pdf days. "schlumberger bankrupt ahead," layered boranova.

Frequently Asked Questions Fees and Payment? We do charge a small fee upon initial consultation and this will be applied to any future cosmetic surgery. Follow-up consultations are at no charge. Typical fees for procedures vary based on patient complexity. They will be determined at the time of consultation once the patient and surgeon have agreed on the procedure best suited for the patient. Cosmetic surgery quotes are given over the phone but are only a rough estimate of general cost. All cosmetic surgery fees are due and payable at the time a service is rendered. We do accept Visa and MasterCard. Piro will conduct a detailed consultation and exam prior to rendering an opinion regarding surgery. During your consultation, you should discuss candidly your expectations about looking, feeling and functioning better after surgery. Piro will then discuss what variables may bear on your decision to have surgery. He will explain in detail the specific aspects of your treatment, such as what techniques will be used, the roles of anesthesia and what you can realistically expect as a result. Usually two visits may be needed, allowing the patient to weigh the pros and cons, as well as to get to know the surgeon. What is a mommy makeover? One patient may benefit from breast augmentation and liposuction. Another patient may benefit better from a breast lift or reduction, abdominoplasty and liposuction. Many patients, at the abdomen, who do not have excess abdominal skin, but have weakness of the abdominal muscles with a bulge, may benefit from an endoscopic, minimal incision tummy tuck. How long does it take to recover from: This answer is variable: It depends on the level of comfort that patient has with their coworkers and the amount of physical exertion their work demands. Implants are generally less demanding, from a recovery point of view. The surgery itself, anesthesia fees, OR fees and an overnight stay if recommended by Dr. Any post-op questions will be answered and Dr. Piro will be available to you for anything pertaining to your surgery, 4. What can I expect during the consultation? A detailed evaluation of all concerns. The surgeon will spend 45 minutes to an hour answering your questions and describing the options in detail. Piro will show you before and after photos of similar procedures. For Rhinoplasty consultations, Dr. Piro will show you a computer generated image of your nose, and proposed changes. Once your consultation with the surgeon is complete, you will meet with our patient counselor, CiCi, who will help provide you with a detailed quote and answer any additional questions you may have. We also have several long-standing patients who have undergone the same procedures you are interested in, that are willing to anonymously speak with you regarding the surgery and post-op experience. Why do I have to pay a consultation fee? He spends 45 minutes to an hour with you during the consultation. The amount paid will be applied to procedures. What is the difference between a mini-abdominoplasty and a full? A full abdominoplasty often entails liposuction of the hips and flanks, as well as tightening of the rectus muscles and a new belly button. Mini abdominoplasty is a catch-all term at our office. In essence, it is usually an endoscopic muscle plication with or without liposuction as an adjunct. Or it can also be a minimal excision of loose skin in addition to the endoscopic muscle plication. Exercise these rights without regard to sex or culture, economic, educational, or religious background or the source of payment for his or her care. Considerate and respectful care. Knowledge of the name of the physician about his or her illness, his or her course of treatment and his or her prospects for recovery in easy to understand terminology. Receive information from his or her physician about his or her illness, his or her course of treatment and his or her prospects for recovery in easy to understand terminology. To the extent permitted by law, including the right to refuse treatment. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to know the reason for the presence of any individual. This includes family members and significant others in the decision and consent process. Reasonable continuity of care and to know in advance the time and location of appointment as well as the physicians providing the care.

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The patient has the right to refuse to participate in any such research projects. For complaints about your medical care, you may call or contact your Health Facilities Division of the Department of Health Services.

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Chapter 4 : questions & answers about breast surgery (Book,) [blog.quintoapp.com]

Written by a prominent plastic and reconstructive surgeon and by a consumer advocate and consultant to the industry of aesthetic medicine and plastic surgery, Questions & Answers About Breast Surgery gives you authoritative, practical answers to your pre- and post-surgery questions, including how to find a surgeon, cautions and pre-cautions.

What should I do? Anyone may develop breast cancer; therefore, frequent self breast exams and annual mammograms are important tools to help detect breast cancer early. When you notice changes in your breasts, such as a new lump, you should first talk to your primary care provider, who will likely order breast imaging studies for evaluation. If the lesion looks suspicious, it will be biopsied. Although most breast lumps are benign, having a family history of breast cancer puts you at an increased risk of developing the disease in your lifetime. The definitive treatment for breast cancer is surgery. If you have a diagnosis of breast cancer, you will need to consult with a breast surgeon who will discuss further treatment options with you. What is a breast surgeon? A breast surgeon has a strong commitment to the evaluation and care of patients with diseases of the breast and breast cancer. Many surgeons have expertise in breast cancer care, both with and without fellowship training. Membership in the American Society of Breast Surgeons implies that a physician has a special interest in breast care. These surgeons have made a commitment to providing the very highest quality of care. If I want to find information about breast disease on the Internet, where should I go? Breast surgeons recommend this award-winning website , which offers reliable and evidence-based resources provided by the American Society of Breast Surgeons. The information is written by expert breast surgeons and providers who are passionate about caring for breast patients. At NWSS, we can provide you with additional local resources, as well. A preoperative education class for breast cancer patients is coming soon! What role do medical oncologists and radiation oncologists play in my breast cancer treatment? Breast cancer treatment involves multimodality, meaning patients are often cared for by many providers and receive multiple kinds of treatment. Nonsurgical cancer doctors medical and radiation oncologists provide treatment recommendations for chemotherapy, targeted immunotherapy and radiation therapy for your specific cancer. How do patient navigators benefit breast cancer patients? Receiving a breast cancer diagnosis can be shocking and stressful. Our patient navigators are knowledgeable about all aspects of breast cancer care and are ready to hold your hand every step of the way by coordinating your care to make your journey as smooth as possible. What is oncoplastic breast surgery? Our breast surgeons use this high-quality technique to achieve both optimal oncologic and aesthetic result for the treatment of your breast cancer. Our breast surgeons have technical expertise with special training in oncoplastic breast surgery. For more information, watch this video by the School of Oncoplastic Surgery. What is a tumor board? How do patients benefit from a tumor board? Breast cancer treatment involves multiple disciplines in surgery and medicine to coordinate and provide comprehensive treatment. How do patients benefit from the BCCP program? There are many resources available in our community to help you through your breast cancer treatment. If you are uninsured or have low income, we will help you get the resource you need. Watch this video of one of our breast cancer survivors who benefited from the BCCP program. What is Oregon Cancer Alliance? Oregon Cancer Alliance OCA is a network of specialty clinics in Lane County that work together to provide coordinated care, making it easier for oncology patients to navigate cancer treatment. The quality of cancer care is benchmarked by the OCA and other national surgical and medical outcome registries. As a result, our cancer patients receive state-of-the-art, coordinated and comprehensive treatment, right here at home. We also provide a pathway for cancer patients coming from out of town and we invite patients who live in other places of Oregon to consider choosing the OCA for coordinated, professional and exceptional care and treatment. Watch this video to learn more about OCA, then contact us. How quickly do I need to have surgery? The breast care team at NWSS provides all breast cancer patients with timely and expedited surgical treatment. Our goal is to perform your surgical treatment within months of your diagnosis, unless you are recommended to have chemotherapy prior to

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surgery. Our registered nurse patient navigators will coordinate all aspects of your treatment. What are my chances of surviving breast cancer? Prognosis depends on tumor size, lymph node involvement and whether cancer has metastasized to other areas of your body. With early diagnosis and treatment, our goal is give our patients the best chance of survival. Your breast surgeon and oncologists will discuss your prognosis with you. Do you recommend removing both breasts as a preventative measure if there is a family history of breast cancer? Many patients decide to have both breasts removed. There is no evidence that contralateral prophylactic mastectomy would increase survival. Patients who choose a lumpectomy have the same survival rate, compared to those who choose to have a mastectomy. The American Society of Breast Surgeons does not endorse contralateral prophylactic mastectomy, except for patients with a genetic mutation that increases the risk of breast cancer. Do you recommend annual mammograms for all age groups or only for women over the age of 40? The current recommendation is as follows: Women who are 40 years old should talk with their primary care provider about mammographic screening. Once a woman turns 45, it is recommended that she has a mammogram every year. Patients with a genetic predisposition for breast cancer should start screening at a younger age. What is a fibroadenoma? Fibroadenoma is a benign tumor that is commonly found in women. We encourage you to discuss the indication for removal of these tumors with your breast surgeon. Our breast surgeons provide comprehensive breast care for all breast conditions, disease and cancer. We will guide you through the workup and treatment for any breast condition.

Chapter 5 : 50 TOP BREAST Multiple Choice Questions and Answers pdf

Questions and Answers About Breast Surgery Jones and Bartlett Publishers, - pages More than half a million women undergo therapeutic or cosmetic breast surgery each year. Whether you or a loved one is undergoing breast surgery for therapeutic or cosmetic reasons, the options and information about breast surgery can be overwhelming.

Chapter 6 : Download Questions & Answers About Breast Surgery 1st Edition

John Cena answers questions about the rumors of an affair with AJ Lee: Hell in a Cell Pre Show.

Chapter 7 : Top questions about breast cancer

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Chapter 8 : Questions & Answers About Breast Cancer

Questions and Answers I have a family history of breast cancer and I just found a lump on my breast. What should I do? Anyone may develop breast cancer; therefore, frequent self breast exams and annual mammograms are important tools to help detect breast cancer early.

Chapter 9 : Breast Reduction Questions | American Society of Plastic Surgeons

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