

Christine: So the first surgery they remove your breasts, and the plastic surgeon comes in at the end and then puts expander bags under your muscles. I had these huge scars and looked like Frankenstein. I was bruised from my waist to my chest and it looked awful. Seeing the scars every day was a reminder that there was something wrong with me. I was just really angry that I had cancer. Angry that my whole life was changing. Angry that a lot of my inside parts were taken out of me. And so I just felt like I didn't want to sit back and be a bystander in what was happening to me.

And so I found that there are tattoo artists that cover mastectomy scars with beautiful tattoos. It's all floral work. Black and white floral work. But it's not exactly like the same tattoo on both sides, which I think looks really pretty. And I think that's another way to take control over the situation. So this is something that happened to you. You don't have control over it. But you can control how you look. So for me to do that, and to have it look beautiful, and to have it be a piece of art that I love looking at was just another way to take control and take power over the situation. It's very empowering.

Hi. My name is Christine. I'm a high school science teacher, I have ovarian cancer, and cancer picked the wrong woman to mess with.

Caitlin: Welcome to the Feel More Like You podcast, presented by Walgreens and *Pretty Sick, The Beauty Guide for Women with Cancer*. I'm the book's author, and your host, Caitlin Kiernan. In each episode, we'll break down the important information to help you look and feel more like you. In this episode:

Female: I really wish I had done my research before I just said, "Yes. Cut into me." Because I wanted to put it behind me. I didn't realize how permanent it was.

Female: Listen. Breast cancer is one of the only diseases where patients are really collaborative in part of the decision making. I mean, think about it.

Female: So even when you talk to someone who has gotten it done eight years ago or ten years ago, it's a totally different ball game.

Female: To have a body part removed and then have someone do something to come as close as possible to what it looked like before. And how that makes you actually feel.

Stephanie: If this scar allowed me an entire rest of my lifetime, honey, I'll gladly wear this scar, and I'll wear it proudly. And I don't care who knows.

Emily S: The views, information, and opinions expressed in this podcast are those of the individuals involved, and do not necessarily represent those of Walgreens and its employees. While we care about you and your health, this podcast is meant for informational purposes only, and is not intended to be a substitute for professional medical advice, diagnosis, or treatment from a qualified health care professional. Walgreens does not recommend or endorse any specific tests, products, procedures, or other information that may be referenced. Always

seek the advice of your physician or qualified health care professionals to see what the best treatment is for you.

Caitlin: On today's episode, we'll be discussing reconstruction. Before we get into our expert interviews, I'm joined by Walgreens pharmacist Emily Shafer, beauty consultant Laura Catron, and health editor Emily Ornberg to discuss what the options are and what to expect. Hi, ladies.

All: Hello. Hi.

Caitlin: I think there are—I mean, listen, there's just so many different types of reconstruction, scars, surgical approaches. Emily, did you hear from women talk about their scars. What was that feedback that you heard?

Emily O: Yeah. They felt—they were devastated to look in the mirror and see this—bruised and cut up—parts of their body were literally taken from them, and it was really traumatic for them to find ways to grapple with it. But as they healed, as they realized the huge impact that removing the cancer from their body, essentially, was the result, and the scar is what they gained from that, some women felt extremely proud to have that scar. And every time they look down on it, they feel—I did that. I survived that.

Caitlin: I always say, the scar is just the tangible reminder that you were stronger than what tried to kill you. So, remember that. I was really surprised when I went through—after my surgery—the sooner you start on scar patches, things that stop the fibroblast from creating scar tissue and all those kind of—makes a huge difference on whether your scars are red and visible and raised, and all that stuff. So it's really important to be proactive early on about that. Emily Shafer, I feel there's no better person to talk to about this, because you're seeing it on the front lines. What does that consist of? What—tell me about how it heals.

Emily S: One, we want to obviously make sure we're preventing infection, in addition to having that heal. And some people think that they're—they're so focused on minimizing any infection risk, that they're not really helping prevent the scar, the raised scars, darker scars, until it's completely healed. And then they try to go back and treat the scar.

But you can do those in tandem. And so making sure that you kind of plan going forward. What is the plan for—or what will my scar look like, where is this going to be at, and then what products do you recommend from those experts who have done that surgery so many times, then making sure you have the right products, and really utilizing your pharmacist for other ideas or tips of how to apply those products or use those products.

Caitlin: Right. Because they're so many different products. There's creams. There's patches. And depending on whether you have stitches or whether you—how you approach it, the sooner you can get on your post-surgical care, the more you can take care of yourself early on, the better your results are going to be. Laura, I also feel like once you're healed, and you do have scars—because,

listen, surgery results in scars, especially major surgeries like this. But there's also oils and coverups and things that you can do to kind of, sort of minimize how, or to hide them.

Laura Catron: Oh, no, absolutely. And of course once it's healed and everything like that, if you're going to a wedding, or an event, and you to just minimize your appearance of your port scar, there's several things that you can do. There's—there really—

Caitlin: —Because they're pretty high up, too, I feel like if you don't—if you don't know what a port scar is, that's generally almost by your shoulder—in between your shoulder and your breast. It can be high up, and in certain shirts, tank tops, whatever, that will be visible, unlike a mastectomy scar. So, go ahead. Continue.

Laura: Yeah, absolutely. And so when you want to cover up something like that, you can always—if your skin tends to discolor with scars, there's color correctors that you can do, opaque concealers. They have just a really great emollients to them, and they'll hold really nicely, or wax-based foundations are really great. But they make body cover-ups now. There's even a lot of body bronzers that have a little bit of coverage. So maybe you don't want to completely cover it, but you just want it to blend with the rest of your chest. There's a lot of different tips and tricks that you can do if that scar is bothering you.

Caitlin: So before we wrap up, let's get a takeaway from each of you. Emily, what's your tip?

Emily S: I think something that's super important for any patient before they go into surgery would be to get a list from your health care team of what products you're going to need, whether it be for scars, or infections, or any kind of bandages. Usually, you're going to get some from your team upon leaving the hospital or surgery center, but then you're going to need to use some products after that. So if you get the list of what they recommend, take that to your pharmacy. Take that to your pharmacist.

Caitlin: Before surgery.

Emily S: Before surgery, yes.

Caitlin: Good tip.

Emily S: Get everything you need. Get that ready. Put it—whether they have it in the store, or they need to order it in, and so you have exactly what you need at home. Don't need to run out when you're—when you're not feeling well, and you really need to be resting.

Caitlin: Yeah, that's such a good tip. Laura, what about you? I feel like stocking up on like a good thick foundation and a great cream or something would be good. But really, what should we do?

Laura: Just know that if you are uncomfortable with the scar, that there are things that can just help minimize, to just help you in that comfort. And so don't—don't think that this is something that's just going to be like permanently placed on you. Like when you go out in public. If you want to cover it, there are ways that you can do that, and if you want to rock it, then rock it.

Caitlin: That's great. Ladies, thank you so much for joining me. Let's get right into this episode.

Emily O: We spoke with survivors to get their advice for anyone about to undergo surgery.

Karen: Hi, I'm Karen. I'm an actor, teacher, artist, and I am a BRCA1-positive woman. There was one day I remember I said to my wife, "You have to go back to work today." She was like, "No, no, it's not long enough. I need to take care of you. You're still not up and around enough." And I said, "No, I need you to go back to work." And she said, "Why?" And I said, "Because I need to be able to take off my bandages, and deal with this myself for a day without you here."

And I think she was a little sad, but she did it, she went back to work that day. And I unwrapped everything to see what was left of me. And I sobbed, like I just cried, ugly cried in the mirror all day long. It was—it was awful. I just needed to do that. I needed to mourn it, and this body that I used to have that I really liked, actually. And I felt like a new person, totally different human.

I chose to reconstruct, but go much smaller, because I wanted to see how the other half lived, with no bras for the rest of my life. And that's pretty great. So there are some positives. I haven't worn a bra since, and that's kind of nice.

Stephanie: Hi, my name is Stephanie, and I'm a realtor, I'm a certified life coach, I'm a creative, I'm a world traveler. And I just happen to be a breast cancer survivor. You'll probably edit this part out, but I remember when I made the decision that I was not going to have reconstruction. I was not going to have reconstructive surgery. And a friend of mine said, "Really? You're not?" And I said to her, "Oh, Liz, who wants to look at these old tits anyway?" So I mean that was just my take on it, you know.

And I can remember taking my bandage off, and the first time I looked in the mirror. And I got in the shower, because I took it off in the shower, and I sobbed. I just sobbed when I looked down at myself. And of all the things to think of, all I could think of was, 'I am not a carnival sideshow.' Now what the hell made me use a word like carnival sideshow I do not know. But that's how I felt at that moment in time. That I was some freak, some freak of nature. And I just cried that I am not that.

And if this is what I had—if this scar allowed me an entire rest of my lifetime, honey, I'll gladly wear this scar, and I'll wear it proudly. And I don't care who knows.

Emily: Hi, I'm Emily, and I'm a math teacher, a mother, a wife, a sister, and a daughter, and I have breast cancer. One thing that was very uncomfortable for me was to go in and take off my shirt so much all the time. It's kind of hard because not only are you upset because you have breast cancer, now you have some strangers groping you. So it's hard to get used to. But I finally did. I don't have anybody in my family that's had breast cancer, so it was really—it's a new world, a new education for me. Talk to the doctors about everything. They've seen it all, heard it all.

Melissa: Hi, I'm Melissa, and I am a filmmaker, and I have metastatic breast cancer. I will say, I think the best advice is to just get as much information as you can. I really wish I had done my research before I just said, "Yes. Cut into me. Do this, and I'll be done." Because I wanted to put it behind me. I didn't realize how permanent it was. And this is—I think this is—anyone who's listening, talk to as many people as you can, look at as many pictures as you can, talk to as many surgeons as you want, until you find somebody who you're comfortable with. Because I was—I was comfortable with my surgeon, but I kind of just thought that this is how it goes. You go, and they tell you what to do, and then you're done.

And that's exactly what I did. And—so yeah, I chose to reconstruct, and I did do nipple tattoos, and—I mean, I don't know. If I had turned to the internet, I think maybe I wouldn't have reconstructed. Maybe I wouldn't have gotten the tattoos, and—I mean, it's such a different process trying to go backwards, so I'm still kind of considering—I'm even considering having revisions done now, because they're not exactly how I want them, and insurance will cover a mastectomy revision, even—I'm, what, six years out, five years, out, and they'll cover it that far out. So if you're not happy, go back. Get them redone.

Christine: Hi, my name is Christine. You know, before I had a mastectomy, I was a B-cup, and had cute little boobs, and didn't worry about much, and then I was like, wow, I mean, if we're going to choose, let's go ahead and go big. I mean, why not. I mean, I'm not going to go with another little B-cup, I might as well take advantage of this. So I got some big old boobies, and enjoy it, and you know, it's like whatever. If I'm going to have to—if it's either being concave or giving myself some good boobs, I'm going to go ahead and go with the good boobs.

Emily O: There's been a massive shift in breast cancer surgeries. Even in just the past five years, results have improved dramatically, thanks to new research and modern technologies. And because there are more innovative surgeries, and skilled surgeons to choose from, there's also a wider network of women willing to share their experiences.

Jessica St. Clair is a comedienne and writer who starred in movies like *Bridesmaids* and TV shows like *V*. She co-created and co-starred in USA Networks *Playing House*, where she wrote in her character's breast cancer diagnosis as a way to reflect some of her personal experiences as a survivor, including having her best friend help choose her implants. Caitlin sat down with

Jessica to hear about her breast cancer journey and unique reconstruction process.

Caitlin: Getting diagnosed is such a surreal experience. What was your reaction when you got diagnosed?

Jessica St. Clair: I guess I was ten days away from my 39th birthday, and I found a lump on myself while I was feeding my daughter Cheerios, and I don't know why to this day I felt my own boob, because I don't really like to pay attention to them. So I immediately went right away to my Ob-Gyn, and then they—they were like, you know what, 99.9 percent sure it's nothing. But we'll just biopsy it.

And so I had to go to New York a day later to co-host *The Today Show* with Hoda and Kathie Lee, and I had the terrible feeling—which I think, we all as women we have such instincts about these things, but we are told not to trust them a lot of times, but I had the feeling that something wasn't right. And I was really freaked out. And you can see this hour of television. It is one of the most awkward hours. I am so freaked out, that literally at one point I just forgot it was my turn to talk, and you see Kathie Lee go, "Uh, it's your turn." And I'm like, "What?" I am staring into the camera, like, "Oh my God, I have cancer." You can just see it on my face.

And that next day, when I came home, was when I found out. And I mean, unfortunately, I think your brain freezes that moment in time. I wish I could forget it. I really disliked that moment.

Caitlin: Yeah. It's a no-good moment. You are a public person. So of all of the things, and all of the thoughts that you—that a normal person has to contemplate when getting ready to go into this thing, what was most concerning for you?

Jessica: I mean, the number one thing was I was like—I have a 2-year-old, and I was like, I have got to stay alive for her. I mean, really I think I was blessed by having that guide every decision so I didn't hem or haw about whether or not I should get my boobs off. I was told by my doctors that was the safest, and so I said, "Okay, do it." And then I did six months of chemo and radiation. And then while I was doing radiation, I was in the writer's room of my show *Playing House* and so we decided to write that real story of how my friends and my husband and family helped me through it for the third season—third and final season of our show.

Caitlin: I want to know how you feel about your boobs now, girl. I mean, I always love to talk to women who have had a good outcome because there's—we always hear the horror stories, you know.

Jessica: That's right. And it's gotten so—it can be so good now. And so even when you talk to someone who has gotten it done eight years ago, or ten years ago, it's a totally different ball game. Especially in Los Angeles, the boob game is strong. You know, the fake boob game is strong. So you can get the boobs of your dreams. I don't care if you have breast cancer or not, they are available to you, but you have to know what to ask.

So my Ob-Gyn had recommended me to this breast clinic called the Bedford Breast Clinic. And basically, they invented a one-step reconstruction. So normal reconstructions involve multiple surgeries and then like skin expanders to stretch your skin, which are very painful, from what I hear, and uncomfortable, and then you have to have another surgery to put the implants in. Well, my surgeon thought to herself, why can't we just scoop out the bad tissue and put in the implant right then and there, and sew you up, and have it—be done with it.

It takes a very skilled surgeon, and also, right in the moment, they weigh your breast tissue, and they select an implant while you're under to put in. If you want to upgrade, seriously upgrade your boobs, this is not going to be the surgery for you. I wanted to keep my boobs the same size, relatively. But I don't have any scar—visible scar.

Caitlin: Where is the incision?

Jessica: It's right—you know how the boob has, like, you know, it hangs over a little, and so underneath, where you have a bra line, that's where my scar is, and it's only an inch long.

Caitlin: So did they use an implant that was a pre-fill, like a silicone, or did they—

Jessica: It was pre-filled, it was—

Caitlin: —It was pre-filled—

Jessica: —Like a—yes, squished, looked, felt like a gummi bear. So they just put it in, and they put your muscle over it. So it creates like a—like an internal bra. They also used—this was like I guess a gross part of it. They take cadaver skin and create an internal bra.

Caitlin: The reconstruction center in New Orleans uses porcine, because it's the strongest—

Jessica: Oh my God, that's crazy—

Caitlin: —Yeah, it's really interesting. It's like—and that's the fascinating thing about reconstruction is there is just so many different types—

Jessica: —Ways to do it—

Caitlin: —And I think a lot of women—I think that's one that had very overwhelming, and on the flip side, it's great because we have options. I remember my doctor being like, "All right, well how do you want to handle it?" And I was like, "You're the expert. You tell me." And she was like, "No, this is your decision." What? What's your one—what's your number one tip for women who are going to do reconstruction?

Jessica: Well, you know, listen. It's a buyer's market, right? So there are a lot of people who do this surgery, and you want to find—and this sounds really basic, but you want to find the best of the best of the best. So you need to figure out—you want to look at their work, like you—they are working for you. So you want to see their before and after's. You know, let's look our best. Let's feel our best. Like, you don't have to suffer more than you have to, is the point. And you should have boobs that quite honestly, you should be able to go topless on a beach in southern France, which, PS, I'm about to do next weekend.

Caitlin: Heck, yeah, girl.

Emily S: Hi, it's Dr. Emily. Once you get your prognosis, it's easy to get overwhelmed. You may feel bombarded with so many doctors' appointments, paperwork, and information about side effects and risks. So what do you do if you have questions, or need more information to understand your options? Don't turn to your peers or Dr. Internet. Check with your health care team, who can assess your unique situation. Just like Barbara did.

Barbara: When they were talking about what some of these side effects of—I think it was the Herceptin—it can affect your heart function. And for me, I didn't understand what that meant. And it was very scary to me. There's a history of heart disease in my family, and I was like, I—with all due respect, I don't know if I want to do that. And maybe it's just I'm coming up on my time, and we'll just do the chemo other than that, cross our fingers, and see. And the first doctor, she wasn't really able to talk me down out of that—the—a second opinion.

She did a really great job of saying what this means about heart function, is—there are these receptor cells around your heart, it's going to be trying to bind to those, and yes, it can potentially weaken the—how strong your heart beats. When you say you have a history of heart disease, that's arteriosclerosis, that's a different thing. And if you do the Herceptin, the chance of this recurring drops to this percentage. If you don't, you're at this percentage. If I were you, I'd take the risk.

And I was like, hey, that makes sense to me, okay. But, yeah, I think every step along the way, second opinions, even if they're clarifying what somebody's already told you, it's a lot to take in, and you're trying to process a lot, and I—I have loving people around me, but they're not great at absorbing medical jargon or weighing pros and cons any more than I am. It was really helpful to have another person to talk to.

Emily S: Being able to speak openly to your doctor and nurses is so important. Remember, their job is to help get rid of the cancer. So lean on them whenever you have questions. Survivor Stephanie found it was so important to have confidence in her oncology team.

Stephanie: Trust. Trust is paramount. And to have faith—have faith in your team. Because I'm putting my life in your hands. That's the way I saw it, is that I'm entrusting you with my life. Please, show me that I made the right decision. And they did,

with flying colors. Flying colors. I can honestly say that I loved every person on my team. There's any number of good people out there today. You owe it to yourself.

Caitlin: Need help finding a doctor or second opinion that's right for you? Look to the resources from the American Cancer Society and cancer support community to help guide you. I was lucky enough to find my surgeon, Dr. Elisa Port. She cared for the whole me. So how do you find a surgeon that's right for you? What can you expect from surgery? There's no better authority than Dr. Port herself to explain what you need to know.

Emily O: As the chief of breast surgery of Mount Sinai, director of Dubin Breast Center, and author of the Next Generation Breast Cancer book, Dr. Port says breast cancer patients not only have more options than ever before, but more control over their results.

Elisa Port: Think about any other medical situation. If you've got colon cancer, the colon cancer surgeon doesn't say, "Do you want me to take out this much of your colon or that much of your colon?" Right? And so that's just not the case with breast cancer. Many people have multiple options. There is no question that from a surgery standpoint, lots of advancements have been made, many of them with a focus toward improved aesthetics, which is fantastic. Improved reconstructive options.

So it is really, I think, critically important for patients to understand what their options are—to ask all the questions, and have them heard and answered so that they can make the best decisions for—for themselves.

Emily O: Since breast cancer is one of the most common types of cancer, many survivors share advice on implant types and surgical options. Figuring out what path is right for you can be dizzying but the best advice—bring all your questions back to your doctor, and remember, just because it worked for someone else doesn't mean it will work the same way for you.

Elisa: In the age of information overload, I tell patients, you know, so much about breast cancer in 2019 is cutting through all the information out there, and to always remember—always, always, always, that there's no one-size-fits-all, and no two cases are the same. So even if someone has what seems to be the exact same situation, there are probably subtle differences that can make really big differences in what's being done or what's being recommended.

Emily O: Dr. Port says the risk of taking advice from non-medical professionals is that it can perpetuate false information, and possibly sway you from making the decision that's best for you.

Elisa: People come into my office newly diagnosed with a lot of misconceptions about breast cancer in terms of their surgery. So a lot of women do have the option, between lumpectomy, between mastectomy, bilateral mastectomy. What most people don't understand is that for a patient who is a good candidate for both

lumpectomy and mastectomy, survival is the same. You know, and that you don't improve your chances of living longer by removing more healthy breast tissue. And again, thank God, the cure rate for breast cancer is very high, and we do all we can to instill optimism and hope in our patients who are newly diagnosed.

Emily O: If you choose to reconstruct, there are many types of breast implant options. They come in many shapes, sizes, and textures. Over the years, some have come under scrutiny, even as recently as 2019. So it's important that you review the risks and benefits of all implant types with your oncology team.

Dr. Port says there are mainly two parts that determine your implant options. First, what your surgeon considers to be safe for you, and second, how you want your results to look.

Elisa: And it also has to do with the body, frame, size, et cetera. You know, it has to do with the shape and size of your breast. Women who are larger breasted, who want to go smaller can often do that. Women who are smaller breasted who want to go bigger can often do that. Absolutely, there's a range. There's different kinds of implants. There's saline, and there's silicone. Saline implants and silicone have vast differences.

The silicone implants do often give a better cosmetic result because they're different—they can be found in different shapes and sizes. There's smooth implants and then there's rough implants. And then there's rough implants, and there's advantages and disadvantages to both. It's the surgeon's job to decide what they think the safe options are, and offer those to the patient, who can then decide among the safe options which they feel is right for her.

Emily O: Another option you might have is whether to preserve your nipples, or to have them reconstructed.

Elisa: So nipple-sparing mastectomy is something we're doing more and more of, pushing the envelope a little bit, as long as the cancer—there's adequate distance between where the cancer is and the nipple. I think it's important to know that even in someone who—when you save the nipple, you don't preserve any of the sensation. It's really just the look and size and shape of the nipple that you preserve. So usually, the reconstruction of the nipple can involve either a tattoo, or the reconstruction of the nipple, or both.

You can rebuild the nipple, like the nipple mound, there's actually a projection there, and that can be done through a piece of the scar, where you raise the piece of the scar. And then tattoo around it. So there are people who specialize in nipple tattoos, who really make it their life's work, recreating—almost like a 3D tattoo, where you can see almost the contours of the nipple, so there are multiple different ways to do this.

Caitlin: When I had a mastectomy, the doctors removed everything. And I mean, everything, nipples included. When it came time for reconstruction, I opted for

nipple reconstruction and nipple tattoos. And I turned to Vinnie Myers, the Michelangelo of nipple tattoos, to do the job.

Caitlin: How many women do you think at this point in our career you have tattooed?

Vinnie: Nipple tattooing, it's over 10,000. Between 10 or 11,000, something in there, for over 17 years.

Caitlin: That's a lot of boobies.

Vinnie: It is.

Caitlin: You have a very fascinating back story, which led you to become basically the world renowned nipple tattoo artist. Tell me a little bit about your story, how you got into it.

Vinnie: As I look back, all the things I've done in my life set me up for this particular thing. So, being in the military, working in the medical field, getting jobs with doctors and ophthalmologists when I got out of the military and starting the tattoo shop. Being able to do tattoos, my tattoo experience. And then to come back and introduce the medical thing to it again, has made it really fun. It's challenging, and all those things kind of set me up in life to be able to do this, and to do this well.

And it's great to hear the stories, and, just a completely different thing than what I originally signed up for, and I'm really, really enjoying it.

Caitlin: I think what a lot of people don't realize in the breast cancer world is that when you go through—you go to all these different doctors for the various things you need during reconstruction, but then when it comes to the last, final phase of your reconstruction, which is the nipple tattoos. Most of the time, it's the plastic surgeon who has done—who does the tattooing, and/or, in most cases, it's normally the assistants.

Vinnie: It's always astonished me, that—so, I think the problem is that there was always a disconnect between the tattoo industry and the cosmetic tattooing world. They never got along. And the medical tattooing supply industry was supplying the wrong equipment. They had limited colors. The people doing the tattoos don't know necessarily how to put in a tattoo that's supposed to last a lifetime. They just basically cut these people loose to do these to do these tattoos on very marginal skin. So your very thin skin, could be radiated, somebody who has no idea how to tattoo doing those things.

So of the many thousands, out of 10,000 women that I've seen, I've never seen one come out of the doctor's office that looks acceptable. Not even one. And then that's just something that has to change.

Caitlin: I also think there are a lot of women out there, that maybe they don't want to go to their doctor, but oh, well, the tattoo artist down the street knows how to

tattoo, so I'll go to them, which is—I understand they're thinking that they want to go to the person who knows how to tattoo. They want to go to that artist. But reconstructed skin is a very different thing. Stretched thin, it's compromised. Tell me a little bit about that.

Vinnie: Every reconstructed breast is different. Even if you had the same exact procedure done, same type of implants, the same type of reconstruction under the muscle, over the muscle, whatever the case may be, the—every condition is different. There is so many different possibilities, that by going to someone like your local tattooist, who totally might be very well-trained and very skilled at what he does, doesn't know the anatomy of a reconstructed breast. So he may go at it just like doing a regular tattoo. And then you have really serious consequences if they do it the wrong way.

So it—not only do you have to learn how to tattoo a reconstructed breast, you have to know how to tattoo every reconstructed breast, because they're all different.

Caitlin: What I found to be a fascinating part of the process was that you looked at my skin, and my undertones, and you had so many different shades of ink that you could customize, which is what you don't get, actually, in a plastic surgeon's office when you go to your plastic surgeons. They have generally like 12 shades.

Vinnie: They're all pre-mixed. Right.

Caitlin: Pre-mixed shades. And you had this amazing array, that you looked at my skin, and you were like, well, I see some brown undertones, and I was like, "No, I want pink, I want—" And you're like, "Okay, let's customize it like this." And then you created that shade specifically for me. I had a double mastectomy, but there are a lot of women that have bilateral. And so they have to color match—so tell me about that.

Vinnie: The color theory, when it comes to this, plays a pretty important role. It's kind of a combination between what I know can be done, and I know what will last, and what they want. So we have a discussion about those things, and then you mix the colors. So from unilaterals, when you're only working on one side, trying to match the other side, that becomes very difficult. Because you're trying to match something that's a living, natural color, with something that's artificial. So that becomes very difficult. You have to be able to understand what's in their skin that's going to affect the color that you mixed.

Caitlin: So someone comes into your shop. They sit down with you. How—what's the process. Tell me the process, and then tell me—let's talk about how it heals and how long it lasts.

Vinnie: You come to get the tattoo, it's going to take about an hour from start to finish, including paperwork and whatever. The tattooing process, care instructions, all that. It should take about five to seven days for it to be completely smooth and

healed and scab-free. And it should last a lifetime. So some people require touch-up after a year or so. That's very normal. Some don't need any.

Caitlin: Tell me what you think the significance of what you do—of nipple tattoos. I mean, I—from a—from one of your clients, and also as a survivor, to me it was—it was the final moment, and it was—when I left your shop, I left my cancer behind. And I'm wondering what it's like for you. Has there ever been one moment where you've been like, wow, I didn't realize it would have this much of an impact.

Vinnie: Almost every day. I have not been through cancer. Knock on wood. So I don't really get it. I don't really understand what it is to have a body part removed, and then have someone do something to come as close as possible to what it looked like before. And how that makes you actually feel. I never get used to the responses that I see. It's always striking and that's always been something that's—that I love. That's one of the parts of this job that is wonderful, is being able to see that response, feel like you're a part of the end of this horrible journey, and make it a part of the journey that's fun, that's a little exciting.

Caitlin: Let's talk about how to find a nipple tattoo artist if someone has not—does not have proximity to you. What are the important questions to ask them So when you're talking to them, what are some of the questions you would tell someone, "This is—these are the top three questions you want to ask a nipple tattoo artist you're considering."

Vinnie: Number one, you want to find out how many have they done? And do they understand the anatomy of a reconstructed breast? You know, you can tell them that you have implants, and that they're sub-muscular implants, and you'll kind of get a feel whether or not they have any idea what you're talking about.

You want to find out if they're using—re-using needles. There are a lot of these facilities that they—they're using tattoo equipment that's purchased through a medical supply company. And they're very expensive. And the needles may cost 35 or 40 dollars per needle. And they don't want to dispose of it after every use, so they'll autoclave it. Autoclaving is fine, and it will sterilize the needles, but you're much safer if you use disposable needs. So you want to find out whether or not they use single-use needles and single-use equipment. If they re-use their equipment. These are critical questions.

If they do re-use, then you ought to be able to see their autoclave and find out whether they're on top of universal precautions, and on top of that whole sterile game. And if they aren't, you don't want to get your tattoo from them. So there's—it's a difficult thing, because a lot of people don't understand or know all this stuff.

You know, the number one thing is, talk to the person who is going to do it. Find out how experienced they are and get a feel for them, whether or not you're feeling like you have some connection with this person. You get along. Is the = a good vibe? How experienced they are? But there are people out there who

are doing it well, and you can find them. There are tattooers who are doing this more and more these days. Just needs to be a lot more.

Caitlin: Before we wrap up, tell our listeners where they can find you online, and where your shops are.

Vinnie: Vinnie Myers Team dot com is our website. V-I-N-N-I-E M-Y-E-R-S. My personal website is VinnieMyers.com. We are in Carroll County Maryland, Finksburg, which is about 30 miles west of Baltimore. We also visit cities around the country and I'd love to tattoo as many people as need it.

Emily O: During the emotional process of covering their scars, we're now in Chicago—tattoo artist David Allen puts so much care and empathy in trying to ease the nerves of his clients. Down to the sound of his tattoo machine.

David Allen: That's part of the whole comforting people and being in pain for a long—like four or five hours. Just this alone helps a lot. Because usually the tattoo machine is way too loud.

Emily O: While some artists like Vinnie recreate the look of an actual nipple, David specializes in a different kind of mastectomy tattoo. He collaborates with survivors across the globe to customize intricate and ethereal floral pieces, from small bouquets to large-scale works that wrap around shoulders and ribs, using shading and design techniques to create balance in ways that surgery could not. David wants to help turn their scars into art. And to take back control from their trauma.

David: There's a lot of nerves going around this whole issue of—because you are taking back control, and this is a forever thing, where it can alter your body. So any point that you can allay those concerns, just do it, just lean in and help. Because it's not often you get to use your craft or your hand or your talent or your skill and directly help somebody, or directly make a new point of reference.

Emily O: Survivor Christine sought out David to help turn her scars into something she felt proud of.

Christine: So this thing happened to me. I had my breasts removed, I had to go through reconstruction, there was very little choice or input that I had with that. And one thing I could do was choose to cover my scars up, and instead of it being something that happened to me, it was now a choice that I'm making, and a beautiful choice that I'm making, and something that makes me feel good, and—I mean, I have these really awesome tattoos instead of these ugly scars. And it is empowering to be able to take that back.

David: We all have areas of our body that we're insecure about, or that are—we have difficulties with, because we're really hard on ourselves. Take that to the next level, where something's happened to you, where maybe you were one way, but then suddenly it's different, and it's been altered. So not only—what if it was an area that you actually loved about your body, and then suddenly it

becomes completely an area that you—there are women that move mirrors out of their bathroom, because they don't want to see it when they get out of the shower. See themselves.

Christine: Yeah. That's how I felt. When I would get out of the shower, get dressed, like, I didn't want to look in the mirror because all I saw were scars. Every single time. You know, I would wrap a towel around myself, or put a robe on or something because I didn't want to look in the mirror and see that.

Emily O: Once Christine and David completed her tattoo, she said her entire outlook changed.

Christine: And I remember—I think it was the next day—when I had taken a shower, I was like looking in the mirror, and all excited, and all proud of myself, and I was like, damn, this looks good. And I mean, it was immediate. Everything had changed. I don't even know if I can put into words what it is that you gave back to me. I can't describe it. Like it literally is one of the worst things, and you made it beautiful again for me. And that is—like I have no words for what that means.

David: I don't know if I have words to respond. Being a part of the process is—it's—I say this a lot—it really feels like an honor to be—to jump in for a day. In someone's life. And I feel like the fact that you let me—you let me in, you know. You trusted me. And that—that is what kind of made it happen, is the collaboration together. But—

Christine: This is one of the most meaningful tattoos that I have because it gave me something back that I felt like was taken from.

Emily O: David doesn't take this lightly. He starts to tear up, and explains just how much it means to him to be able to make such an impact on survivors' lives. So much so, that he's invested in state-of-the-art medical equipment, including a body scanner.

Emily O: Can you talk about what goes on over here?

David: Oh, yeah. So I've been learning how to scan people—well, it's called photogrammetry—so I take a photo from multiple angles of the body, and then the computer, the software stitches it into a three-dimensional form. So if I can see someone from multiple angles and understand how they see themselves, it just gives me a different understanding of every angle.

Emily O: His ability to take a 3-D photograph of his clients allows him to create his own process, one that omits the onerous rounds of customized sketches, which helps when his clients travel from across the globe to see him for only one session. Instead, he's illustrated countless elements of his tattoos. Dozens of flowers and petals, branches and leaves, and scans each of them in to digitally render them on the spot.

David: I've broken them apart and I deconstruct them to a point where I can use them in ways. So I have branches and leaves and petals—and—all separate. And I use them almost like graphic design. Because I take a photo of the person, I bring them into photoshop, and I can show them what it would look like before we do it. So the constraints are based on how they see themselves, and what they way. And some things I can't do. I can't fix the lay of the land, but I can optically make the eye see things differently.

I've even found that I've started to push the asymmetry, because maybe a breast will be three inches lower than the other breast, and so I could draw one breast up with the eye, and then pull the other down by going on to the ribs. And it's—that's not really a common thing. It's kind of become that, but it's worked in an optical way that—the nipples would take away from that. The nipples are a center line. I'll show you.

Emily O: Wow.

David: So after capturing the form, if you come over here, and then—

Emily O: David shows us a rendering of one of his pieces with real-life dimensions of his delicate, black-and-white magnolia flowers, thoughtfully cradling her breasts and ribs.

Emily O: Oh my gosh, that's so cool.

David: If you—yeah. You actually see her veins and stuff. So that's a three-dimensional shape, and then it's captured in a—like a photocell—it's like, I don't know. I'm just trying to figure out ways to also show what I do. Because it—this is dimensional, and we see everything flat, so—

Emily O: While the tattoo itself is highly technical, David spends most of his sessions talking to the survivors and understanding their stories, than actually tattooing. Because of his focus on empathy, David's been asked to speak at a number of medical conferences to help doctors understand how to work with patients during the healing process.

David: A lot of the doctors have had me come and speak. They didn't ask me about the technical aspects and what I did. They asked me about, "How do you talk to your clients? You get more time with them than we do. We only get 15-20 minutes at a time. You're hanging out for two hours. Tell us about that." So that's been beautiful. I didn't expect that at all. The empathy aspect.

Emily O: David hopes that one day he can bridge the gap between surgeons and nipple tattoo artists to help guide the end results and allow the survivor to have full control over the way they heal.

David: I've found a lot of plastic surgeons love what I do because I can—I can trick the eye, and there might be less revisions if someone's happy with how they look, or see themselves differently. But also, technically, what if we know that a final

product is one of these tattoos? What if, instead of having symmetrical lines, what if we made them off-kilter on purpose because it's easier to hide? So if there's enough skin, if we know that beforehand, you could even alter the incisions. If I can partner with a plastic surgeon. At least talk about that.

Caitlin:

Before you leave for the hospital to have surgery, there's a few things you should pick up before you go. When you get home, you'll be glad you grabbed them.

Number one, new cozy recover clothes. This is key to maintaining your sense of self. I bought a few pairs of cute sweats and I felt comfortable enough to join friends for brunch, or host a Bachelor viewing party.

Two, cozy blankets. Post-surgery, the drugs leave you feeling cold. You'll also be spending a lot of time in bed. A friend got me this faux fur blanket with silk trim, and I felt like a queen whenever I wrapped myself in it.

Three, drainage bras. My drains were secured to my hospital gown, by safety pins. Safety pins. When I returned home and didn't have nurses to help me pin my drains back to my clothes, I can't tell you how many times I pricked myself. Don't be a boob like me. Get the right bra before you get surgery.

Emily O:

Recovering after surgery is going to take time. Dr. Port says to be patient with your body, take things slow, and rest.

Elisa:

What's important to tell people is, is you know, as you would recover from any injury, surgery is an injury. And it's really important to pace yourself. I always say, if you sprained your ankle, you wouldn't rest for two weeks and then go out and run four miles, right? So there is a resting period, and then there's getting back into daily life. You know, by, and obviously building up activity over days and weeks to come. I think it's important to know that it's exhausting for the body to heal wounds, and so patients can feel really tired. Because a lot of their energy supply is being diverted to healing wounds. So I tell patients, be prepared to feel tired, and to take naps if you need it, and to sleep when you need it, because it's part of the healing and restorative process.

Emily O:

Brianna made sure her recovery was as comfortable as possible.

Brianna:

Once I knew I was going to be spending a lot of time at home, I bought a new mattress, a full size bed, no more twin bed, and I bought my TV, which I also still have, which I love, very expensive smart TV. I'm like, I'm going to be laying in bed and watching TV, so I need to invest in this. It was a great decision. Treat yourself, and not just—a mattress seems like that not that treat—like, not exciting, but it's so good for you to get a brand new mattress.

Emily O:

Ashley found simple things, like keeping up with her hygiene, to make a huge difference during her recovery days.

Ashley: Just showering, doing your makeup, trying to stay positive. I think when you feel good about how you look, and that's like along with—with clothing, with makeup, with your hair, all of that. When you feel good about how you look, you just feel better throughout the day of—any day. You feel better about myself. Smiling more, and all that.

Emily O: Karen needed her me time. But as a working mom, she had to find time to put it on the calendar.

Karen: Having alone time, or time to yourself, or practicing self-care, allows you to not only physically heal, but also mentally heal. And kind of emotionally and mentally wrap your brain around everything that's happened to your body, and is happening to your body. Our brains are very powerful, and I think if we keep our brains under stress and duress, we're going to have a harder time healing. And I think if we can put our brains into a positive space, even for a little while every day, it makes a big difference. We're—we're so busy all the time, that we forget that sometimes you just need to actually take some time out for yourself.

Emily O: Melissa sees great value in self-care. Both the pampering, and preservation.

Melissa: I do think that there is so much more to self-care than—I think that everyone assumes that it's like taking a bath, having wine, eating chocolate. That's my self-care. And that's great, and those are wonderful things to do. And then there's this other idea of self-care which is actually making yourself do these things to upkeep your hygiene, your health, and I think that will help you stay afloat. Caring for yourself, and doing things that you don't want to do.

So I am still going through treatment, but when I was going through it in 2011, there were things that I didn't want to do. Like I didn't want to get up and brush my teeth. Like, I felt like I couldn't. It just—there was no energy. And forcing myself to do that kind of stuff were pretty—and still are pretty instrumental. Because people say, "Oh, if you're feeling down, take a shower, like drink water, eat food, your normal everyday needs, make sure that they're being met." And I think that that is an essential form of self-care.

When I feel so angry at my physical body, I think it's even more important to make sure that I'm taking care of it as well as I can because eventually I'm going to feel as bad. And I will obviously appreciate all the things that I did to keep myself feeling good.

Caitlin: To recap, here are three things I want to be sure you take away from this episode. Number one, there are more surgical options than ever before. Number two, post-operative care starts the minute surgery is done, and the first week is super critical for healing. Follow important steps for wound and scar healing asap. Number three, reconstruction can take a long time. But I'm an advocate for finishing all the steps of reconstruction, including getting your nipple tattoos. It allows you to close the door on this experience once and for all.

Emily O:

Special thanks to the survivors for sharing their stories. This Walgreens podcast was clinically reviewed by Emily Schafer. It was written, reported, and produced by me, Emily Ornberg, with Taylor Banasik, Lauria Locsmondy and Stefan Clark. It was co-produced by Caitlin Kiernan, author of *Pretty Sick: The Beauty Guide for Women with Cancer*. Follow her on social media at @CaitKiernan. Recording and mixing by Matthew Lejeune, with Connor Boyle, at Chicago Recording Company. For more oncology side effect help, visit Walgreens.com/FeelMoreLikeYou. To find oncology trained pharmacists and beauty consultants in your area.