BREAST RECONSTRUCTION

Exploring Your Options

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PARK & REBOWE CLINIC
FOR PLASTIC SURGERY

At the Park and Rebowe Clinic for Plastic Surgery, we strive to make your journey as comfortable, educated, and private as possible. The physicians, cosmetic consultants, nurses, and patient liaisons work tirelessly to provide personalized, compassionate care every step of the way. Our process focuses on clear communication and patient education to foster a bond with our patients as close as family members. It is these relationships, bred from a passion for patient care and superior outcomes, that are the backbone of our practice. Maintaining patient confidentiality and privacy is a fundamental value at Park and Rebowe. The surgery center includes state-of-the-art surgical rooms and pre-surgery and recovery bays that are maximized for privacy and comfort. Dr. Park and Dr. Rebowe, along with all the staff, respect the dignity of each patient, safeguard their privacy, and maximize discretion at all points of the patient journey.

The results of our physicians speak for themselves. As board-certified plastic surgeons and specialists in cosmetic procedures of the face, breast, and body, Dr. Park and Dr. Rebowe understand the unique challenges of aesthetic procedures. Our approach to each patient emphasizes not only their specific desires and goals but also the refinements in our techniques accumulated from the technical execution of thousands of cases.

On top of delivering optimal results, we utilize the most up-to-date and state-of-the-art non-surgical devices and treatments to complement and enhance our surgical artistry. We view our role as a director on the roadmap to the procedures, both surgical and non-surgical, that will achieve your aesthetic goals and showcase your natural beauty.

A breast cancer diagnosis produces a wide range of emotions – shock, uncertainty, and grief to just name a few.

There are many decisions to be made and often a short period of time in which to make them.

The amount of information can feel overwhelming and comes from many different sources. It is a situation that leaves many women feeling vulnerable. This booklet provides an overview of many of the breast reconstruction options available to you. There is also information from the National Breast Cancer Foundation to help ensure that patients have access to the best resources possible.

Our goal at Park & Rebowe Clinic for Plastic Surgery is to help each woman along their path to recovery. We want to provide information and hope when you are surrounded by such difficult choices. After treatment is complete, we want each woman to confidently walk forward into the next chapter of her life.

In this short booklet, you will find basic information on breast reconstruction to help with your initial questions. When you are ready for a conversation, we are available to help you decide which of these procedures is best suited for you. Whether you choose to undergo breast reconstruction or not, we support you and will continue to be available as a contact to encourage you in your breast cancer journey.

The Basics
What is breast reconstruction?

The term breast reconstruction typically refers to the process of surgically creating a new breast following a mastectomy. This involves creating a replacement for the breast mound and subsequently creating a nipple. There are several ways to perform this procedure. The goal of each technique is the same: to create a breast that matches the opposite, natural breast as closely as possible. In cases where both breasts are removed, the objective is to restore the breasts as closely to their preoperative state as possible.

A reconstructed breast will not look exactly the same, but it should provide natural proportions in clothes and undergarments. Breast reconstruction may involve oncoplastic procedures to reshape the breast at the time of a lumpectomy by your oncological breast surgeon. If a patient is in need of a breast reduction, this can sometimes be completed in conjunction with the lumpectomy. Similarly, a breast lift or other type of reconstructive procedure may be used to provide the needed lift or fill of the area being removed. These reconstructions are best done after the lumpectomy but prior to radiation.

Is breast reconstruction right for me?

It is important to know that breast reconstruction is optional. You do not have to undergo breast reconstruction following mastectomy, and you do not have to make the decision to undergo breast reconstruction at the same time as your mastectomy. The decision to undergo breast reconstruction is extremely personal for each woman. Only you can decide if it is the right choice for you and if it is the right time.

The benefits of breast reconstruction are numerous. For many women, it allows for improved body image following a difficult diagnosis and operation. Reconstruction allows patients to achieve a better fit in clothes, undergarments, and bathing suits without the need for a prosthesis. Many studies have shown improvements in quality-of-life scores and psychosocial well-being in women who choose to move forward with breast reconstruction.

Breast reconstruction does add additional procedures to the breast cancer treatment process. These procedures are well tolerated by the majority of women who undergo breast reconstruction. Women with certain medical problems at baseline will need to discuss treatment options with their doctor. Significant heart, lung, liver, kidney, or other major organ dysfunction is generally a contraindication for breast reconstruction. Common medical problems such as high blood pressure, diabetes mellitus, and high cholesterol do not usually prevent a patient from undergoing breast reconstruction, but they will need to be managed appropriately.

When should I have breast reconstruction?

It is possible to have breast reconstruction at the time of your mastectomy. You could also choose to delay reconstruction for months or even years following your mastectomy. Both time periods are feasible and can provide a good cosmetic outcome.

Reconstruction performed immediately, or closer to the time of mastectomy, will often have superior aesthetic outcomes because the breast tissue is more pliable and more easily manipulated. The time frame for this type of reconstruction ranges from the same time as your mastectomy to within two to six weeks of the mastectomy, before scar tissue forms. However, immediate reconstruction is not always possible.

Among other things, post-mastectomy radiation therapy, a history of smoking, or the need for immediate aggressive chemotherapy are common reasons to delay reconstruction.

Delayed reconstruction can still be very rewarding. Reconstruction during this period may require some extra steps to ensure that the tissue is of good quality, but the results can be just as positive as immediate reconstruction.

Does the type of mastectomy that I have influence the type of reconstruction?

The type of mastectomy will influence the type of reconstruction that you pursue. A mastectomy or partial mastectomy (lumpectomy) is meant for only two purposes: to treat a known cancer or to decrease the risk of developing a cancer. It is important to keep this in mind during this process.

In a radical mastectomy, which is rarely performed, the breast, nipple, areola, all lymph nodes, and surrounding chest tissues including skin and muscle are removed and a large flap is needed to reconstruct. In a modified radical mastectomy, the breast, nipple, areola, and all lymph nodes are removed, but muscle is not. In a simple mastectomy, the breast, areola, nipple, and a sampling of sentinel lymph nodes are taken. If the mastectomy is "skin sparing," your cancer surgeon will remove as much breast tissue as possible and take the nipple and a small amount of skin around it. This will typically require the recruitment of additional skin with either an expander or flap during reconstruction. If the mastectomy is "nipple sparing," then the nipple will be saved along with the skin. Because there is no skin missing, it may be feasible to place a flap or implant directly underneath the remaining skin.

There are many instances in which a tissue expander may still be used in order to better control the remaining skin envelope. The type of mastectomy is not solely a patient decision as the primary determining factors for the surgeons are cancer location and characteristics as well as preoperative breast size, shape, and contours to determine the most appropriate surgery.

Many women will also consider a contralateral preventative mastectomy in addition to the mastectomy on the side on which they have cancer. The decision to undergo a contralateral prophylactic mastectomy should be more about cancer reduction than reconstructive potentials. However, having a contralateral mastectomy may improve symmetry between the two breasts.

For women interested in flap reconstruction, it is important to note that many women do not have enough abdominal or thigh tissue to make two breasts of adequate size. This should be considered when contemplating a prophylactic mastectomy.

Types of Breast Reconstruction
Implant Based Reconstruction

The vast majority of women will be candidates for breast reconstruction utilizing a breast implant. In order to be a candidate for this type of reconstruction, the skin remaining after your mastectomy has to be of good quality. Typically, this means that there can be no radiation injury, previous infection, or other issues with the mastectomy skin flaps. In this type of reconstruction, breast implants are utilized to restore volume to the skin once the breast tissue is removed. Because skin is removed during a normal mastectomy, this procedure typically takes three stages.

In the first stage, a temporary expandable implant called a tissue expander is placed. When the expander is placed, it is either deflated completely or inflated only a small amount. This allows the skin to shape and form correctly. It is not always trying to create extra skin by stretching it. Over time, saline is then added to the expander in clinic by placing a small needle through the skin and into the expander port. Since the breast skin is typically numb at this point, this procedure is not associated with a significant amount of discomfort. In general, tissue expanders are harder and less natural feeling than breast implants as they need to be tough enough to direct the desired shape and resist the compression of the expanding skin.

Once the skin is completely expanded, generally at least three months' time, the expander may be replaced with a permanent breast implant. Breast implants are made of silicone shells filled with either silicone gel or saline. Each implant has its own set of benefits and risks that your surgeon will review prior to your reconstruction. The breast implant is placed into the pocket created by the tissue expander during the second operation. At this point, the relatively hard expander is replaced by a relatively soft breast implant. This second operation will give a more natural appearing look and feel to the breast. It will take the breast implant approximately three to six months to settle into the correct place. The third operation is generally focused on nipple reconstruction.

Following placement of the permanent implant, there may be some irregularities around the implant or chest wall that are cosmetically unappealing or may cause clothes to fit uncomfortably. If that is the case, minor adjustments may be made months after the permanent implant. These adjustments can be performed by removing excess skin or by removing fat from the abdomen via liposuction and placing the fat into the breast. This is a normal part of breast reconstruction and should be expected. It is also expected that the implant may need some type of operative maintenance during the patient's lifetime. These short, outpatient surgeries are typically due to natural changes in a woman's body and not by implant malfunction.

Autologous Reconstruction

The second option for reconstruction is utilizing your own tissue to rebuild your breast. This is called autologous reconstruction or flap reconstruction. In this operation, tissue is taken from another part of the body and moved to the breast utilizing specialized surgical equipment and technique. Flap procedures are highly specialized and tailored to each woman. In general, women are candidates for this procedure if they have ample donor site tissue and a favorable comorbidity profile. If you are going to receive or have received radiation to your breast, a flap procedure may be necessary to bring in new, non-radiated tissue to the mastectomy site to complete reconstruction after radiation changes have settled. The tissue typically utilized is the abdominal tissue in the lower part of the abdomen.

This is the same skin and fat removed during an abdominoplasty or "tummy tuck" procedure. Therefore, this procedure results in some abdominal contouring in addition to the reconstruction of the breast. Some loss of function of the abdominal musculature may be necessary depending on the patient's anatomy, but advancements in surgical techniques have made this less likely. Tissue can also be taken from the thigh, buttocks or lower back. The non-abdominal donor sites are typically performed only at large tertiary care facilities as they are much less common procedures.

Flap reconstructions can have many benefits. Abdominal tissue has many of the same characteristics as breast tissue, so it can provide

a natural looking reconstruction similar in shape and natural ptosis (droop) to the native breast. While this type of reconstruction still requires two to three operations to shape the breast, once these operations are complete there is typically no long-term need for reoperation. The contouring of the abdominal donor site is like that achieved with an abdominoplasty. The flap will be prone to the same gravity, skin stretching, and aging as normal tissues.

These reconstructions also have their drawbacks. The downtime of these procedures is four to six weeks compared to the two to three weeks of an implant-based reconstruction. Also, as this procedure requires removing tissue from a distant site, there is a risk of complications at the site from which the tissue was taken. Bleeding, wound problems, abdominal bulge, or other issues can complicate this procedure. Furthermore, when the tissue is moved, there is a risk of flap death and reconstructive failure.

Overall, these procedures are complex operations but can provide stable, aesthetically pleasing, long-term reconstructions. While not all women desire this type of surgery or are appropriate candidates, many women will find reconstruction a worthwhile option for them.

Oncoplastic procedures are those operations that combine cancer removal with a plastic surgery procedure to improve the cosmetic outcome of the procedure, alleviate other associated symptoms, and to limit or prevent deformities from a lumpectomy or partial breast removal that can leave divots. These operations typically fall into two separate categories, tumor removal with breast reduction or a tumor removal with a breast lift or tissue rearrangement.

Patients that are already candidates and desire a breast reduction should consider a breast reduction at the time of mastectomy. The goal of breast reduction is to alleviate many of the symptoms of having excessively large breasts. These problems can include back pain, neck pain, shoulder grooving from heavy brassieres, rashes underneath the breast, and limitations of daily activities. A formal breast reduction procedure combines a breast lift with a significant reduction in the amount of breast tissue.

A breast lift procedure, formally known as a mastopexy, is meant to correct sagging or drooping breasts, which are typically characterized by nipples that hang too low. During a breast lift operation, the nipple is elevated to the correct position, however, very little breast tissue is removed. These procedures are typically considered a cosmetic improvement in the overall shape of the breast.

During an oncoplastic procedure, the general or oncologic surgeon will first remove the tumor along with some normal surrounding tissues. Following this resection, a plastic surgeon will perform a formal breast reduction or breast lift or tissue rearrangement to alleviate any typical symptoms of macromastia or to improve the cosmetic appearance of the breast, or to fill in a void.

Whether or not you are a candidate for these procedures depends on several things. Primarily, tumor location and size will determine whether or not an oncoplastic procedure is possible. Most oncoplastic procedures depend on moving the nipple based on known blood supply and rearranging the remaining tissue. If tumor resection interferes with known blood supply to the nipple or removes too much tissue to leave a cosmetically pleasing breast, then an oncoplastic procedure will not be possible.

If you are a candidate for an oncoplastic procedure, your cancer surgeon and plastic surgeon will decide how much tissue can be removed from your breast. The typical requirement for breast reduction is the removal of just over one pound of breast tissue per breast. Your plastic surgeon will determine whether or not this is possible.

If there is not enough tissue for a formal breast reduction, then a breast lift will be planned.

Both breast lift and breast reduction procedures will typically have to be pre-approved through the patient's insurance company. Your plastic surgeon will assist you in this process.

Which reconstruction is right for me?

There are many considerations to determine which reconstruction may be right for you. The type of mastectomy, the need for radiation, the shape of the native breast, unilateral versus bilateral, desired shape and size, and other factors will all play a part in this decision. This guide is meant to be a general introduction to breast reconstruction. As your surgeons, we will continue to walk you through the decision process and recommend a reconstruction that will provide the best option for you. It is our sincere hope that the information and photos in this booklet will provide you a solid starting point for initial conversations with your surgeons.

The following pages highlight real patient breast reconstruction examples from the Park and Rebowe Clinic.

Tissue Expander Based Reconstruction

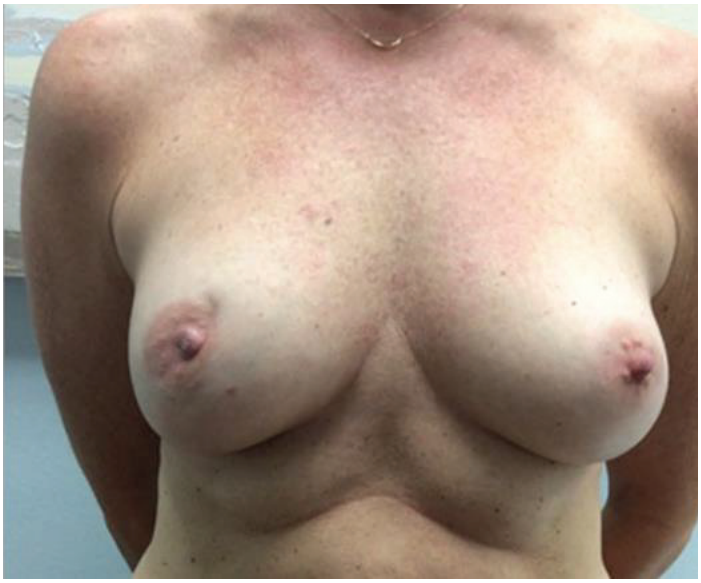
47 Year Old Female

Diagnosis: Right Sided Breast Cancer

Plan: **Right Sided Skin Sparing Mastectomy with Tissue Expander Based Reconstruction**

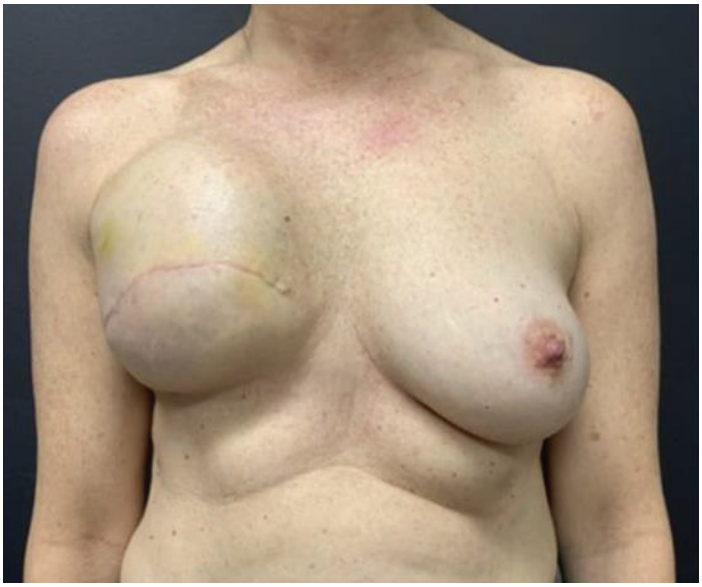
Right breast: Submuscular Implant Placement 465cc High Profile Silicone Implant

Preoperative

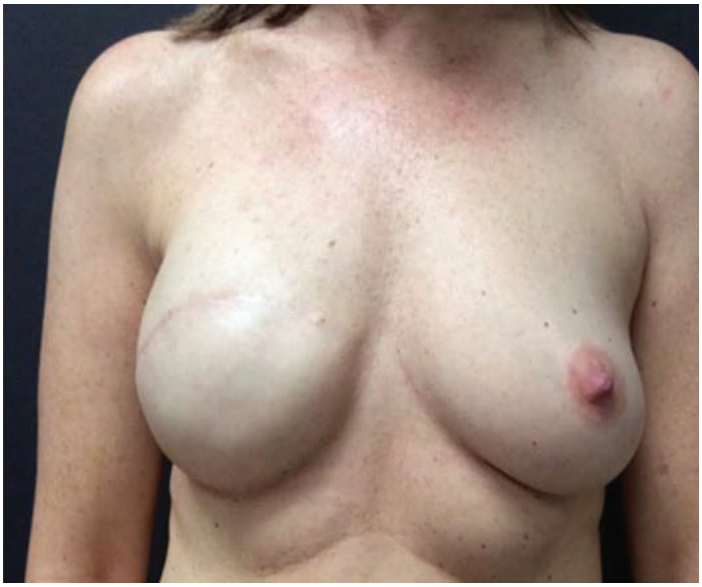


2 Months Post-Op

Tissue Expander Filled To 480cc



1 Year Post Implant Exchange



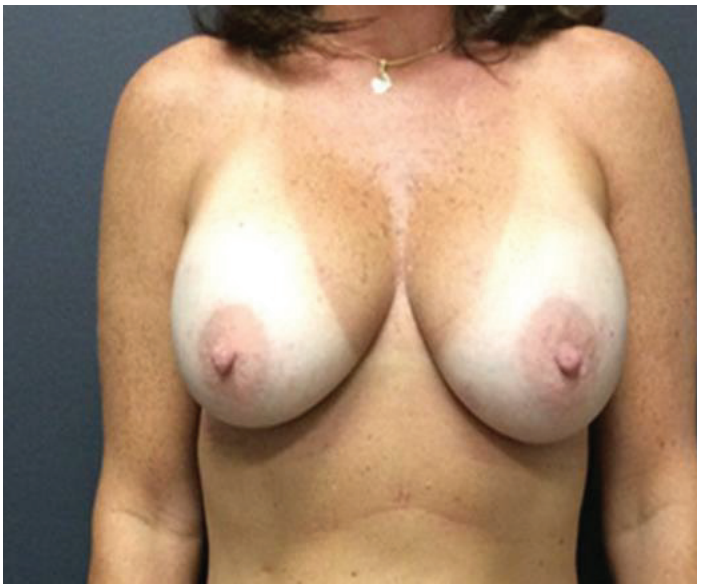
49 Year Old Female

Diagnosis: Right Sided Breast Cancer with Previous Submuscular Implants
Plan: **Right Sided Nipple Sparing Mastectomy with Short Term Delay Placement of Tissue Expander and Dermal Matrix with Contralteral Implant Replacement and Breast Lift**

Right breast: Submuscular Implant Placement 465cc High Profile Silicone Implant
Left breast: 400cc Smooth Round Ultra High Profile Silicone Implant

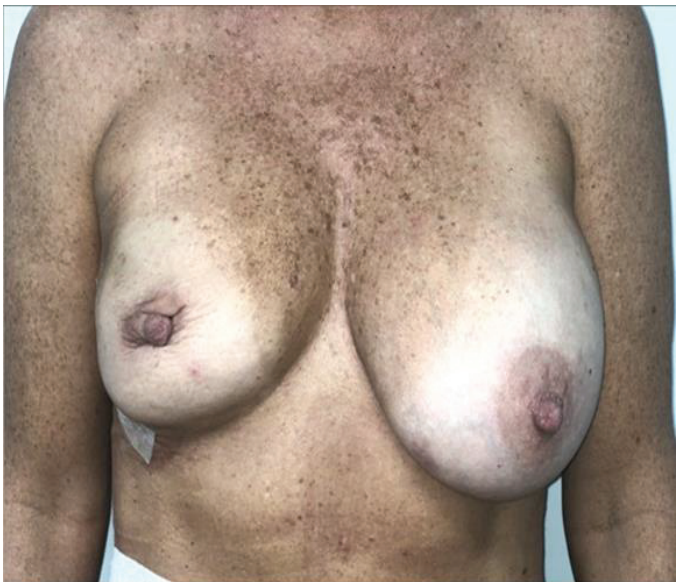
Mastectomy Surgeon: Dr. Caroline McGugin

Preoperative



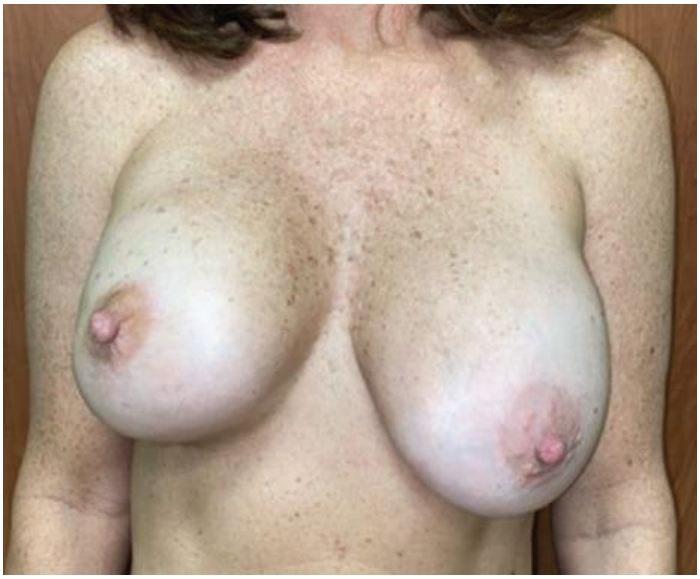
2 Weeks Post-Op

Tissue Expander Right Breast



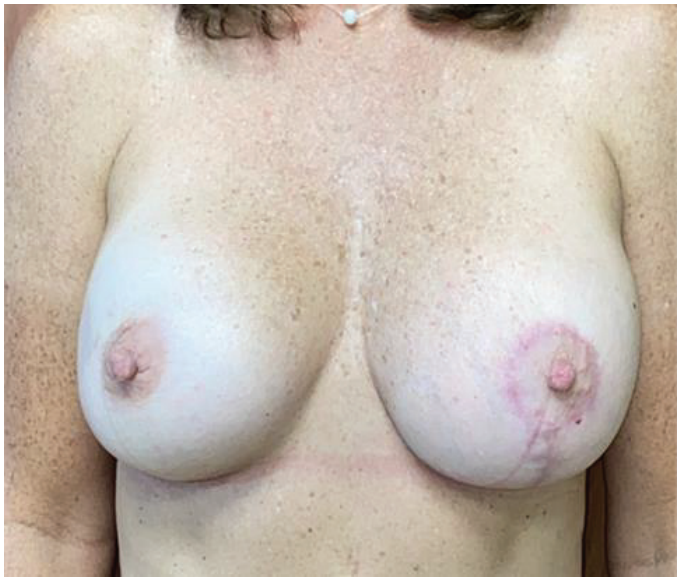
10 Weeks Post-Op

Tissue Expander filled to 600cc



5 Months Post-Op

Right Tissue Expander to Implant Exchange with Contralateral Implant Exchange and Breast Lift



42 Year Old Female

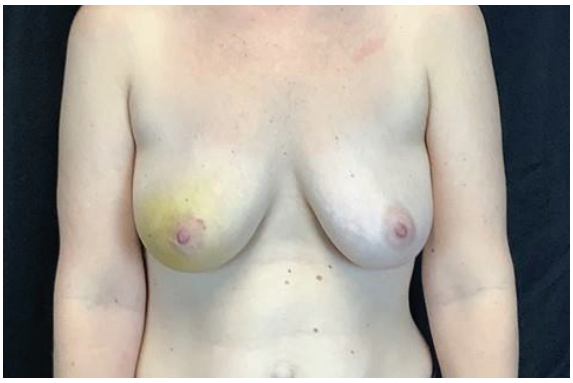
Diagnosis: Right Sided Breast Cancer

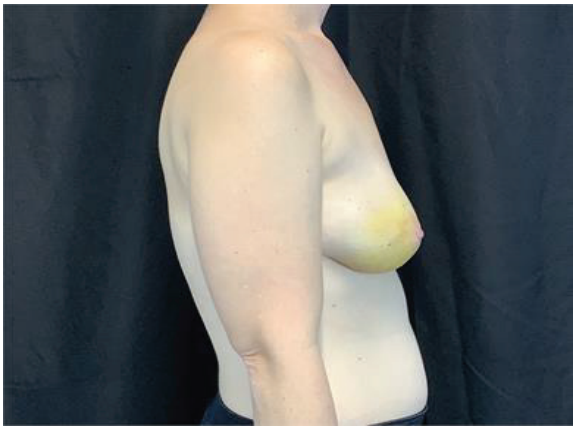
Plan: **Bilateral Skin Sparing Mastectomy with Immediate Tissue Expander Based Breast Reconstruction Vertical to Wise Incision**

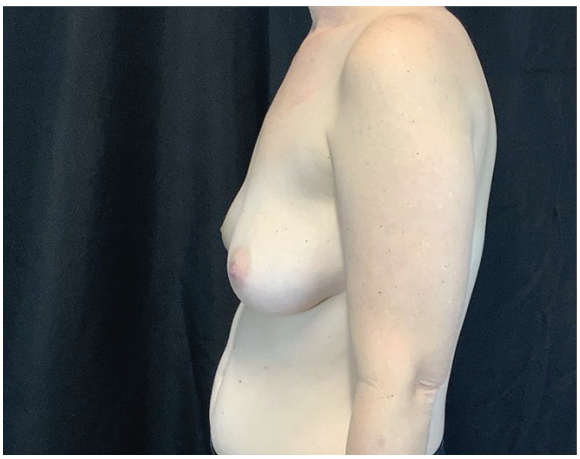
Right breast: Submuscular Implant Placement 465cc High Profile Silicone Implant

Mastectomy Surgeon: Dr. Caroline McGugin

Preoperative

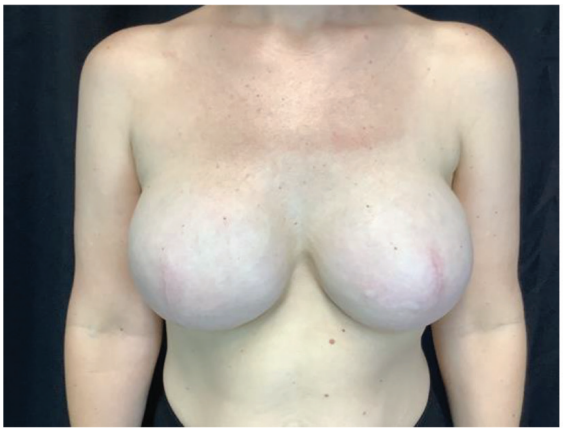


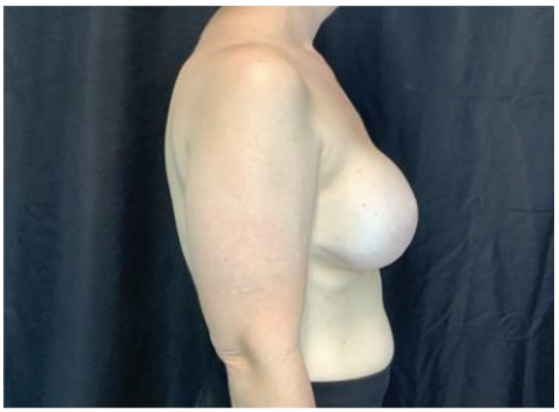


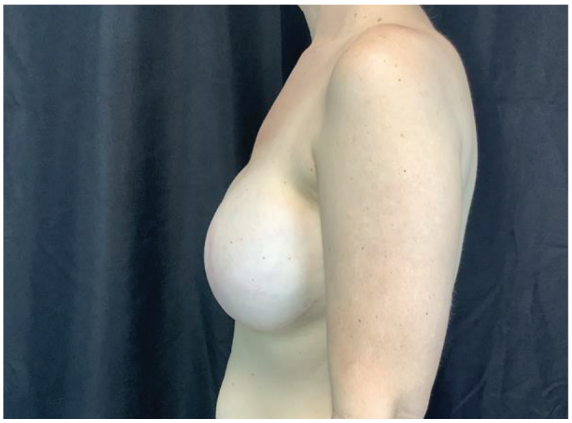


6 Weeks Post-Op

Expander to Implant Exchange







44 Year Old Female

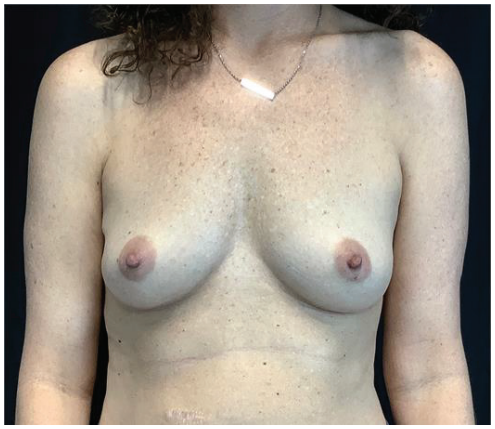
Diagnosis: Left Sided Breast Cancer

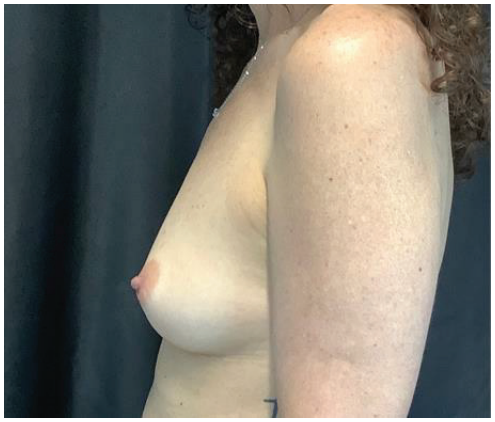
Plan: **Left Breast Nipple Sparing Mastectomy with Tissue Expander Based Breast Reconstruction**

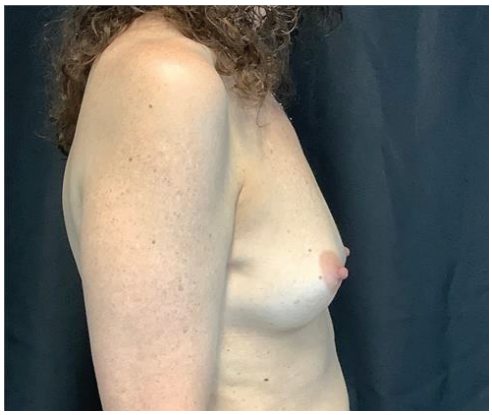
Right breast: Submuscular Implant Placement 700cc Smooth Round High Profile Silicone Implant

Mastectomy Surgeon: Dr. Lindsey Beakley

Preoperative

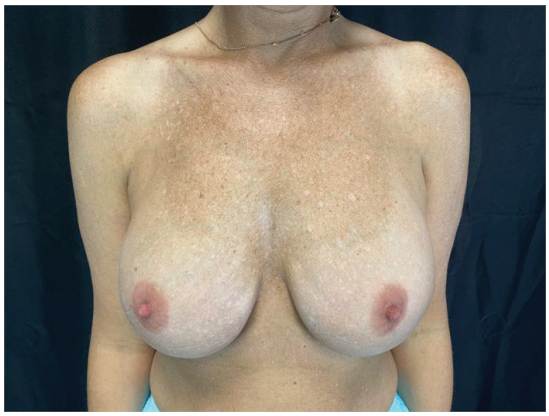


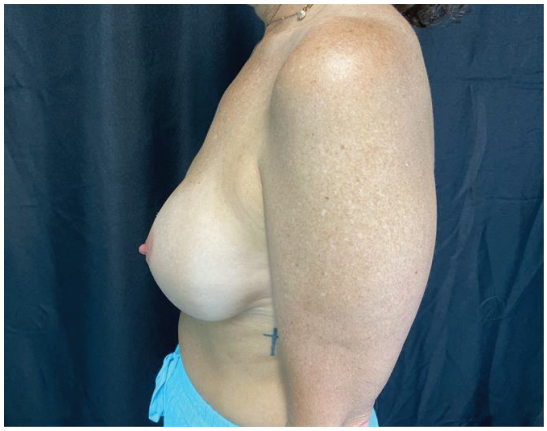


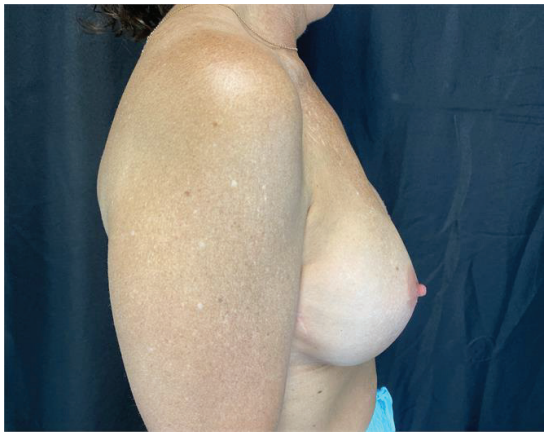


8 Months Post-Op

Expander to Implant Exchange







Patient Testimonials

"Having been diagnosed with breast cancer, it was my choice to have a double mastectomy w/reconstructive surgery, and the last thing you want to do is walk into a plastic surgeons office. Dr. Park was amazing, he made me feel so good about myself and also was very reassuring that everything was going to go well for me. From my first visit until now Dr. Park and his staff have been very easy to communicate with and made my experience as pleasant as possible, considering the circumstances. I am not even a week out from last surgery by Dr. Park and I am already so pleased with his work. Dr. Park has compassion for his job and his patients, if you every need anything done, I highly recommend him."

– L. S.

"I am a breast cancer patient that elected to have Dr. Rebowe perform my breast reconstruction (skin sparing, utilizing the wise pattern, direct to implant) concurrently with my bilateral mastectomy. Throughout my reconstruction journey, I have seen Dr. Rebowe at both his Mobile and Fairhope clinics. I highly recommend (and already have recommended) Dr. Rebowe to my friends and family. I'd give him 10 stars if I could. From the very first visit, Dr. Rebowe (along with his entire staff of front desk admin, nurses, receptionists, etc) has exhibited kindness, compassion, thoughtfulness, professionalism, true care, patience, detailed yet understandable explanations, as well as innovative / advanced / updated surgical techniques."

– H. B.

Implant Based Reconstruction

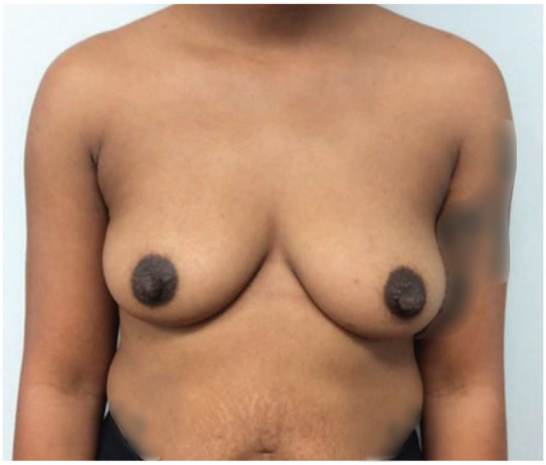
29 Year Old Female

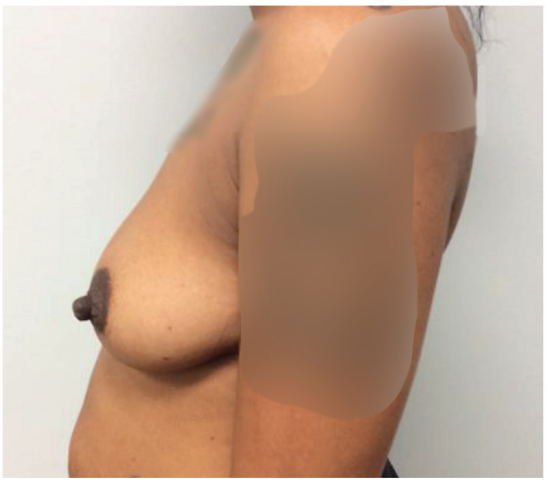
Diagnosis: Left Sided Breast Cancer

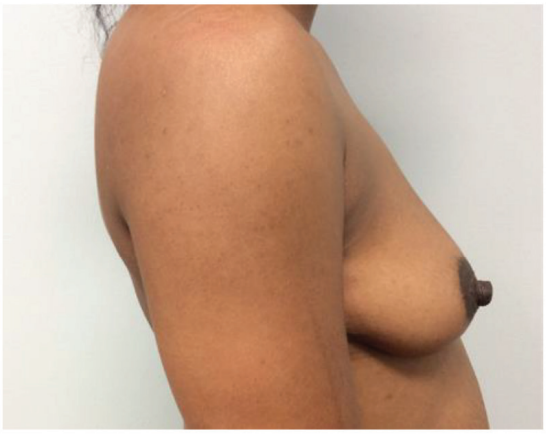
Plan: **Bilateral Nipple Sparing Mastectomy with Immediate Placement of 490cc Prepectoral Smooth Breast Implants with Dermal Matrix**

Mastectomy Surgeon: Dr. Caroline McGugin

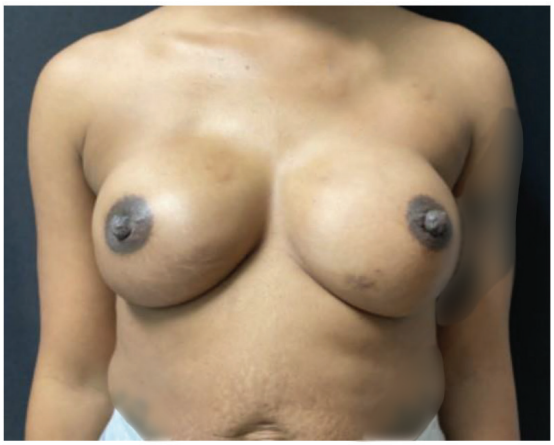
Preoperative

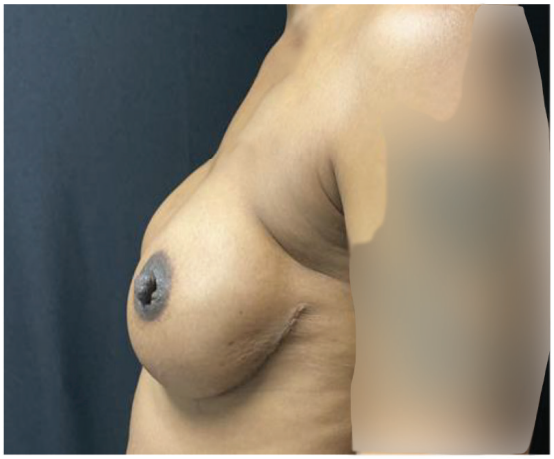


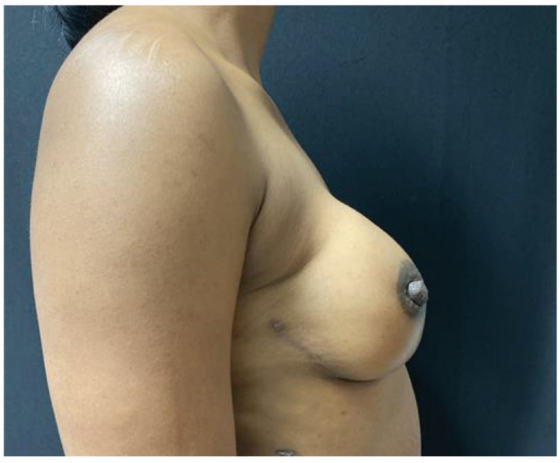




Post-Op







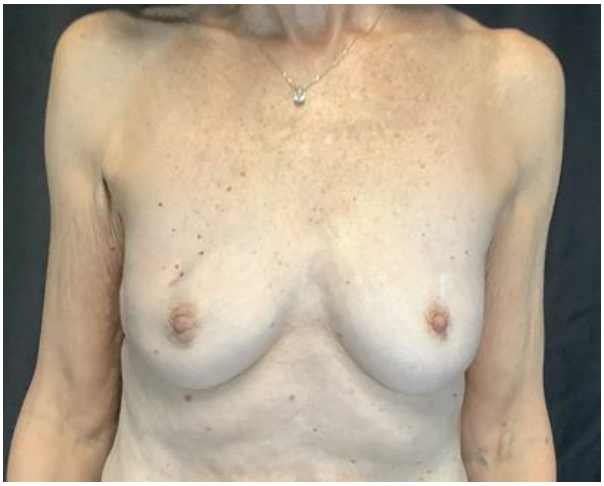
66 Year Old Female

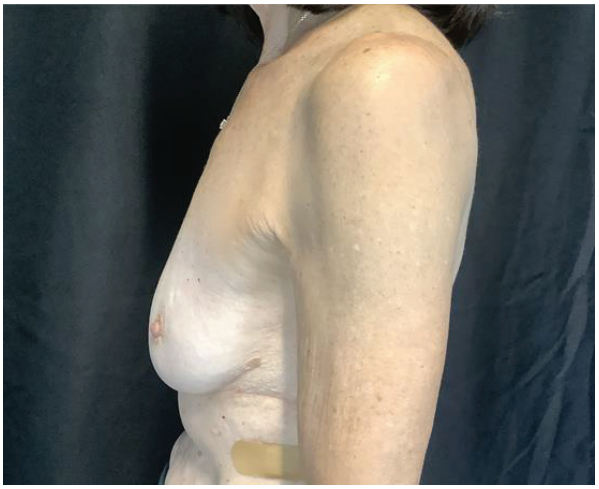
Diagnosis: Right Sided Breast Cancer

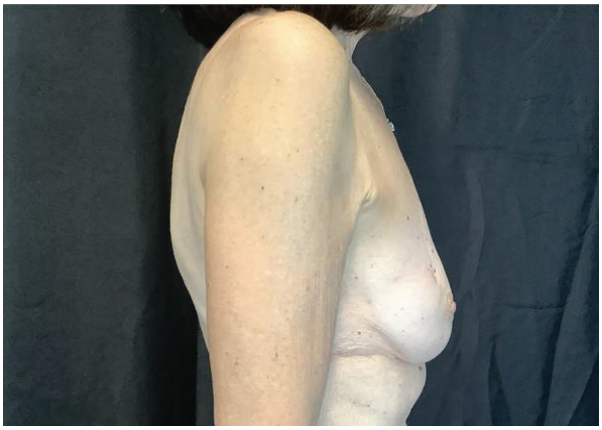
Plan: **Bilateral Nipple Sparing Mastectomy with Immediate Placement of 240cc Smooth Round Xtra Silicone Breast Implants**

Mastectomy Surgeon: Dr. Caroline McGugin

Preoperative

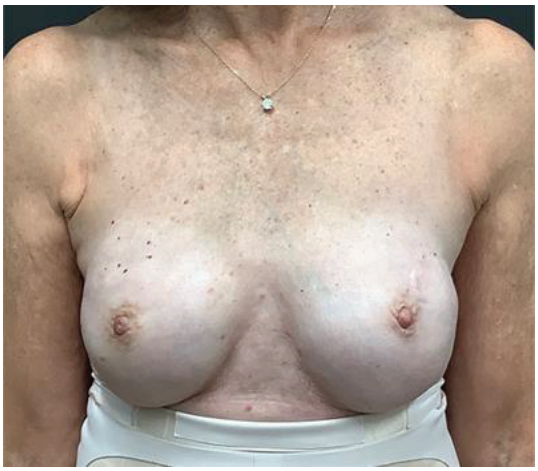


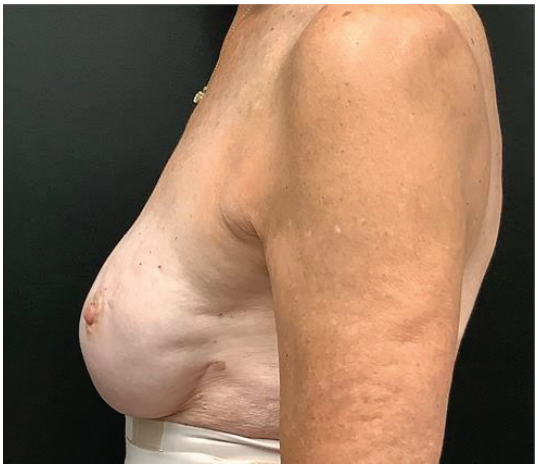


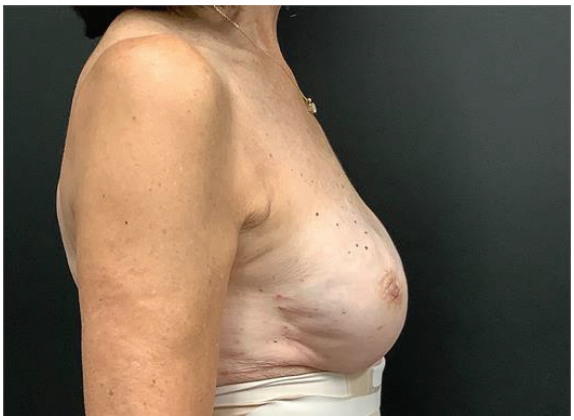


6 Months Post-Op

Implant Placement





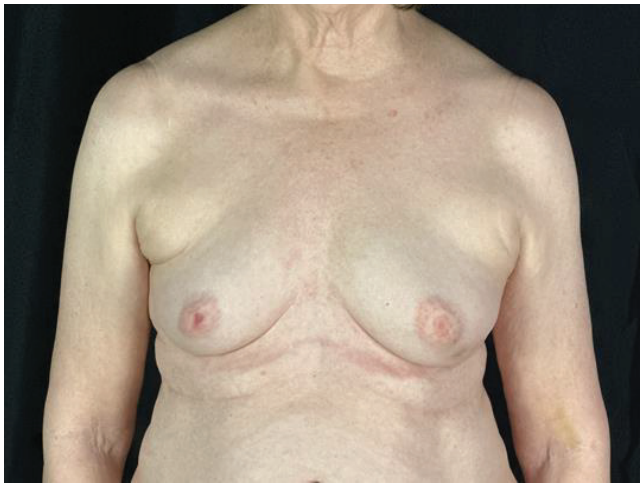
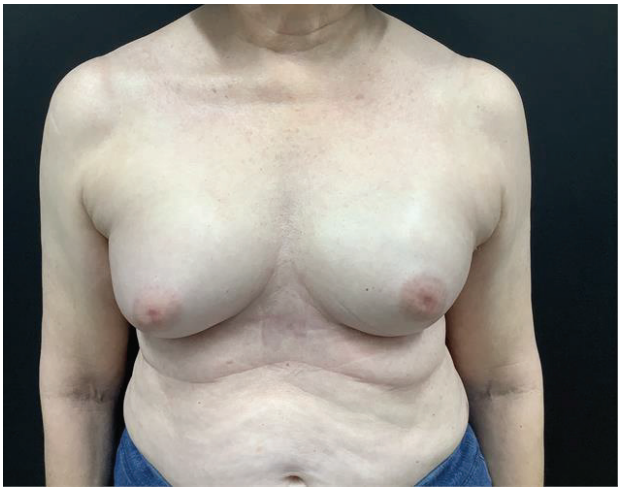
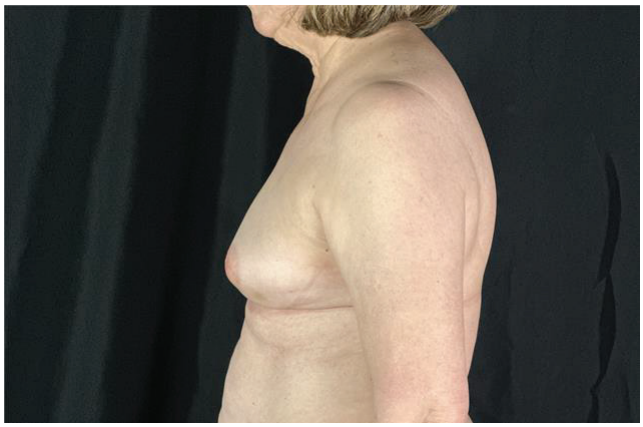
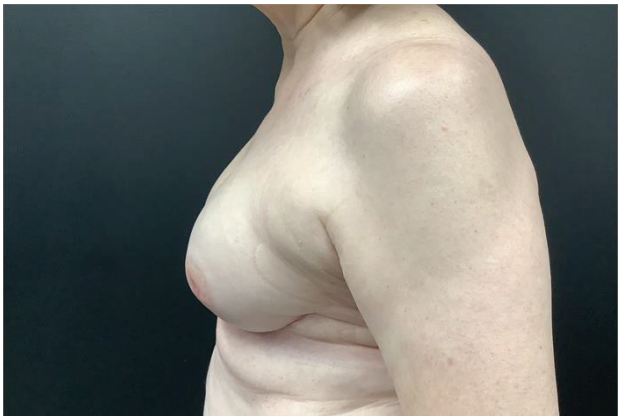
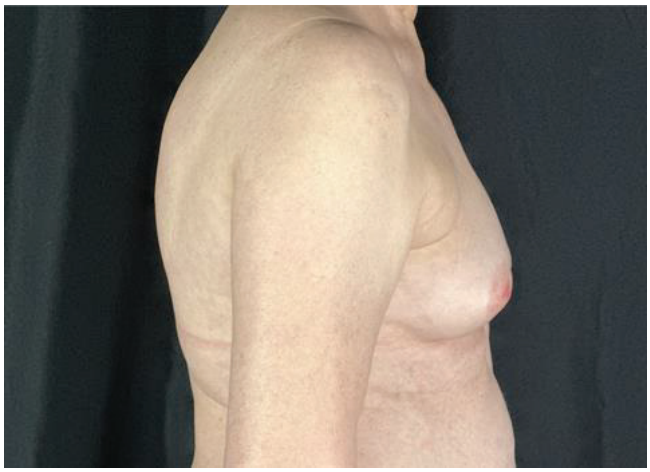
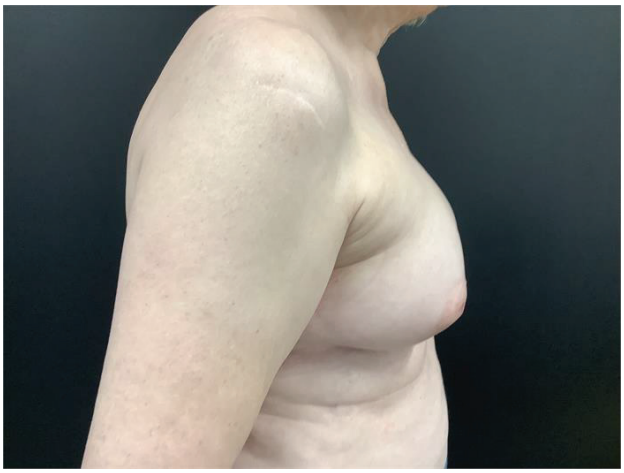


71 Year Old Female

Diagnosis: Left Sided Breast Cancer

Plan: **Bilateral Nipple Sparing Mastectomy with Immediate Placement of 415cc Smooth Round Moderate Plus Silicone Implant Left Breast & 220cc Smooth Round Moderate Plus Silicone Implant Right Breast**

Mastectomy Surgeon: Dr. Caroline McGugin

Preoperative	Post-Op
	
	
	

Autologous (Your Own Tissue) Reconstruction

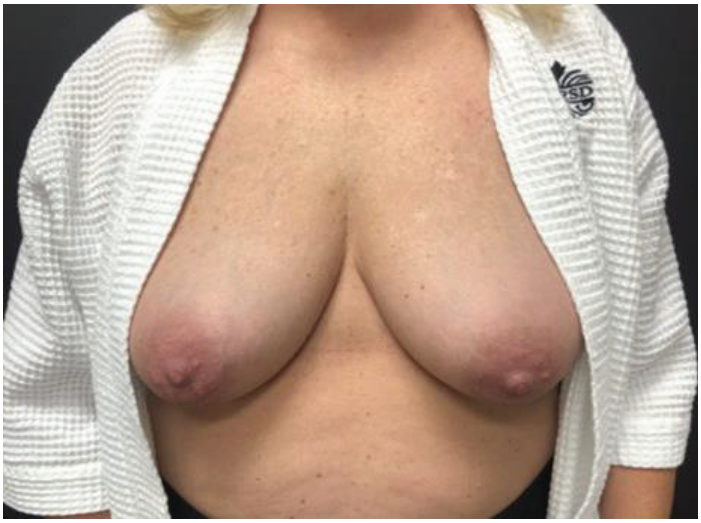
56 Year Old Female

Diagnosis: Right Sided Breast Cancer

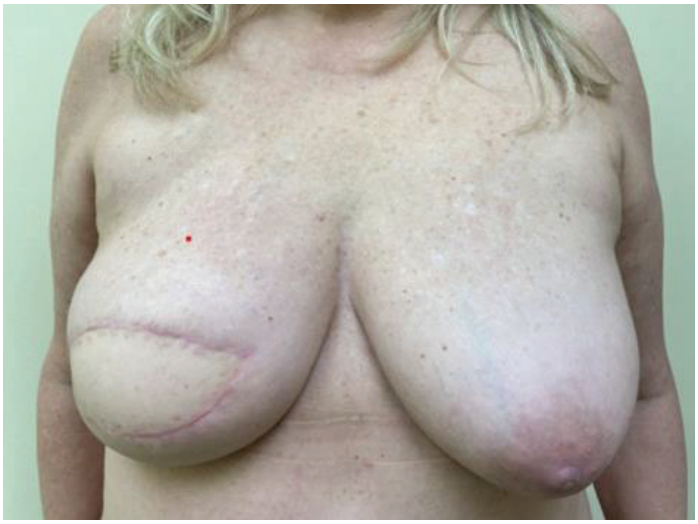
Plan: **Right Sided Skin Sparing Mastectomy with Immediate Placement of Tissue Expander and Dermal Matrix with a Delayed DIEP (Deep Inferior Epigastric Artery Perforator) Flap**

Mastectomy Surgeon: Dr. Caroline McGugin

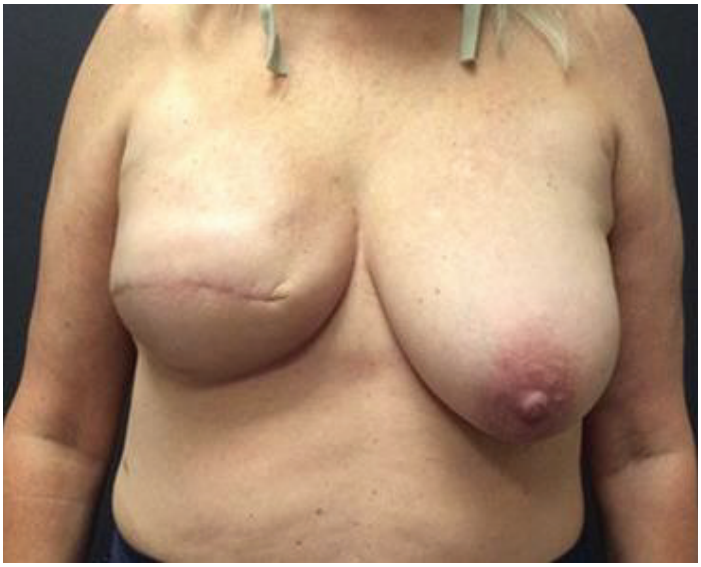
Preoperative



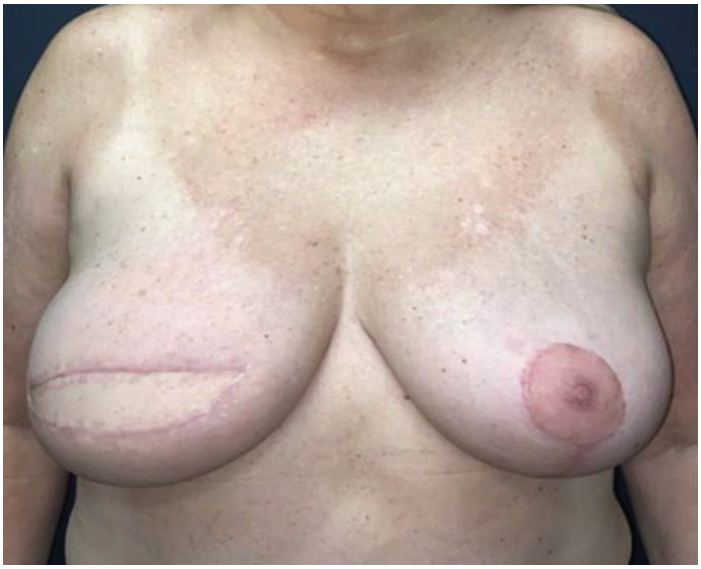
Following Initial DIEP Flap Reconstruction



Following Tissue Expander



Right Sided Flap Revision, Left Sided Breast Lift with Fat Grafting



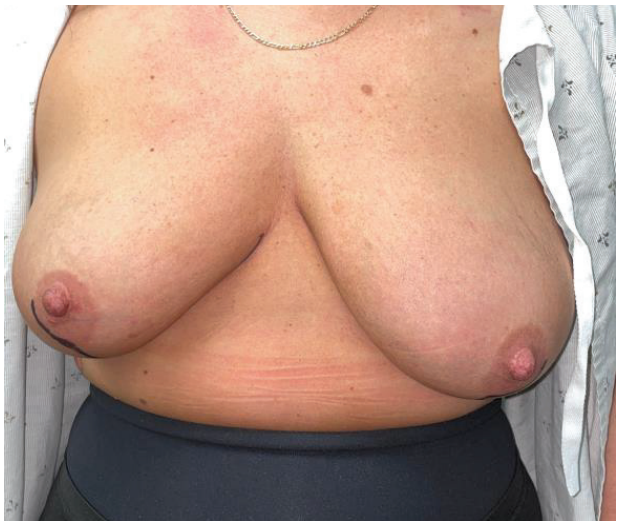
34 Year Old Female

Diagnosis: Right Sided Breast Cancer

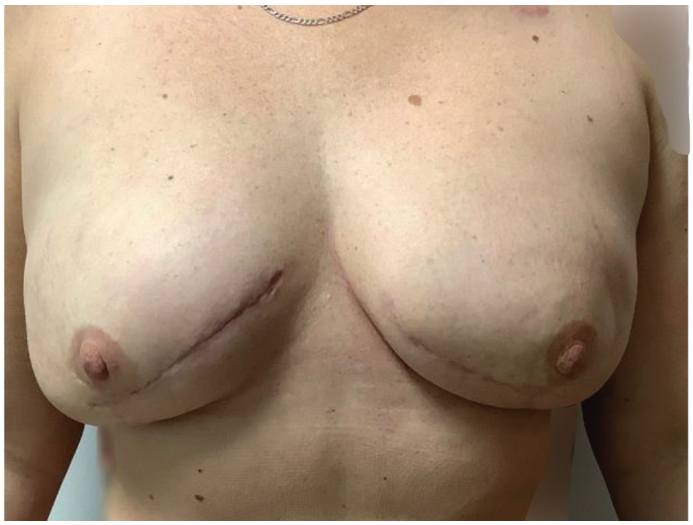
Plan: **Bilateral Nipple Sparing Mastectomy with Bilateral Delayed DIEP (Deep Inferior Epigastric Artery Perforator) Flaps and Autologous Fat Grafting**

Mastectomy Surgeon: Dr. Lindsey Beakley

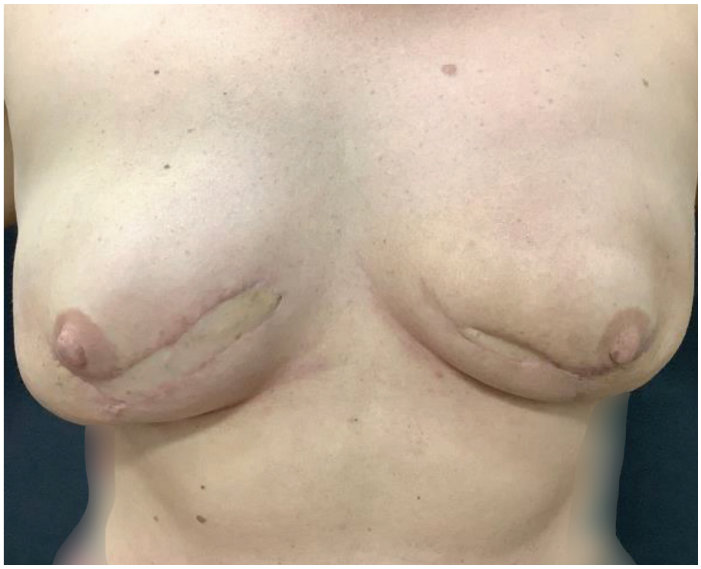
Preoperative



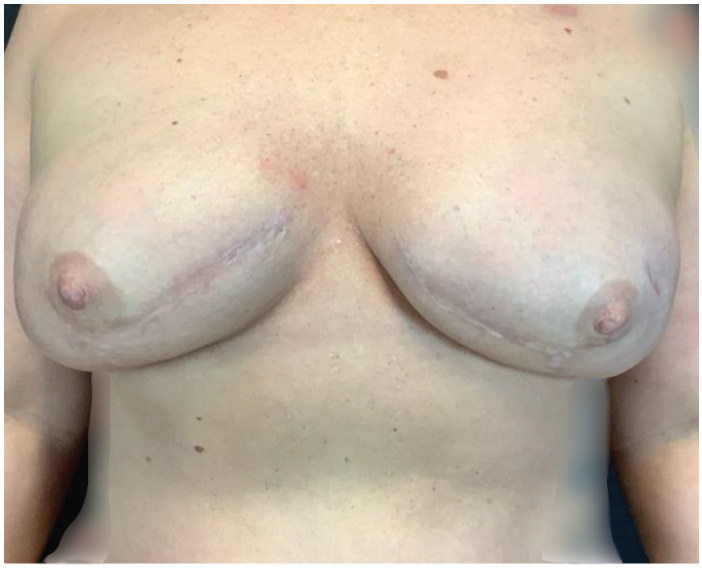
Bilateral Fat Grafting



Post Reconstruction of Bilateral Mastectomy Defects with Bilateral DIEP Flaps



Final Result after Second Round of Fat Grafting



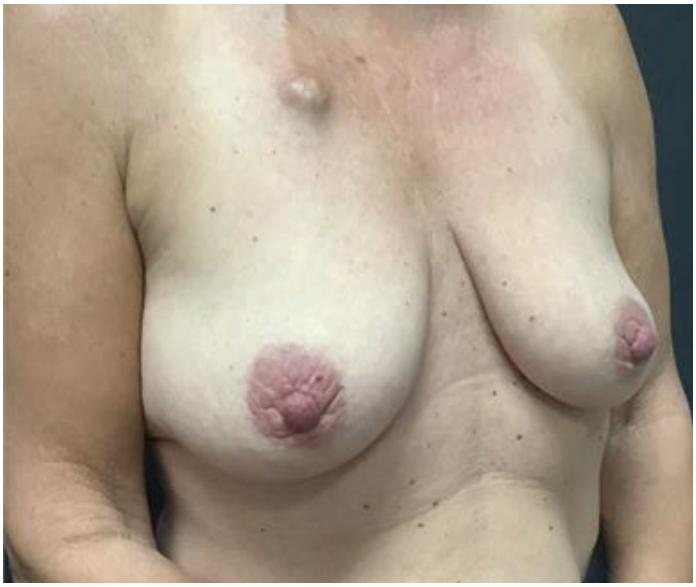
61 Year Old Female

Diagnosis: Left Sided Breast Cancer

Plan: **Delayed Bilateral DIEP (Deep Inferior Epigastric Artery Perforator) Flap**

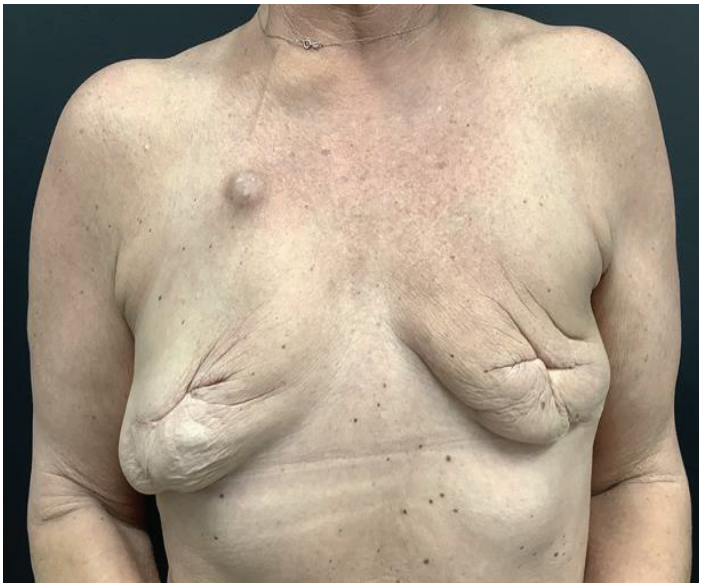
Mastectomy Surgeon: Dr. Rachael Hunter

Preoperative



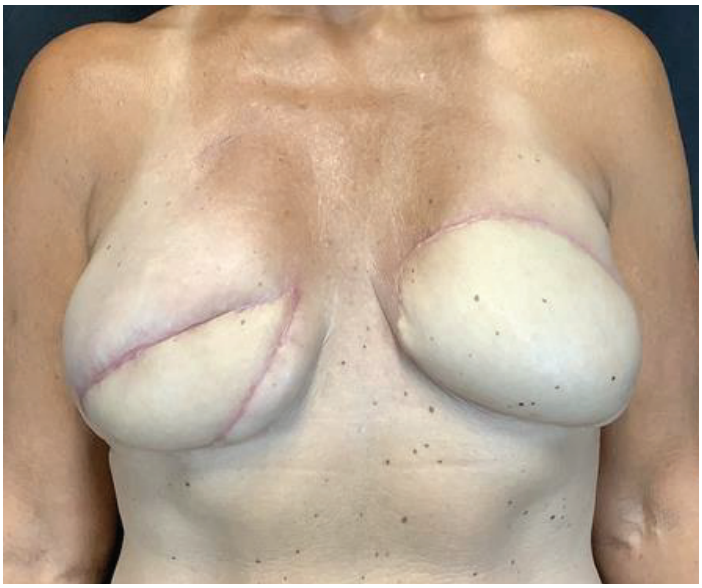
3 Months Post-Op

Bilateral Skin Sparing Mastectomy



7 Months Post-Op

Bilateral Breast Reconstruction wiht DIEP Flap for Mastectomy Defect



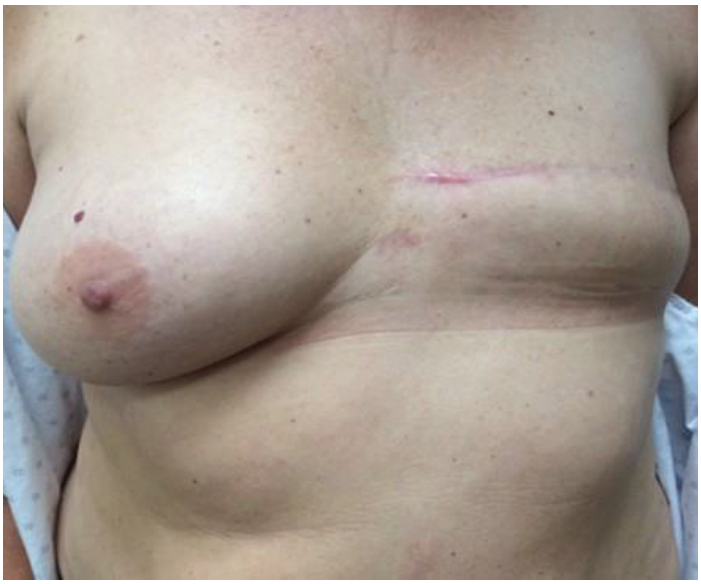
Latissimus Flap Reconstruction

54 Year Old Female

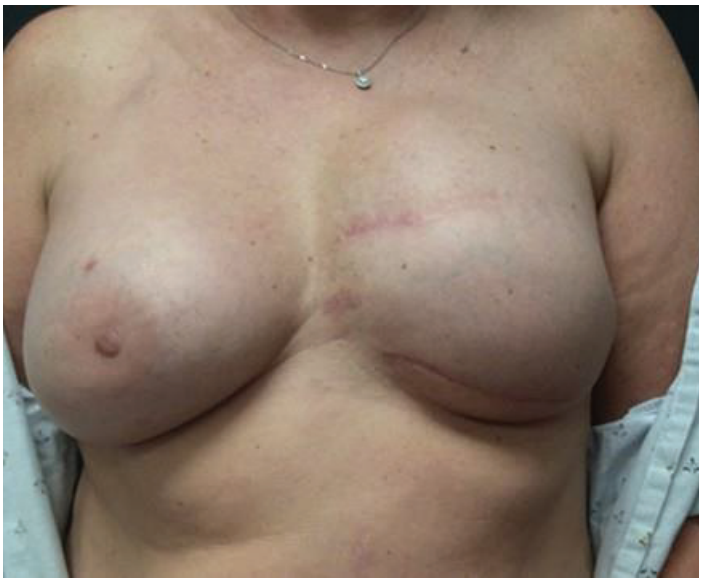
Diagnosis: Left Sided Breast Cancer, Previous Reconstruction with Infection
Plan: **Left Sided Latissimus Flap with Tissue Expander & Right Breast Augmentation with Mastopexy**

Mastectomy Surgeon: Dr. David Stallworth

Prior to Flap Reconstruction

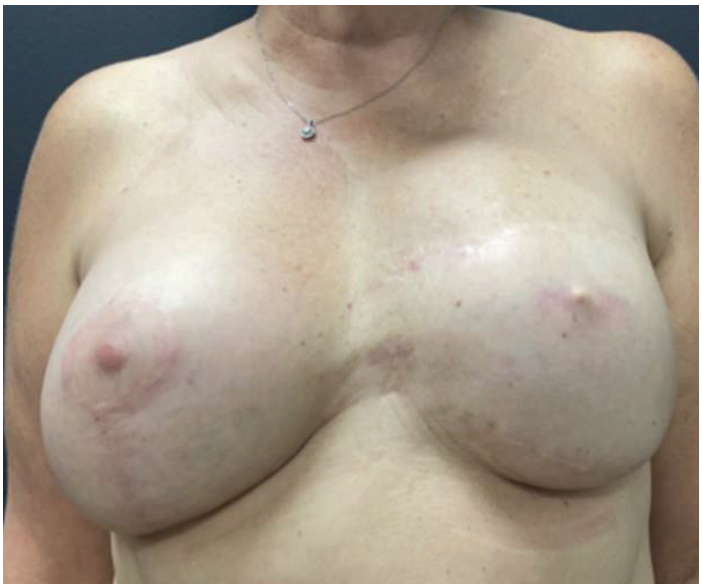


Latissimus Flap & Right Breast Augmentation



Right Breast Mastoplexy, Left Breast Implant Exchange

Right Breast: 235cc Memory Shape Silicone Implant
Left Breast: 495cc Memory Shape Silicone Implant



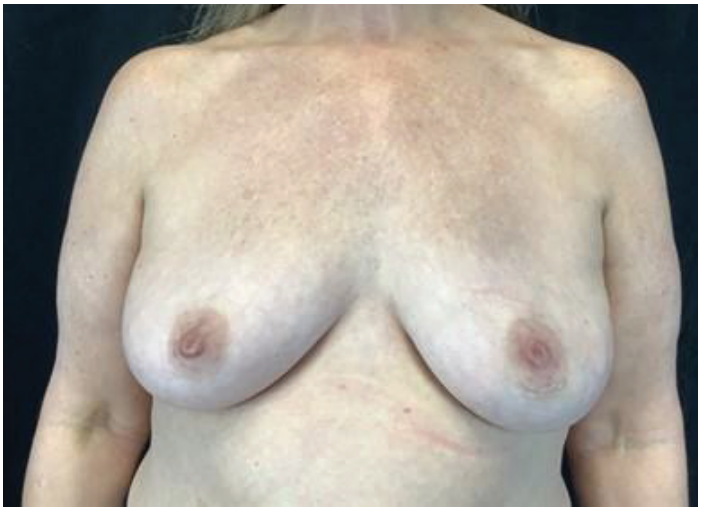
55 Year Old Female

Diagnosis: Left Sided Breast Cancer

Plan: **Bilateral SSM Latissimus Flap with Right Breast Tissue Expander to Implant**

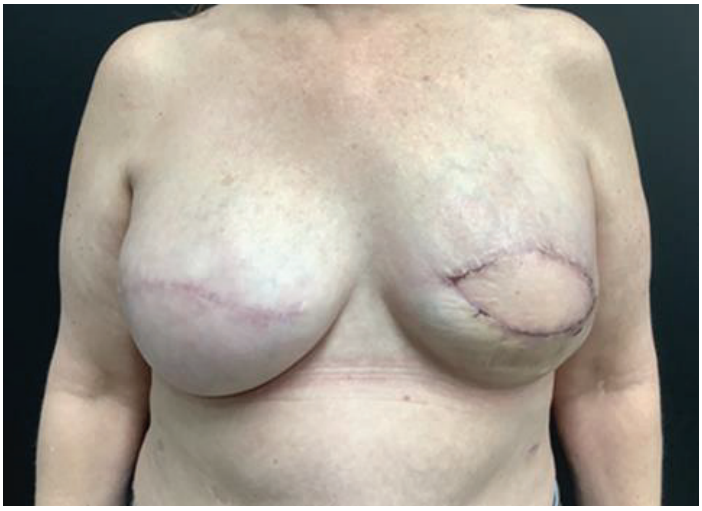
Mastectomy Surgeon: Dr. Caroline McGugin

Prior to Flap Reconstruction



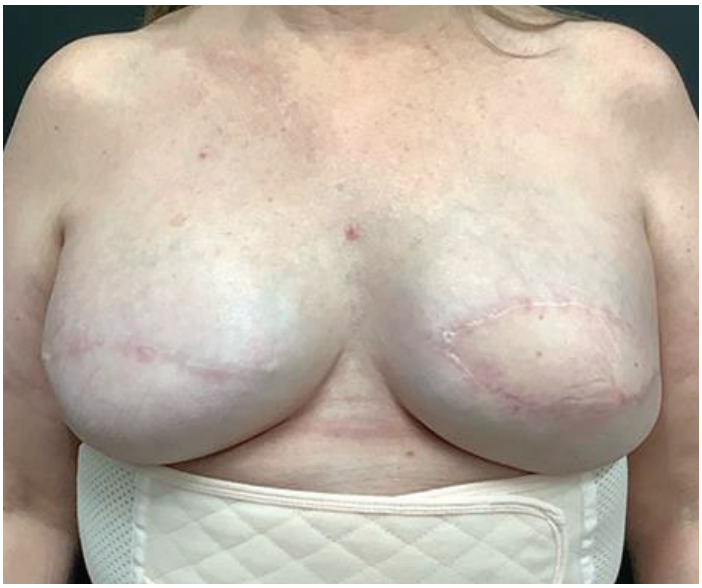
2 Months Post-Op

Left Breast Latissimus Flap



1 Year Post-Op

Left Breast Latissimus Flap with Subsequent Fat Grafting



Patient Testimonials

Dr. Park is very kind and patient, and has excellent bedside manner. He made me feel completely at ease. He never rushed me, and made sure to get to the root of my concerns and then took his time to explain my options, including risks and side effects. My surgery went very well, and he personally called that night to check on me. All of my follow-up appointments have been great. I look forward to my visits. He makes you feel like a friend, not just a patient. I 100% recommend him.

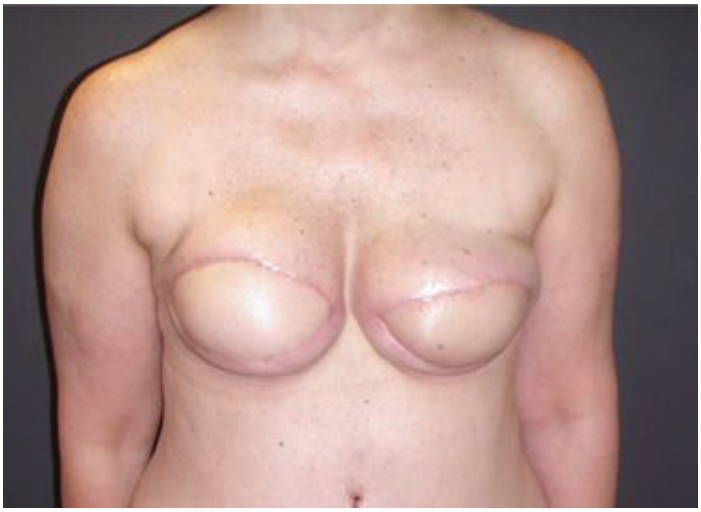
– N. A.

Dr. Rebowe was an excellent plastic surgeon during my mastectomy and reconstruction process. He was so kind and comforting through the entire process. Dr. Rebowe always answered my questions and eased my mind at every appointment. I would highly recommend him.

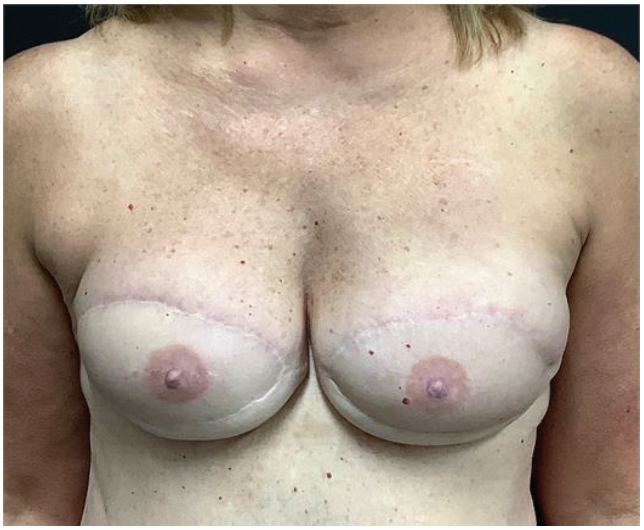
– Diligent564274

Nipple Reconstruction/ 3D Nipple Tattoo

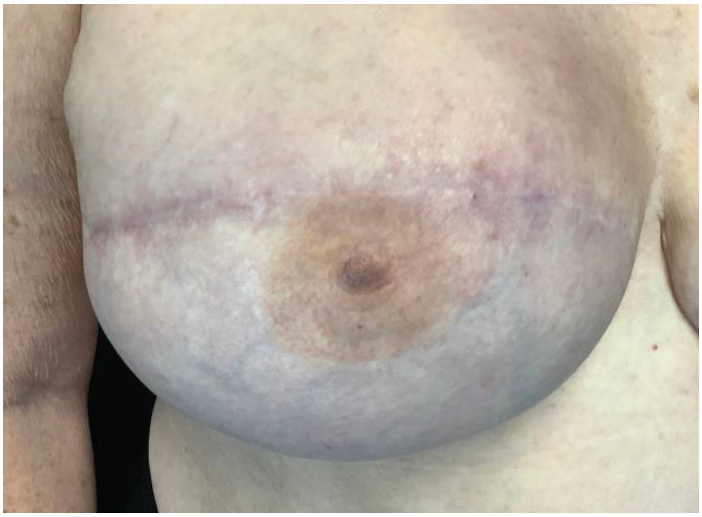
Post-Op
Latissimus Flap



3D Nipple Tattoo



3D Nipple Tattoo Example



General Information

You Are Not Alone

The Park and Rebowe Cl inic for Plas t ic Surgery understands that every woman's breast cancer journey is unique and comes with its own difficulties and hardships. We are committed to supporting these women through our partnership with the National Breast Cancer Foundation (NBCF) and through the patient education and reconstructive procedures we offer.

The National Breast Cancer Foundation

The National Breast Cancer Foundation is a globally respected breast cancer charity that has been working for decades to help women across the United States during their breast cancer journey. They offer several free programs to ensure that support and education is always there for those who need it. Our donation portal helps raise funding towards providing resources and support for breast cancer patients. Donate today to make a breast cancer victim's journey easier.

Learn More Today

To find out more about our partnership with the National Breast Cancer Foundation and your breast reconstruction options, contact The Park and Rebowe Clinic for Plastic Surgery today.

Make A Donation Through Our Partnership

We are a proud partner of the National Breast Cancer Foundation. Part of our partnership includes annual donations to this wonderful organization! We also offer a portal for anyone who wants to help women locally and across the nation combat breast cancer. To donate to someone in need or in honor of a loved one please visit: https://fundraise.nbcf.org/give/308219/#!/donation/checkout

Donations may be made one time only or can be made monthly.

NATIONAL BREAST CANCER FOUNDATION, INC.®

Dr. Christopher A. Park

Dr. Christopher A. (Chris) Park is a native of Mobile and attended St. Paul's Episcopal School where he was Valedictorian and an acclaimedscholar athlete. He completed his undergraduate education at the University of Virginia as an Interdisciplinary Echols Scholar where he graduated after receiving numerous other awards including graduating "With Distinction." He returned to Alabama for medical school at The University of Alabama School of Medicine at UAB where the accolades continued, including the Galbraith Award for Excellence in Surgery.

Dr. Park then moved to Winston-Salem where he trained at WakeForest University Baptist Medical Center in General Surgery and all aspects of Plastic Surgery including Reconstructive Surgery, Cosmetic Surgery, and nonsurgical aesthetic services. Dr. Park advanced his education by traveling to learn from several of the leaders in Plastic Surgery and served as a Clinical Instructor at Wake Forest University School of Medicine. He is proud to be board certified by the American Board of Plastic Surgery and a member of the American Society of Plastic Surgeons.

Dr. Ryan E. Rebowe

Dr. Ryan Rebowe has spent his entire life in the Southeast. After growing up in Baton Rouge, Louisiana, he went on to the University of Virginia where he received a bachelor's degree in biology. He then returned to Louisiana for his Masters in Cell and Molecular Biology from Tulane University. Continuing his medical education in New Orleans, he went on to medical school at the Louisiana State University Health Sciences Center School of Medicine where he was inducted into the Alpha Omega Alpha Honor Medical Society. During his medical school tenure, he earned accolades from the Stanley S. Scott Cancer Center for outstanding research as well as multiple awards for academic accomplishments and community service, including the Colin Goodier Scholarship, Alpha Omega Alpha Scholarship, and the Paula C. Ragland Award.

Following medical school, Dr. Rebowe trained in the integrated plastic surgery program at Wake Forest University School of Medicine. While his training was clinically focused on the full breadth of cosmetic and reconstructive surgery, he continued to advance the field of plastic surgery with research that resulted in numerous journal articles, book chapters, and presentations on the local,regional, and national level. Staying at the forefront of his field has been a priority to provide the best, most up to date procedures for his patients. During the COVID-19 outbreak, Dr. Rebowe is board certified by the American Board of Plastic Surgery and a member of the Dr. Ryan E. Rebowe American Society of Plastic Surgeons.

Deciding on breast reconstruction and which options to pursue and with which providers can be daunting. The amount of available information seems endless, the number of options can be exhausting, and the differences can be downright confusing. It is important to know that there is support you can trust. From the moment you enter our building you receive personalized care focused on safety, exceptional results, and patient comfort. Your goals become our goals and we aim to serve you with excellence.

Dr. Chris Park and Dr. Ryan Rebowe, both board-certified by the American Board of Plastic Surgery, work meticulously with you to customize a plan tailored to your specific needs utilizing the latest technologies and advanced surgical techniques. Both physicians along with the dedicated staff ensure that all your questions are answered, and you are properly educated about your procedure from what to expect beforehand all the way through your recovery.

You deserve to feel confident about your choice and happy about your results. Drs. Park and Rebowe and the Park and Rebowe Clinic for Plastic Surgery is uniquely situated to ensure both concerns are not only met but exceeded.

PARK & REBOWE CLINIC

FOR PLASTIC SURGERY

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411 N, SECTION STREET | FAIRHOPE, AL 36532

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