

The region's most comprehensive services for breast health.

Vanderbilt Breast Center offers a full range of services, from routine screenings and diagnostic mammography to the diagnosis, prevention and treatment of breast cancer.

Our specialized, multidisciplinary team combines advanced research and technology with compassionate care to create a personalized care plan that meets the needs of each patient.

Unequaled excellence. Incomparable care.

Vanderbilt Breast Center has established the highest standard of care for our mastectomy patients undergoing autologous breast reconstruction procedures. We offer a full range of breast reconstruction options, including the Deep Inferior Epigastric Perforator (DIEP) flap procedure. Because we are the only high-volume surgical center in Tennessee and the surrounding region for this type of breast reconstruction, we can offer our patients better postoperative outcomes.

To refer a patient to the Vanderbilt Breast Center, call (615) 322-2064.

Telehealth consultations are available.

DIEP Flap Breast Reconstruction

Vanderbilt Breast Center
Vanderbilt Health One Hundred Oaks
719 Thompson Lane, Suite 25000
Nashville, TN 37204
(615) 322-2064

To request a patient consult:
VanderbiltDIEPFlapConsult.com

VanderbiltHealth.com/BreastCenter

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DIEP Flap Breast Reconstruction

Natural Results
with Superior Outcomes

VANDERBILT  UNIVERSITY
MEDICAL CENTER



TODAY'S MOST ADVANCED BREAST RECONSTRUCTION

DIEP flap breast reconstruction is a complex operation requiring sub-specialized plastic surgical training and specific expertise in perforator-based microsurgical technique. Our surgeons transfer skin and fat from the abdomen to the chest and use precise techniques to best preserve the anatomy and function of the abdomen.

Because the procedure does not remove the rectus abdominis muscle and the nerves that supply the muscle's function, as in pedicled transversus abdominis muscle (TRAM) flap breast reconstruction, there is a significant reduction in postoperative abdominal complications.

No mesh material is typically needed to support the abdominal wall, and patients maintain better abdominal and core strength, dynamic function, and enjoy less donor site morbidity and pain. They recover more quickly and restoration of breast sensation with advanced nerve surgery techniques can also be performed in many cases by our surgeons.

DIEP FLAP FAQs

Which patients are eligible for the DIEP flap procedure?

The DIEP flap procedure is available to appropriately selected patients. Those who may not be eligible for the procedure include:

- Thin women who do not have enough extra belly tissue.
- Women who have had certain abdominal surgeries or significant medical comorbid conditions.
- Women whose abdominal blood vessels are small or not in the best location to perform a DIEP flap.

How long after a mastectomy is DIEP flap reconstruction scheduled?

The DIEP flap procedure can be performed several weeks/months after mastectomy or often immediately (same operation as mastectomy). A "staged" DIEP flap can be performed in phases over time. This is a good option for women who might need post-mastectomy radiation therapy.

What are the benefits to the patient?

DIEP flap breast reconstruction surgery offers a high level of patient satisfaction, with less pain and downtime compared to conventional TRAM flap reconstructions:

- Only the patient's skin and fat are used. There is minimal muscle involvement.
- Because an implant is not needed, a reconstructed breast is permanent and more natural feeling – warm and soft to the touch.
- Patients have a higher likelihood of regaining sensation to the new breast in a shorter amount of time.

- DIEP patients do not experience increasing breast hardening (capsular contracture) or implant ruptures over time, and they rarely need additional surgery once the reconstructive process is complete.

How does the DIEP flap surgery restore sensation?

A sensory nerve that provides feeling to the lower abdominal skin can be included and transferred with the flap. When the flap is connected to the chest to reconstruct the new breast, nerves may be reconnected for restoration of some of the sensation lost with mastectomy.

A SPECIALIZED CARE PROTOCOL

Achieving a very high DIEP flap success rate while minimizing risks requires the collaboration of two experienced, board-certified microvascular plastic surgeons, functioning as co-surgeons. This increases efficiency, allowing operation at the donor and recipient sites simultaneously, improving patient safety and minimizing risk for postoperative complications.

To achieve the best outcome, we have developed and implemented an Enhanced Recovery After Surgery (ERAS) protocol, which is a multimodal perioperative care pathway demonstrated to decrease care time, reduce narcotic use and minimize postoperative complications. This protocol enables us to reconstruct one or both breasts during one operation, with a significantly shorter length of stay. Our Vanderbilt plastic surgeons bring years of surgical expertise to offer a personalized experience with superior results for our DIEP flap reconstruction patients.