

Hospital: Avista Adventist Hospital  
Project: Breast Care Center Web Content  
Owner: Melissa Phillips 303-673-1281  
Due Date: early June 2016

<http://www.avistahospital.org/AVH/Specialties/Breast-Care-Center/>

Landing Page Breast Care

## Avista Breast Care Center

### Today – we're here to provide complete care for all of your breast health needs

You may not have thought about us at all before today, but we've spent years preparing the best multidisciplinary breast care team for you. You will receive all the practical information you need from risk factors and early detection to screening and surgery options to help you live your life to the fullest today – and tomorrow.



(Could we get a photo of Dr. Tynan, and/or breast care team holding a sign like this one that says, "1 in 8 women will be diagnosed with breast cancer in their lifetime and we're here to help")

### Today – we're here to offer you life-saving knowledge

- What are your **risk factors for breast cancer**?
- What can you do to **fight against breast cancer**?
- Why is it important to **find breast cancer early**?
- Are **regular screenings** really that important to my health?
- Who should have **breast screenings**?
- Are there **differences in women's breasts**?
- What are my **screening options**?

### Today – we're here to help you

- What happens if my **results are cancer**?
- Who is my **breast care team**?
- What if I **need surgery**?
- Who will I be **after surgery**?

Call 1-844-642-2273 or [request an appointment](#) today to schedule your life-saving breast screening.

Subsequent pages to links on the home landing page

Link copy for: **risk factors for breast cancer**

What are your risk factors for breast cancer?

The main risk factors for breast cancer are things you cannot change:

- **Being a woman** is the main risk factor for breast cancer. Women are about 100 times more likely to have cancer than men.
- **Getting older** – women age 55 and older – increases your risk of breast cancer.
- **Inherited genes** account for about 5% to 10% of breast cancer.

But having a risk factor, or even many, does not mean that you are sure to get the disease.

[Link copy for: fight against breast cancer](#)

**What can you do to fight against breast cancer?**



**Today you can take charge of your battle plan by following these strategies for success:**

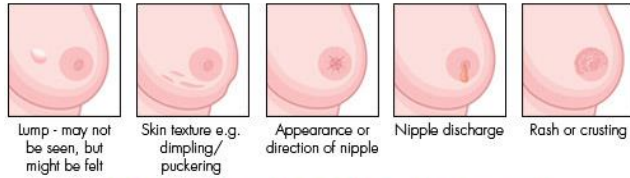
- **Maintain a Healthy Weight:** Being overweight or obese after menopause increases breast cancer risk. Excess fat in the waist area may affect risk more than the same amount of fat in the hips and thighs
- **STOP Smoking:** Smoking causes a number of diseases and is linked to a higher risk of breast cancer in younger, premenopausal women. Research also shows that there may be link between very heavy second-hand smoke exposure and breast cancer risk in postmenopausal women
- **Make Physical Activity Part of Every Day:** Evidence is growing that physical activity, in the form of exercise, reduces breast cancer risk. As little as 1¼ to 2½ hours per week of brisk walking reduced a woman’s risk by 18%. Shoot for 10,000 steps a day!
- **Limit Alcohol Use:** Drinking alcohol is clearly linked to an increased risk of breast cancer and several other cancers. The risk increases with the amount of alcohol consumed.

[Link copy for: find breast cancer early](#)

**Why is it important to find breast cancer early?**

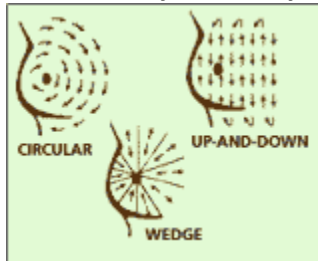
Early detection of breast cancer – when it’s small and hasn’t spread – makes it easier to treat and has better outcomes. Knowing how your breasts normally look and feel is an important part of keeping up with your breast health. But, knowing what to look for does not take the place of having regular mammograms and other screening tests.

**What should you be looking for?**



*A feel a day keeps the doctor away*

### How should you check your breast for changes?



[Link copy for: regular screenings](#)

### Are regular screenings really that important to my health?

Our Avista Breast Care Center physicians feel that [screening tests](#) for breast cancer save thousands of lives each year. Screening tests can help you find breast cancer in its early stages, even before any symptoms appear – early detection can save your life. **Call today 1-844-642-2273 or [request an appointment](#) to schedule your life-saving breast screening.**

### Who should have breast screenings?

- **Women ages 40 to 44** should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so.
- **Women age 45 to 54** should get mammograms every year
- **Women 55 and older** should switch to mammograms every 2 years, or can continue yearly screening
- Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer

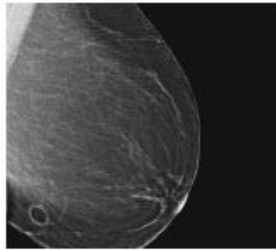
[Link copy for: screening tests](#) should be linked to the “**What are my screening options?**” page.

[Link copy for: differences in women’s breasts](#)

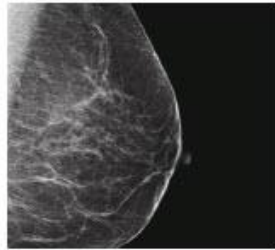
### Are there differences in women’s breasts?

Yes, women with dense breast tissue have a four to six times higher risk of developing breast cancer than women with minimal density. It is important for you to know what category of breast density you

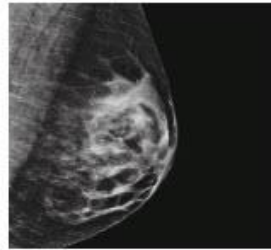
fall into. Breast density (ratio of fatty vs glandular/fibrous tissue), as confirmed by mammography, is recognized as a strong and independent risk factor for breast cancer.



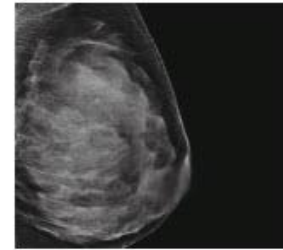
**DENSITY 1**  
Almost entirely fat



**DENSITY 2**  
Scattered fibroglandular density



**DENSITY 3**  
Heterogeneously dense



**DENSITY 4**  
Extremely dense

**Call out with these images:** A 2011 Mayo Clinic study found 75 percent of cancer was being missed in women with dense breast tissue and the American Cancer Society advises women with dense breast tissue to seek more definitive imaging like 3D tomosynthesis technology.

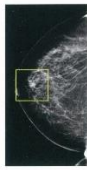
### [Link copy for screening options](#)

#### What are my screening options?

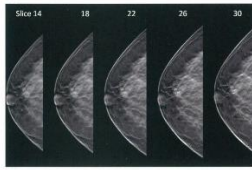
Call **1-844-642-2273** to schedule your screening and you can talk through which screening option makes the most sense for you. These are [Avista Breast Care Center Mammography Options](#):

- **2D Mammography** captures a single image of your breast tissue superimposed over each other. The captured image can hide the difference between regular breast tissue which appears white and cancer which appears white, allowing cancer to hide behind regular breast tissue.
- **3D Mammography** provides you with earlier cancer detection for more curable opportunities. It can capture single-millimeter intervals without confusion of overlapping tissue. 3D imaging has **increased the detection** of invasive breast cancers by 40 percent, **reduced false-positives** rates by 15 percent and has created 40 percent **fewer call backs** for additional testing.

Images from a breast exam: 2D vs 3D Slices

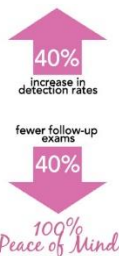


2D image



3D image slices

In a "conventional" 2D mammogram there appears to be an area of concern that the doctor may want to further investigate with another mammogram or a biopsy. Looking at the same breast tissue in 3D mammography image slices, the doctor can now see that the tissue is in fact normal breast tissue that was overlapping in the traditional mammogram creating the illusion of an abnormal area. In this scenario this patient likely avoided a callback for an additional mammogram thanks to the 3D mammography exam technology.



### [Request an appointment](#)

[Link copy for: Avista Breast Care Center Mammography](#)

Breast Care Center Forms

For your convenience, you can download and complete the forms based on your imaging appointment type prior to your appointment at the Avista Breast Care Center.

If you have questions or are unsure what forms to use, please call 303-673-1233.

**Prior Mammography Records Transfer**

[Authorization to Obtain Medical Information from Other Institutions](#)

## **Mammography Patient Forms**

[Mammography Patient Information Form](#)

[Mammography Patient Information Form - Spanish](#)

## **Breast MRI Patient Forms**

[MRI Screening Form](#)

[MRI Screening Form - Spanish](#)

## **DEXA Bone Scan Patient Forms**

[Dexascan Patient Risk Assessment Form](#)

[Dexascan Patient Risk Assessment Form - Spanish](#)

## **Link copy for: 3D Mammography**

**Include the video of Jeff Quam, MD – Benefits of 3D Mammography**

### **What is 3D mammography?**

During the 3D part of the exam, the X-ray arm sweeps in a slight arc over your breast, taking multiple breast images. Then, a computer produces a 3D image of your breast tissue in one millimeter slices, providing greater visibility for the radiologist to see breast detail in a way never before possible. They can scroll through images of your entire breast like pages of a book. The additional 3D images make it possible for a radiologist to gain a better understanding of your breast tissue during screening<sup>1</sup>, significantly improving early breast cancer detection<sup>2-4</sup> and providing the confidence to reduce the need for follow-up imaging by up to 40%.<sup>4-5</sup>

### **Why is there a need for tomosynthesis breast exams? What are the benefits?**

With conventional digital mammography, the radiologist is viewing all the complexities of your breast tissue in a one flat image. Sometimes breast tissue can overlap, giving the illusion of normal breast tissue looking like an abnormal area. By also looking at the breast tissue in one millimeter slices, the radiologist can provide a more accurate exam.<sup>2</sup> In this way, 3D mammography finds 40% more invasive cancer missed with conventional 2D mammography.<sup>2-4</sup> It also means there is less chance your doctor will call you back later for a “second look,” because now they can see breast tissue more clearly.<sup>4-5</sup>

### **What is the difference between a screening and diagnostic mammogram?**

A screening mammogram is your annual mammogram that is done every year. Sometimes the radiologist may ask you to come back for follow-up images which is called a diagnostic mammogram to rule out an unclear area in the breast or if there is a breast complaint that needs to be evaluated.

### **What should I expect during the 3D mammography exam?**

3D mammography complements standard 2D mammography and is performed at the same time with the same system. There is no additional compression required, and it only takes a few more seconds longer for each view.

### **Is there more radiation dose?**

Very low X-ray energy is used during the exam, just about the same amount as a traditional mammogram done on film.

1. Zuley M, Bandos A, Ganott M, et al. “Digital Breast Tomosynthesis versus Supplemental Diagnostic Mammographic Views for Evaluation of Noncalcified Breast Lesions.” *Radiology*. 2013 Jan; 266(1):89-95. Epub 2012 Nov 9. 2. Skaane P, Bandos A, Gullien R, et al. Comparison of Digital Mammography Alone and Digital Mammography Plus Tomosynthesis in a Populationbased Screening Program. *Radiology*. 2013 Apr; 267(1):47-56. Epub 2013 Jan 7. 3. Ciatto S, Houssami N, Bernardi D, et al. “Integration of 3D Digital Mammography with Tomosynthesis for Population Breast-Cancer Screening (STORM): A Prospective Comparison Study” *The Lancet Oncology*. 2013 Jun;14(7):583-589. Epub 2013 Apr 25. 4. Rose S, Tidwell A, Bujnock L, et al. “Implementation of Breast Tomosynthesis in a Routine Screening Practice: An Observational Study.” *American Journal of Roentgenology*. 2013 Jun; 200(6): 1401-1408. Epub 2013 May 22. 5. Haas B, Kalra V, Geisel J et al. “Comparison of Tomosynthesis Plus Digital Mammography and Digital Mammography Alone for Breast Cancer Screening” *Radiology*. 2013 July 30. [Epub ahead of print].

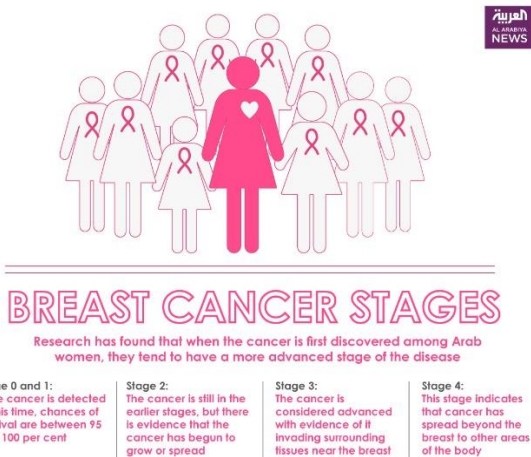
[Link copy for: results are cancer](#)

### What happens if my results are cancer?

If something suspicious is found during your screening exam, or if you find any symptoms of breast cancer during your monthly self-breast exam, your doctor will use one or more methods to find out if the disease is present. Additional testing could include:

- [Breast ultrasound](#)
- [Breast MRI](#)
- [Ductography](#)
- [Aspiration](#)
- [Sterotactic biopsy](#)
- [Ultrasound-guided biopsy](#)
- [MRI-guided biopsy](#)
- [Needle localization](#)

A biopsy is done when mammograms, other imaging tests or the physical exam shows a breast change that may be cancer. A biopsy is the only way to know for sure if it's cancer. For a biopsy, a tiny sample (biopsy specimen) of the suspicious area is taken out and tested in the lab. If your doctor confirms a cancer diagnosis, they will determine the stage of the cancer. The stage of a cancer helps determine how serious the cancer is and how best to treat it.



[Link copy for:](#)

**Breast ultrasound:** Breast ultrasound uses sound waves to make images of the breast. It is non-invasive and often used as a follow-up test after an abnormal finding on a mammogram, breast MRI or clinical breast exam. If a needle biopsy is needed, breast ultrasound may also be used to help guide the procedure.

**Breast MRI:** Breast magnetic resonance imaging (MRI) uses magnetic fields to create an image of the breast. It is more invasive than mammography because a contrast agent is given through an IV before the procedure.

**Ductography:** Ductography uses mammography and an injection of contrast material to create pictures of the inside of the breast's milk ducts.

**Aspiration:** Fine needle aspiration (also known as fine needle biopsy) removes cells from a suspicious lump in the breast. Fine needle aspiration is only used for lumps that can be felt.

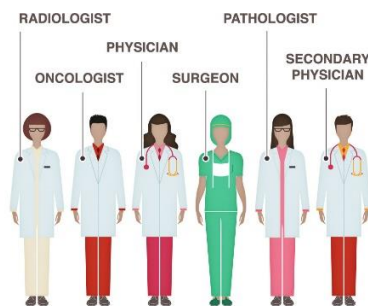
**Stereotactic biopsy:** During a stereotactic breast biopsy, your breast will be firmly compressed between two plates. X-rays (mammograms) are used to produce stereo images — images of the same area from different angles — to determine the exact location for the biopsy. A sample of breast tissue in the area of concern is then removed with a needle.

**Ultrasound-guided biopsy:** An ultrasound-guided biopsy of the breast involves removal of a sample of suspicious breast tissue for examination by a pathologist. This can be accomplished by withdrawing tissue through a needle. Ultrasound is used to guide needle placement for most lesions.

**MRI-guided biopsy:** MR-guided breast biopsy uses a powerful magnetic field, radio waves and a computer to help locate a breast lump or abnormality and guide a needle to remove a tissue sample for examination under a microscope. It does not use ionizing radiation and leaves little to no scarring.

**Needle localization:** A radiologist will numb your breast with a local anesthetic. A needle is inserted and a small wire threaded through the needle. The tip of the needle is placed near the abnormal tissue. Accurate placement of the wire is checked by mammogram. The wire is securely taped in place.

[Link copy for: breast care team](#)  
**Who is my breast care team?**



*(would be nice to include an image of the current team)*

You will never be alone through your cancer treatment. Our multidisciplinary breast care team will be with you for your entire journey, from diagnosis and treatment to coping with side effects and life beyond cancer. Meet your team:

- **Nurse Navigator:** Your nurse navigator will be your advocate to assist and support your relationship with your breast care team during your entire cancer journey.
- **Medical Oncologist:** Your medical oncologist is the “quarterback” of your medical team and specializes in the long term management of your cancer. Your doctor will determine if you need

chemotherapy or other medications to treat your cancer. Your medical oncologist is the doctor that you will see regularly for at least the next five years.

- **Breast Surgeon:** Your dedicated breast surgeon specializes in a wide range of breast cancer surgeries and **reconstruction**, and is board-certified in General Surgery with a specialty in Breast Surgery.
- **A plastic surgeon:** You will work with your surgeon to determine if reconstruction is right for you after the cancer has been removed. This doctor will work with your surgeon to reconstruct the breast where the cancer has been removed. You may or may not have a plastic surgeon depending on your surgery.
- **Radiation Oncologist:** Your radiation oncologist will develop your treatment plan and ensure that each treatment is given safely and accurately. You may or may not need radiation therapy. Your surgeon and medical oncologist will tell you if you do.
- **Oncology nurse:** Your radiation oncology nurse will work with every member of the treatment team to care for you and your family before, during and after treatment.
- **Genetic counselor:** Your genetic counselor will work with you, and your family, to help you understand the inherited risk of cancer and help you be proactive about medical care.

### [Link copy for Nurse Navigator](#)

#### **How will my Nurse Navigator help me through this process as a newly diagnosed breast cancer patient?**

##### **Your first cancer discussion**

Your Nurse Navigator will be contacted after it is determined that you have a positive biopsy. Your doctor will talk with you first, and the Nurse Navigator will follow up to answer any additional questions and be sure you have your follow-up care plan in place.

##### **Your first visit with your Nurse Navigator**

You will be scheduled with your breast surgeon, [Dr. Geraldine Tynan](#) to discuss your care plan. Your Nurse Navigator will meet with you in person at your visit with Dr. Tynan. Your Nurse Navigator will review your Patient Care Planner with you and that includes:

- Breast anatomy and breast cancer anatomy,
- A breakdown and explanation of your personal pathology report. A pathology report is a document that contains your diagnosis determined by examining cells and tissues under a microscope
- Information concerning your genetics and proper nutrition
- Treatment options
- Surgical instructions and your post-operative care instructions
- An approved online and book resource list (There is a lot of information online and we want to make sure you are using a trusted resource to research your cancer diagnosis)
- COPE library educational handouts

Your Nurse Navigator will be your and your family's advocate during your journey. It is important that you share information with them so that they can best guide you through every step. Here are some things your Nurse Navigator might ask you:



- **What is your current family and living situation?** We are not being nosy, we just want to make sure we keep your loved ones informed and that you are safe when you get home
- **Do you have a support system in place?** Depending on your surgery, you might not be able to care for yourself and we want to make sure you have the best opportunity to heal
- **What is your job status, insurance, benefits and financial status?** No one plans for their diagnosis, and we want to make sure you have access to resources to help you
- **How can we support your emotional and spiritual health?** We won't tell you this will be easy, but we will tell you that we have talented, caring people that will listen and do their best to help you and support you.

### **Your ongoing support from your Nurse Navigator**

Your Nurse Navigator will continue to follow up with you over the phone and in person at your upcoming appointments as needed. You can be confident that your Nurse Navigator will assist you with the following services as needed:

- Facilitate communication between your health care providers
- Provide ongoing emotional, spiritual and lifestyle support
- Assist with financial aid resources like financial grants and financial counselors at Avista Adventist Hospital
- Coordinate transportation and housing resources
- Educate about outpatient therapy and local integrative health services
- Supply family cancer education, nutrition, breast care and treatment resources
- Provide genetic counseling and fertility referrals.
- Connect patients with local resources for wigs, head coverings and post-mastectomy products
- Present opportunities for attending local support groups
- Help facilitate follow-up appointments

**(Need photo, I couldn't find one on the web)**

Carissa Ross, RN, BSN, OCN is your Oncology Nurse Navigator for Breast Care. Here is what Carrissa says about helping you, "I believe that you deserve excellent care. As a nurse I will strive to educate you, listen to your needs and fears and offer you the tools you need to better understand your disease process and treatment options. I want you to feel heard and be confident in the care you will receive."

Avista Adventist Hospital  
 100 Health Park Dr.  
 Louisville, CO 80027  
 303-925-4096  
 CarrissaRoss@centura.org

[Link copy for Breast Surgeon](#)

### **Who is my breast surgeon?**

Gerlinde S. Tynan, MD, FACS is a board-certified general surgeon specializing in breast cancer. You will be in the very skilled hands of Dr. Tynan. She

- Received a Bachelor of Science with honors in Molecular Biology from the University of Wyoming in Laramie
- Graduated from the University of Washington School of Medicine in Seattle
- Completed her general surgery residency at the University of Arizona in Tucson

- Is an active member of the American Society of Breast Surgeons,
- Is a fellow in the American College of Surgeons
- Is one of a few surgeons certified in breast ultrasound
- Formed the Breast Center in Arizona and established it as the first National Accreditation Program for Breast Centers (NAPBC) in the region.

### **What are Dr. Tynan's specialties?**

Dr. Tynan's operative techniques include:

- Oncoplastic lumpectomies
- Sentinel lymph node biopsy
- Traditional and skin and nipple-sparing mastectomies with or without immediate reconstruction in conjunction with plastic surgery
- Full spectrum of breast cancer care
- Radiation therapy catheters for appropriately selected patients
- Infusion ports placed for those undergoing chemotherapy



Here is what Dr. Tynan wants you to know, "I believe in crafting an individualized treatment plan for you, based on national guidelines while taking into account your particular pathology, risk factors, and personal wishes. "

Avista Adventist Hospital  
 80 Health Park Dr., #270  
 Louisville, CO 80027  
 303-661-1855  
[Avistahospital.org/breast-surgery](http://Avistahospital.org/breast-surgery)

### **Link copy for Genetic Counselor:**

#### **Why would I need genetic testing and counseling?**

If you have a family history of cancer, have received a new cancer diagnosis of premenopausal cancer, have received a multiple cancer diagnosis (like breast and kidney) and/or have been diagnosed with an unusual cancer (like breast cancer in a man), you may have an identifiable hereditary cancer syndrome. If it is determined that you have an increased risk for a hereditary cancer syndrome, you may consider risk-reducing options, increased surveillance and/or genetic testing. That is where Suzanne Schrock-Kelly, MS, GC – our Genetic Counselor Group Lead – will assist you. **Call for an appointment 720-321-0400 today.**

#### **What can genetic testing uncover?**

You can't change your genes, and it is possible that the genes you born with may increase your risk for cancer. A new technology called multigene panel testing simultaneously examines a number of different

genes to look for potentially cancer-causing mutations, which can provide information to help you take action to prevent or stop cancer. With multigene panel testing, you can learn about not just one but many inherited mutations at once. One vial of blood can shed light on a spectrum of predisposition and risk. For you, becoming aware that you carry a cancer-causing genetic mutation may help you plan a strategy to take preventive action.

**It is Suzanne's passion to:**

- Educate you about your risk of cancer and/or the risk that you might be carrying a disease-causing genetic mutation
- Coordinate your genetic testing using multigene panels for in-depth
- Assist in your education of how your genes are working for or against you
- Help your family understand their potential risk
- Work with your health care provider by providing detailed test documentation
- Help you, and your family, to be proactive about their medical management

**Will my insurance cover my genetic counseling?**

It has been our experience that our patient's insurance usually covers genetic counseling as it is considered preventative care under the Affordable Care Act. Genetic testing is typically covered when an individual's diagnosis and/or family history indicates that they have a reasonable chance of carrying a disease-causing mutation.



Suzanne shares this with you, "I am passionate about helping you understand your inherited risk of cancer, and in doing so, empower you to make important treatment decisions that will help you be proactive about your medical care. I will strive to help you gain the knowledge necessary to make an informed decision about whether or not to pursue a genetic test. I hope that through genetic counseling, you will be able to make a decision that is right for you and your family."

**Suzanne Schrock-Kelley, MS, CGC**

Genetic Counselor Group Lead, MNDOG

Avista Adventist Hospital

Church Ranch Neighborhood Health Center

**Call for an appointment 720-321-0400**

### [Link copy for: need surgery](#)

#### **What if I need surgery?**

Most women with breast cancer have some type of surgery as part of their treatment. Shortly after your diagnosis, you will partner with our dedicated, [board-certified breast surgeon](#) who you can trust with your surgery – and your life.

You may be scheduled for surgery for many different reasons:

- To remove as much of the cancer as possible through a partial mastectomy (lumpectomy), full mastectomy or radical mastectomy
- To find out whether the cancer has spread to the lymph nodes under the arm
- To restore the breast's shape after the cancer is removed
- To relieve symptoms of advanced cancer

After meeting with your surgeon and prior to your surgery, you have the opportunity to be part of our [breast surgery preparation class](#) taught by registered nurses and physical therapists specifically trained in post-surgery breast care. Our goal is to minimize your fear, prepare you for surgery and teach you how to care for yourself, or a loved one, after surgery.

[Link copy: board-certified breast surgeon](#) [This will link to Dr. Tynan's](#)

### [Link copy: breast surgery preparation class](#)

Breast Surgery Preparation Class

Tuesdays 4-5:30 p.m.

Fridays 9-10:30 a.m.

**To register for a class call 303-673-1196**

Avista Adventist Hospital – Long Peaks Room ([is this Longs Peak ?](#))

100 Health Park Drive, Louisville, CO 80027

[\(Is there a photo we can use of the class in session? Are there any patient and/or nurse and PT testimonies we could grab for this section?\)](#)

This class is taught by our registered nurses and physical therapists specially trained in post-breast surgery care. This class is designed to give you the knowledge you need to fight your battle and return to your life. Here are some of the topics that are covered:

- How will you prepare for breast surgery
- What can you expect on the day of your surgery
- How will you care for yourself, let others care for you or care for a loved one after surgery? Your support care giver is welcome to attend the class with you.
- What is lymphedema and how can you prevent it
- What level of activity can you return to and exercises that will help post-surgery and moving forward
- What is your baseline for measurements and mobility prior to surgery? This is done in a private setting with your physical therapist. (Please wear a tank top or short-sleeved shirt.)
- What are your questions about pre- and post-surgery and how can we help you

This class is free and a light snack is provided. **You can call to register for this class at 303-673-1196**

## [Link copy for: after surgery](#)

### **Who will I be after surgery?**

You will be you and we're here to make that happen. Your rehabilitation will be about making sure that you heal emotionally and physically. And for that reason, we offer these services to get you back to living your life:

- **Breast and Lymphedema Rehabilitation:** Your breast cancer rehabilitation is essential to restore movement, reduce scar tissue and improve your strength to return you to normal life
- **Genetic Counseling:** If you or a family member has been diagnosed with cancer, our genetic counseling services can:
  - Determine if you are at a higher risk of hereditary cancer
  - Coordinate genetic testing and determine if preventative steps can be taken for early detection and risk reduction
- **Medical Oncology:** Your cancer team will provide advanced prevention and treatment options that could include:
  - Consulting on your diagnosis and treatment
  - Planning and administering chemotherapy treatment
  - Providing cancer survivor training
  - Conducting bone marrow aspiration and biopsy
- **Radiation Oncology:** Your radiation oncologist will:
  - Monitor your progress and adjust the treatment as necessary to make sure the radiation is hitting its target while minimizing side effects
  - Work closely with other cancer doctors such as medical oncologists and surgeons to maximize radiation's effectiveness
- **Breast Reconstruction:** Depending on your treatment options, you may choose to have reconstructive surgery. *(I put this as a place holder)*