

A burden lifted

Photojournalist Wendy Pierro reveals why years of discomfort and embarrassment prompted her to undergo breast reduction surgery.



Wendy Pierro is happy now that the breast reduction surgery she had on Aug. 31 took her from a 36DD to a C cup.

My large breasts have always been a burden and, in the last few years, they really started to take a toll. At 5 feet, 9 inches tall, I weigh about 140 pounds and although I hid it well, I was at least a 36DD. Not the biggest breasts out there, but big enough to cause me discomfort and embarrassment.

Ever since that awful day in 5th grade when my teacher pulled me aside to recommend I start wearing a bra, I hid my large breasts with bad posture and over-size clothes.

Many women don't understand this, but I cannot think of one time in my entire life when I was glad to have big breasts. I can think of many times they have made me cry. I didn't ask for them. I never wanted them.

I was miserable for so long. I tried everything in an effort to be comfortable with my breasts but never thought breast reduction surgery was an option. I thought I was just being vain and I figured my insurance would never cover it.

As I headed into my 30s, my discomfort got worse. The weight of my breasts was a strain on my neck and shoulders. I was depressed, and their size began to put physical limits on my lifestyle.

I was uncomfortable with the thought of plastic surgery, but eventually I was encouraged by the possibility that maybe I could change my body and my life.

After a ton of research and even more soul-searching, I had breast reduction surgery on Aug. 31. I was lucky to have a great surgeon, Dr. Sandeep Jejurikar, and the support of my husband, Brian. Friends in Chicago and my native California were wonderful and offered comfort and encouragement. My dad even came in from the West Coast to help with my early recovery. My insurance covered the surgery and the procedure went great.

I'm a photojournalist on the Chicago Tribune's RedEye edition staff. A photojournalist's dream is to have total access to her subject. So I decided to be completely open with my story and give a photographer access to my surgery so other women like me wouldn't feel alone.

As my recovery continues, it's hard to explain how much better I feel physically and mentally. I missed three weeks of work, but my experience was more uncomfortable than painful. I have scarring, but it is well worth it for my new C-cup breasts. Recently, I went back to my surgeon for my eight-week checkup. He said everything looked good and told me to come back in two months for one last appointment, at which point he would probably "set me free." It may sound cheesy, but I laughed and said, "Trust me, you already have."



Tribune photos by Stacey Wescott. Brian Pierro comforts his wife Wendy on the morning of her surgery at Advocate Good Samaritan Hospital in Downers Grove.



In the operating room, Wendy cries and clings to the hand of a surgical team member before the anesthesia takes effect.

BREAST REDUCTION SURGERY

An option not to be taken lightly

By Connie Lauerman
Tribune staff reporter

Breast reduction surgery, or "reduction mammoplasty" in surgical jargon, is a complicated procedure that carries some risks.

Besides the usual perils of bleeding, infection or reaction to the anesthesia, patients undergoing breast reduction surgery may experience temporary or permanent loss of nipple sensation and may lose the ability to breast-feed.

"If it's a relatively small reduction, meaning a less invasive procedure, then the patient has a better chance of keeping sensation to the breast and to the nipples," said Dr. Craig Bradley, a plas-

tic and reconstructive surgeon at Rush University Medical Center.

"Depending on the type of reduction, some women can still breast-feed after the surgery. You're taking out part of the breast tissue, but much of the tissue that is left behind is still connected to the breast ducts, so that is why some women can still breast-feed."

A common surgical technique involves incisions that circle the areolas and then extend vertically down the breasts and horizontally underneath the breasts in the creases. Excess breast tissue and skin is removed, then the nipples

PLEASE SEE SURGERY, PAGE 3

ACQUIRED READING

In love with bridal magazines

By Merry Mayer
Special to the Tribune

Visit your local magazine rack, and while you may not see Working Mother or Wired, you can find at least three different bridal magazines. Could there really be that many people getting married that grocery stores and pharmacies must have stacks on hand? Could these magazines be spur of the moment purchases? "Oh, I forgot I have to plan my wedding. I'd better pick up Modern Bride while I'm at the store."

Could it be that the unengaged among us are buying these magazines?

Delina Pryce says she has been reading bridal magazines since she was in high school.

"I was collecting them for awhile. In college, I would be at an airport or a bookstore and I would pick one up. I always loved bridal magazines," says Pryce, 27, owner of an editorial services company, in Berrien Springs, Mich.

"I would sit down and tear out the pictures I wanted and put them in plastic sleeves and throw the rest of the magazine away," she says. Still, she kept about 45 magazines intact.

"I remember always loving them. All the cool stuff you could do [and] the beautiful pictures," she says.

As Pryce planned for her actual wedding in October, she found she didn't need to buy more magazines.

"I knew exactly what I wanted before I got engaged," she says. Still, she would flip through them even though her wedding was already set. "My dream is to be in a wedding magazine," she says, referring to the real weddings sections most magazines have.

Pryce is not alone in her love of all-things-bridal. In college she found that her roommate also had a yen for these magazines.

"You dream your whole life of this wedding you are going to have. And there [in these magazines] are the pictures you had in your head," says Caroline Murray, 27, an information technology consultant in Atlanta who is planning her wedding.

Even though the two friends live thousands of

PLEASE SEE BRIDAL MAGAZINES, PAGE 7



AP photo for the Tribune by Jessica Kourkounis

Recently married Delina Pryce, 27, has collected bridal magazines since she was in high school. Her collection totaled 45.

Curvier mannequins designed to reflect 'the times we live in'

By Mireya Navarro
New York Times News Service

In his Manhattan workroom, Ralph Pucci is putting the finishing touches on his latest mannequin collection for department stores, "Goddess." As the name suggests, Goddess is no waif. Pucci said he wanted hot and sexy, so she is 2 to 2½ inches more curvaceous than his standard form and takes her cues not from runway models but from Beyonce and Jennifer Lopez.

"People with these types of body are flaunting it," he said. "They're comfortable with it."

Across the country in the fashion district in downtown Los Angeles, Goddess already faces competition. Block after block of storefronts that sell clothes at wholesale prices display mannequins and pant forms with even more treacherous curves. Store owners point at the tight-as-a-glove fit of jeans and stretch pants around 38-inch hips, ultra-voluptuous by classic mannequin standards. Sales, they say, are up as a result.

"Anything we put on the mannequin, people buy it," said Fredy Shabani, who displays no fewer than three dozen of the curvier pant forms at his Via Metro clothing store. "The women love them. They see the pants look good."

He added: "Men like it. Some guys come in and buy the mannequins."

PLEASE SEE MANNEQUINS, PAGE 7

INSIDE WN

STYLE Test tubes

Do moisturizing lipsticks really work? We test eight popular brands to see how they hold up.

CENTERSPREAD



A CANDID ACCOUNT

A diary of frustration, the path to relief

Monday, May 24, 2004

I was shopping with my mom and was getting all frustrated because I couldn't find anything. I don't necessarily buy clothes that I like, I don't buy clothes that fit me, I buy clothes that cover my breasts.

My mom asked me, "Well, have you ever looked into a reduction?" Dumbfounded I stuttered, "Well... ahhhh... no."

After that, I started to look into it. I made a list of things I had to be sure to tell my primary care doctor:

- My shoulders, neck and back hurt all the time.
- My posture stinks.
- I have to wear two or three bras at once to do any sort of physical activity.
- I get rashes from the extra-wide side straps of my bras and because of the tightness it takes for me to get support.
- Every day I feel awkward, huge and uncomfortable, like I was born in someone else's skin.
- My breasts don't make me feel feminine, they make me feel bulky, like a linebacker.
- I feel like I've tried everything to deal with them, including losing so much weight that I was too skinny to have a menstrual period.

After I finished rambling, my doctor just looked at me and said, "Let's do it!"

He told me he would write a letter of recommendation to my insurance company. I was stunned. I started to cry and finally stood up to hug him and say thank you. His nurse referred me to a plastic surgeon, Dr. Jejurikar, whom I called from the parking lot.

Tuesday, May 25

I went online tonight to find some background info on my plastic surgeon. I also found some before-and-after photos. I am now officially scared to death and not sure I can even go through with this. This is real surgery! Those stupid makeover shows make it look so easy.

Tuesday, June 1

I had my first appointment with Dr. Jejurikar.

Sunday, June 13

OK, I can't wait to hear back from the insurance company about a boob job! The waiting stinks. I find myself noticing other women's breasts and thinking, "They look like a comfortable size. I wonder if mine will come out that size."



A bra-burning ceremony was part of the festivities at a pre-op shower thrown by Wendy Pierro's work friends.

Wednesday, June 16

So, I've been thinking about it, probably too much: I won't be the same person I've been for the last 33 years. Literally, a piece of me will be missing. I wonder if I'll lose my sense of humor. That's how I've always dealt with my breasts. Crack a joke about them before anyone else does.

I asked Brian about it again the other day, but it's hard to get him to talk sometimes. I'm a little concerned about sex after a breast reduction. Dr. Jejurikar said there is a chance I could lose some sensitivity in that area.

Monday, July 19

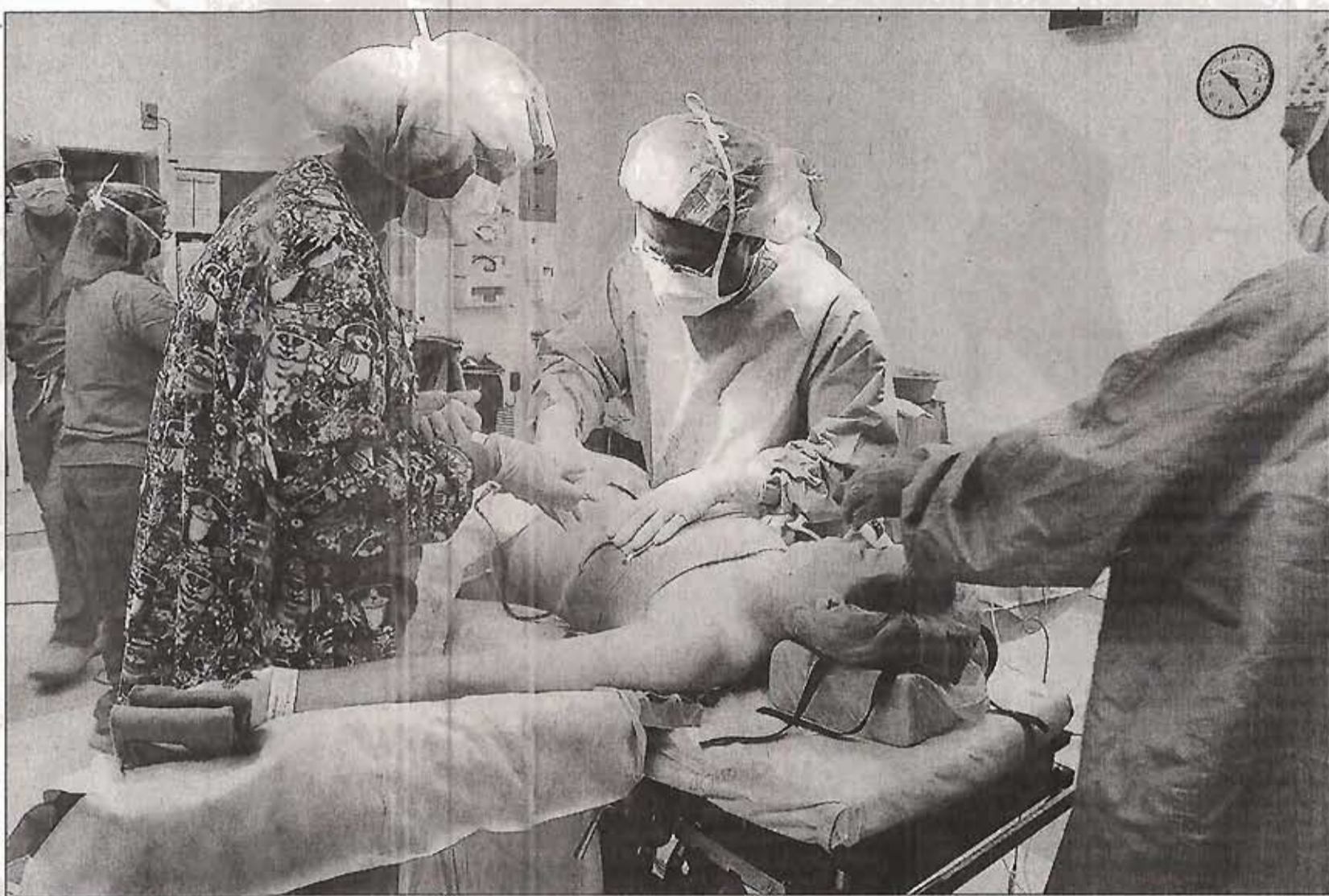
I found out that my insurance company would in fact cover a breast reduction. I called Dr. Jejurikar and scheduled it.

Thursday, July 22

I'm freaking out. In my emotional whirlwind, I started to push Brian for his opinion. Finally: "Well, they are big." I was like, "That's it? That's all you can say?" Then he sort of let loose. He was afraid something might go wrong. He was afraid that I had built up the surgery in my mind and I would somehow be disappointed. We decided that I should make an appointment for both of us to talk with Dr. Jejurikar.

Tuesday, Aug. 10

Brian and I went to see my plastic surgeon today. I really like Dr. Jejurikar and feel confident in him. I felt like a bit of a spaz with my list of a



Tribune photos by Stacey Wescott

Pierro's surgery took about three hours. Afterward, the nurses set up her drainage tubes. Although she was generally uncomfortable after the surgery, the worst part was having to lie on her back, she says.

million questions, but he was totally understanding and answered them all. I spoke to Jejurikar about what size I will be and it seems that I will be a small C cup.

Friday, Aug. 20

The girls at work threw me a "Boob Shower" tonight. Everything was breast themed. All these women showed up to support me and help me as I count down to my surgery. I felt so good, so cared for. I was floored. Oh, and we had a bra-burning ceremony. I had no idea it was going to be so easy, and so satisfying, to see my big ugly bras go up in flames. It probably sounds silly, but I felt relieved and free.

Tuesday, Aug. 31: The surgery

I had to be at Advocate Good Samaritan Hospital in Downers Grove by 6 a.m. There were a few different nurses that worked with me pre-op and all of them were super nice. The anesthesiologist came in to meet me and asked me all sorts of questions, from how much I weighed to if I had any loose teeth.

Finally Dr. Jejurikar came in and spent 20 minutes drawing on me. He had tape measures and different types of markers and even a compass circle-maker thing. When he was done, I looked like a roadmap—you could see where cuts would be made and where my nipples would be placed. Then he said, "Well, I'll see you in about 15 minutes." This is when the official "freak out" began. "15 minutes?" I thought. "We have to do this in 15 minutes?"

The nurses started to wheel me down the hallway with Brian by my side holding my hand. I kept squeezing his thumb thinking if I just didn't let go, maybe he could sneak into the operating room with me. Oh, God, I didn't want to let him go. I've never dreaded anything so much in my life. His thumb finally slipped from my hand and they wheeled me away. I entered the operating room, full of people in blue masks.

I scooted onto the very narrow table and started to cry. A nurse took my hand and held it close to her. I saw the anesthesiologist appear above me. He started to ask me questions about my favorite place to vacation and then told me to picture in my head something that made me happy. I closed my eyes and saw my two dogs. I started to take deep breaths and I felt the medicine take effect. "OK, I'm OK, I can do this," I thought.

The surgery took about three hours. I vaguely remember waking up and asking, "Are my breasts small?"

As I was brought into my hospital room, Brian



Fifteen minutes before the procedure, Wendy Pierro had her official "freak out" and experienced anxiety and dread. But for many years, her large breasts made her feel bulky, not feminine.

was already there waiting for me. The nurses set me up with a tube coming from the side of each breast for drainage. I slipped in and out of sleep. The worst part of my post-surgery experience was, by far, lying on my back. I was able to sleep a few hours at a time, but I couldn't roll over. More than anything, I was just sort of generally uncomfortable.

Wednesday, Sept. 1

Dr. J came in to change my dressings and remove the drains. I had decided not to look at myself until I had healed a little. So, naturally, as soon as he took off the last bandage, I immediately glanced down to survey the damage. "Oh, my God!"

I looked at Dr. J with my jaw still dropped. "Look at them! They're so small. Oh, my gosh, they look so good. You're a genius." My breasts looked better than I could have ever possibly hoped for. I had tears in my eyes as he wrapped me up again. All I had to do was eat something and take an oral painkiller. As long as I had no problems, I could go home. I was in my own bed before 2 p.m.

Thursday, Sept. 2

Pain and soreness sort of come and go, but more than anything I'm just uncomfortable. Lying on my back has continued to stink. Brian has been awesome. He's doing laundry and everything else around the house. My dad comes in today from California to help with my recovery and give Brian a hand with the dogs. I wasn't supposed to lift anything and I wasn't supposed to use my arms.

Friday, Sept. 3

Went to follow-up appointment with Dr. J. He removed bandages. Now I'm in a sports bra. Much better.

Saturday, Sept. 4

I finally got to take a shower today. I saw myself naked in the mirror for the first time post-surgery. My whole body looks smaller. For the first time in my life, I thought I looked normal. Not huge or awkward or all breasts. It was wonderful. Starting today I have to apply a cream to my scars to help them heal.

Wednesday, Sept. 15

I went for a walk today. I wore a tank top. The sun on my bare shoulders felt so unfamiliar and nice. On the way back, I put on a zip-up hooded sweat shirt. I was surprised by how easily it zipped up and how much better it fit. I couldn't help but walk the whole way with a goofy grin.

Friday, Sept. 17

Third follow-up trip to the doctor. I still have to wear sports bras and can still only do light/low-impact activity for at least another two weeks. I'm still swollen, but my breasts are starting to look more normal.

Monday, Sept. 20

I went back to work today. I was miserable. By 4 p.m., I was exhausted, couldn't think straight and was so sore I had to keep taking breaks in the bathroom to take off my bra.

The response to my new look has been mixed. Some people say if they didn't know I had had the surgery, they wouldn't be able to tell, others say there is a big, big difference.

Friday, Oct. 1

I went to the doctor again. I have been feeling good except I still had a lot of chafing and skin irritation. Dr. J told me I could start wearing normal bras (still staying away from underwires), and he lifted all activity restrictions.

As soon as I got out of the doctor's office, I started to skip and run just because I could.

Saturday, Oct. 2

I went to Victoria's Secret and Nordstrom. They measured me and checked each bra while I had it on, and showed me why each one did or didn't fit. I was able to buy a bunch of bras, but it was exhausting. Turns out I'm a C cup.

Tuesday, Oct. 5

I went running today for the first time in years—with only one bra!

There are no more stitches poking out, the skin irritation and soreness disappeared as soon as I switched to regular bras and my breasts are starting to feel like part of my body again. My clothes fit better, I'm standing taller, I even lay on my stomach the other night. I feel like I'm finally on my way, like I can start a whole new life. It's gonna be awesome.

Email: wpierro@tribune.com

SURGERY:

Be informed before making decision

CONTINUED FROM PAGE 1

and areolas are repositioned and the remaining breast tissue is recontoured.

Other breast reduction techniques involve different patterns of incisions, depending on the individual case and the surgeon's recommendation.

Bradley said that patients can expect permanent scarring to their breasts, but he noted "there are various techniques that are done today to shorten and reduce the scars."

Nevertheless, he said, "the larger the breasts,

the more external scarring as well as internal scarring" occurs.

Breast reduction surgery in no way resembles a liposuction procedure. "Not even close," Bradley said. "It's a very, very unusual type of breast that would benefit from liposuction as a means of reduction."

Recovery time generally is two or three weeks. Exercise is restricted for about a month. Healing of the tissue takes more than a year and requires monitoring by the physician.

In 2003, surgeons performed more than 147,000

breast reduction surgeries, an increase of 207 percent since 1997, according to statistics compiled by the American Society for Aesthetic Plastic Surgery. Women ages 35 to 50 had 42.1 percent of the total number of breast reductions.

The top five surgical procedures for women were liposuction, breast augmentation, eyelid surgery, nose reshaping and breast reduction.

The best preparation for breast reduction surgery is gathering information, choosing a qualified, board-certified plastic surgeon, asking questions and discussing your expectations, surgeons' professional organizations suggest.

"One of the complications of surgery is disappointment from unrealistic expectations," Bradley said. "People have different fantasies about what they're going to look like. If they aren't taking care of their body and getting

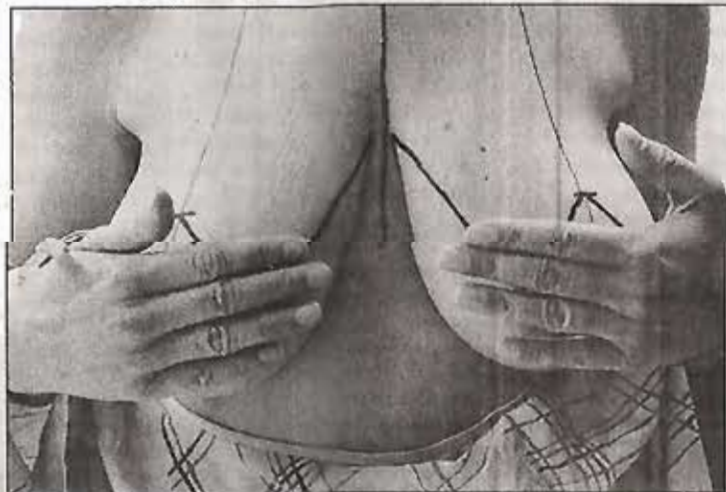
their body into shape, the reduction isn't going to change symptoms either."

Insurance companies may pay for breast reduction surgery if it is deemed medically necessary, according to the American Society of Plastic Surgeons.

A "predetermination letter" from the surgeon may be required. Surgeon fees vary but the national average for breast reduction last year was about \$5,000, not including anesthesia and other surgical fees.

For more information:

For more information about breast reduction and help in locating board-certified surgeons, visit the Web sites of the American Society of Plastic Surgeons (plasticsurgery.org) and the American Society for Aesthetic Plastic Surgery (www.surgery.org).



Before the surgery, the doctor marked where cuts would be made and where her nipples would be placed.