

# Some Women Were Denied Flat Chests After Mastectomy

Many women have reported experiencing pushback from surgeons after asking for a flat closure post-mastectomy.

July 6, 2022 By Laura Schmidt

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Some surgeons resist women's requests to have flat chests after having [mastectomies](#), and some outright refuse, [according to The Washington Post](#).

When Deanna Attai was in training to become a breast surgeon, she read studies reporting that women who declined reconstructive surgery after a mastectomy had a lower overall quality of life. In more recent years, she and others found that this was not true for many women.

When Attai conducted her own study of close to 1,000 women who had a single or double mastectomy, she found that nearly 75% of them said they were satisfied with the results. The [study was published last year](#) in the Annals of Surgical Oncology.

PhD student Anne Marie Champagne, 53, had what the National Cancer Institute calls an aesthetic flat closure after a mastectomy in 2009 and researches the issue at Yale. She told the Washington Post that she noticed the conversation around flat closure mastectomies spike in 2012 when a post by the founder of the advocacy group [Flat Closure NOW](#) on a [breast cancer message board](#) encouraged the normalization of flat closures and urged those with them to step forward and support one another.

Within six months, the post had garnered over 79,000 views and 3,500 comments, according to Champagne.

"I definitely have seen more patients requesting to go flat after mastectomy, likely as they feel more empowered to make this decision," Roshni Rao, MD, chief of breast surgery at Columbia University Medical Center in New York City, told the newspaper.

Despite flat closure's increasing popularity, women still experience pushback from surgeons.

Attai's survey found that 22% of women said they were either not initially offered flat closure or supported by the surgeon or that the surgeon left additional skin in case they changed their

mind—which would require additional surgery if they later opted against reconstruction.

Champagne’s doctor ignored her wish for a flat closure and told her, he’d done her a favor by leaving extra skin for reconstruction.

“I went into surgery thinking we were in agreement on the closure,” Champagne recalled in the Post. “I had made my wishes clear. To this he replied that in his experience all [breast cancer](#) survivors reconstruct within six months. When I heard his words, I felt profound grief, a combination of heartache and anger. I couldn’t believe that my surgeon would make a decision for me while I was under anesthesia that went against everything we had discussed—what I had consented to.”

It should be noted that a flat closure is not a viable option for everyone. Heavier patients in particular may not be good candidates for the procedure. Doctors need to communicate and listen to patients about their preferences to provide the safest option that won’t diminish their quality of life.

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