

[Home](#) [Community & Support](#) [Our Community](#)

[Click here to nominate a Survivor.](#)

Survivor Spotlight

June 2010

Jamie Inman

Jamie Inman is one of those inspiring two-time breast cancer survivors who decided she wanted to use her experience to assist others. Helping people comes naturally to Jamie, due in part to her work as a licensed marriage and family therapist. For many women that would have been enough, but Jamie isn't just any woman. In her vocabulary, 'enough' is a goal she won't obtain until she's advocated for every woman possible.



When she learned she had DCIS in 2005, it had been 13 years since her initial diagnosis. Her first bout with breast cancer had been very painful for Jamie emotionally, but the second diagnosis came at a time when she had just gone through her father's death and was taking care of her mother, and as she says, "The breast cancer was sort of an interruption. I wasn't afraid. It wasn't until afterwards that it really hit me. Actually, Post Traumatic Stress Disorder (PTSD) was my biggest problem. The emotional work I was dumped into made the second cancer so difficult, but it is also what turned me into an advocate."

Jamie is not alone when it comes to PTSD. Fatigue, difficulties with sleep, flashbacks, anxiety when returning to the scenes of the experience (for a breast cancer patient this can mean hospitals or clinics or doctors' offices), the need to tell and retell the story, thinking too much about it, all of these "symptoms" are classic for PTSD and are the situation many women find themselves in after completing treatment. Although some women are certainly depressed or have a true anxiety disorder, it's quite possible that PTSD is actually the culprit and they simply aren't getting the help they need because the problem is never properly diagnosed. Jamie hopes discussing this candidly will help to educate women so they will seek out treatment if it's warranted.

Not only does she advocate when it comes to helping women find out more about PTSD, even her decision for reconstructive surgery provides her with fodder for helping other women make difficult choices. For her first go-round with cancer Jamie had taken the conservative path of lumpectomy with radiation, which ultimately she felt had failed her. In 2005 she decided it was time to be aggressive, so she chose a bilateral mastectomy. She knew she wanted reconstruction, but there were so many possibilities (and so little information available) she also knew she had to make an educated choice. "I wanted to have the best possible surgery available", says Inman, "and research led me to Dr. Gabriel M. Kind in San Francisco. I was very interested in the DIEP surgery* and since he's been performing it since 1998, I felt comfortable trusting in his expertise.

"My surgery went without a hitch and finished in about 10 hours; however, soon afterward the left breast looked bad, so they returned me to surgery and discovered that a vein had closed (probably weakened by the previous radiation) and caused a thrombosis. Dr. Kind took a vein from my ankle and reconnected the blood supply between the mammary vessel and the flap, so he was able to correct the problem."

As a result of her surgery Jamie had a difficult time with swelling all through her ribcage and around her surgical scars, so Dr. Kind referred her to another breast cancer survivor, Julie Wong, who works as a physical therapist in San Francisco. Julie specializes in post-mastectomy lymph drainage. With Julie's help, the physical results were vastly improved, but as Jamie explains, "On the other hand the emotional aftermath was almost unbearable. I am not a stranger to depression and anxiety. I have experienced both, plus I am a psychotherapist and work with sufferers every day. If that weren't the case, I would have thought I was going insane when flashbacks to childhood abuse suddenly erupted weeks after the surgery. While I could not prevent or stop it, at least I understood what was happening to me, and had resources for coping with it."

It was Jamie's dilemma and her realization that many women don't have the same resources she did that prompted her to create [Stay in the Pink](#). "I started off wanting to tell my story. I just wanted to reach out to women facing the same surgery so I could be a guide for them and offer support."

The website is devoted to early detection, which is one of Jamie's passions. "I politely disagree with the concept that a breast self-exam is not necessary, and that women don't need to do anything until they are 50. In fact, one of my

recent blog posts was called 10 Reasons I Still Recommend Mammograms. We literally need to take our health into our own hands instead of handing all of our power over to doctors!"

Stay in the Pink's operating motto is: While others work tirelessly to find a cure, we want to help you live to see it! Their mission is to support people whose lives have been affected by breast cancer by encouraging, educating and equipping them with a uniquely personal touch.

Jamie is committed to providing a resource for women and feels the site is a perfect compliment to the other work she does. "Sometimes it just helps to feel that someone is listening. When women are facing treatment their thought process often goes from 'Am I going to die,' to 'Will I lose my breasts,' to 'Will I lose my hair?' You have to deal with the most life-threatening issue facing you at the time. Certainly, there have to be people to talk to in order to make these issues a bit easier to deal with. As a therapist, I'm not afraid to talk about a subject in a very candid way. You have to be willing to talk about uncomfortable things and make suggestions to people. I hope as Stay in the Pink grows and evolves, these sorts of conversations will become much more routine."

When she isn't immersed in advocating and educating, Jamie's personal life is devoted to spending time with Doug, her husband of nearly 40 years. They thoroughly enjoy good food, traveling and being active in their church. Although they enjoy the freedom their empty nest provides, Jamie is quick to point out just how proud she is of her three grown children, daughters Chase and Paige, and son Spencer.

It doesn't take a therapist to recognize that Jamie Inman has managed to take what could have been a devastating physical and emotional blow and turned it into something positive for herself and others!

** Editor's Note: DIEP stands for deep inferior epigastric perforator and is a central component in the state-of-the-art practice of breast reconstruction allowing the safe transfer of soft tissue from the abdomen for the construction of a new breast without the sacrifice of the rectus abdominis muscle or fascia. The abdomen is an ideal source of tissue for breast reconstruction. Most patients who develop breast cancer are at an age when they also have excess skin and fat overlying the abdomen. The fat is typically soft and easy for the surgeon to shape and closely approximates the feel of a normal breast. In addition, an added bonus of an abdominal donor site for most patients is the improved abdominal contour after flap harvest which approximates that of a tummy tuck while minimizing donor site morbidity.*

© www.theBreastCareSite.com 2010