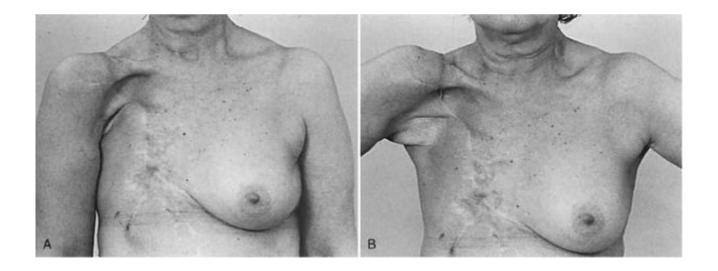


BREAST SURGERY & RECONSTRUCTION

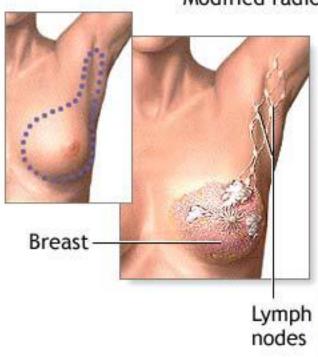
M. Sinnathamby Breast and General Surgeon

EVOLUTION OF BREAST SURGERY

Halsted Radical Mastectomy 1894



Modified Radical Mastectomy 1948

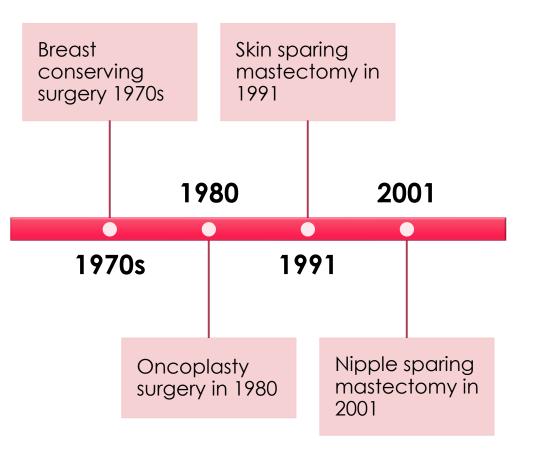


Modified radical mastectomy

Removal of breast and associated lymph nodes



FURTHER CHANGES IN TECHNIQUE



BREAST ONCOPLASTY SURGERY

Started to be used in 1980 – conservative form of breast surgery, better aesthetic and quality of life outcome with less morbidity compared to traditional approach

Current definition – any breast surgery that aims to maintain quality of life and acceptable breast appearance without compromising oncological effectiveness

BREAST CONSERVING ONCOPLASTY SURGERY

Allows up to 50% of breast tissue excision

Level 1 oncoplasty

Terminology

Level 2 oncoplasty

ANOTHER WAY OF LOOKING AT ONCOPLASTIC TECHNIQUES

Volume displacement techniques

 Allow use of remaining breast tissue for glandular reshaping or reduction techniques

Volume replacement techniques

 Volume of excised breast tissue replaced with autologous tissue

SELECTION CRITERIA

Volume of excision

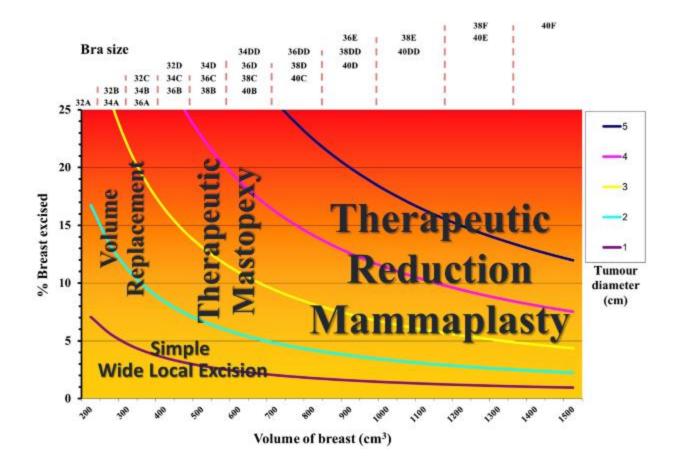
Tumour site

Glandular density

Dense glandular breast vs

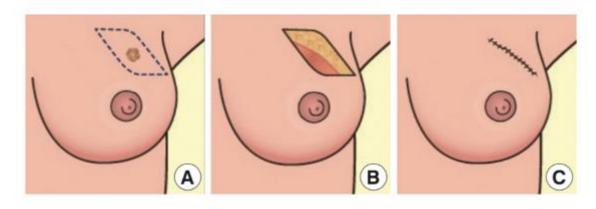
Low density breast with major fatty composition

Breast size

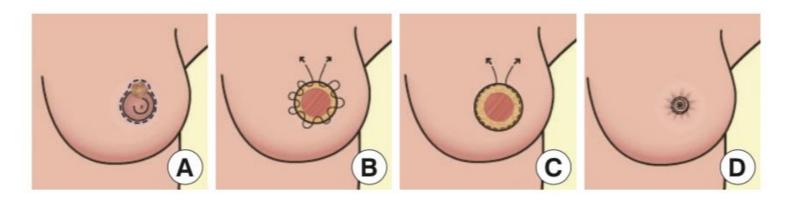


VOLUME DISPLACEMENT

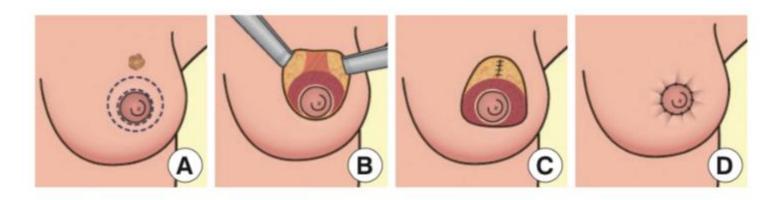
- Glandular reshaping
 - Parallelogram mastopexy lumpectomy



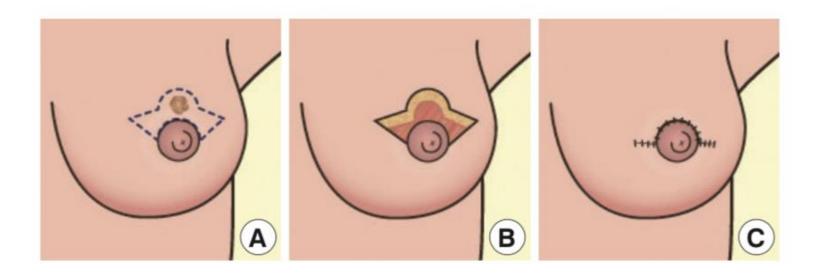
• Purse string suture



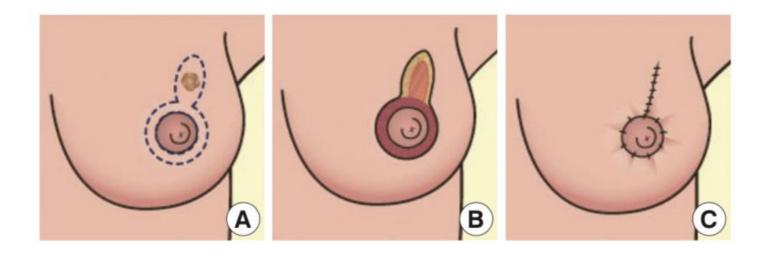
• Round block technique



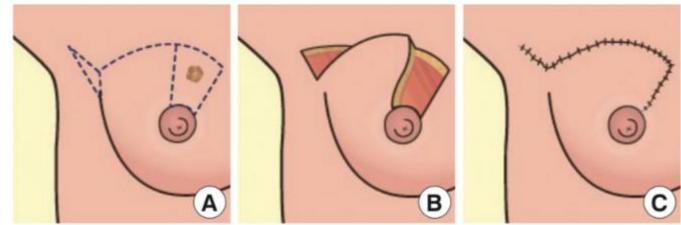
• Batwing Mastopexy

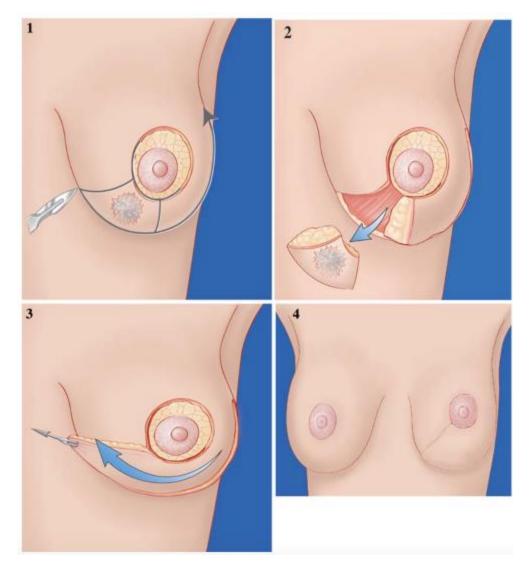


• Tennis racket



• Rotation flap

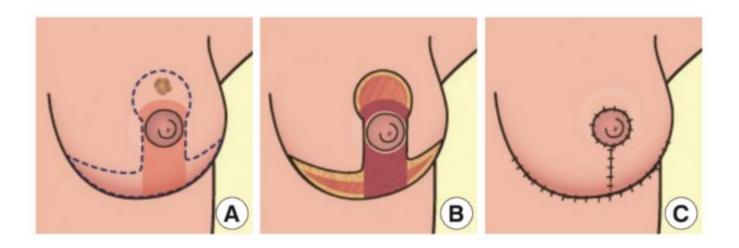




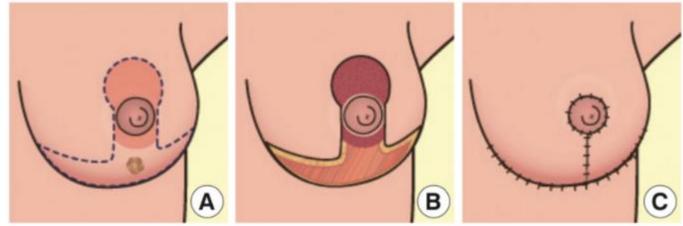
V Mammoplasty

REDUCTION MAMMOPLASTY

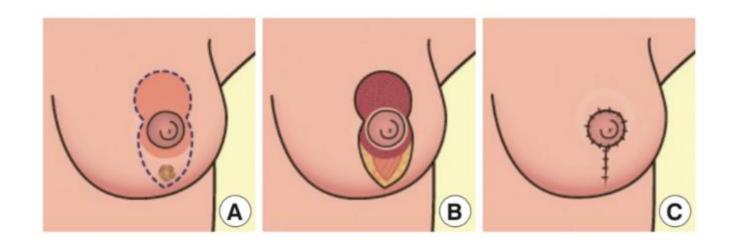
• Wise pattern inferior based pedicle



• Wise pattern superior based pedicle



• Vertical reduction



VOLUME REPLACEMENT

Medial Intercostal Artery Perforator (MICAP)

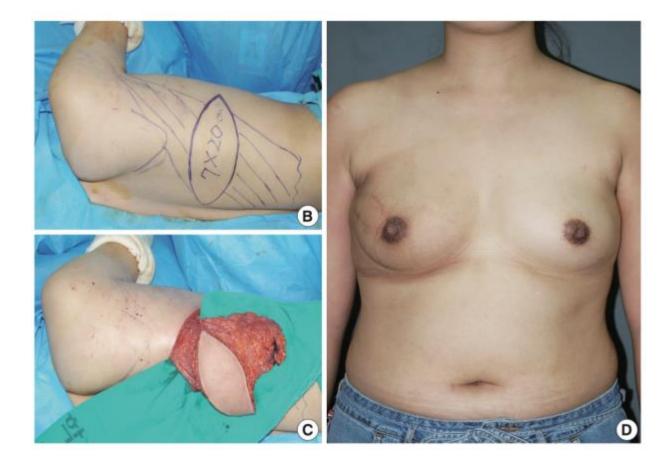
Anterior Intercostal Artery Perforator (AICAP) Lateral Thoracic Artery Perforator (LTAP)

Septocutaneous Thoracodorsal Artery Perforator (Sc-TDAP)

Musculocutaneous Thoracodorsal Artery Perforator (Mc-TDAP)

Lateral Intercostal Artery Perforator (LICAP)

Visual Art: © 2017 The University of Texas MD Anderson Cancer Center • LD myocutaneous flap



MASTECTOMY

May be necessary from oncological point of view

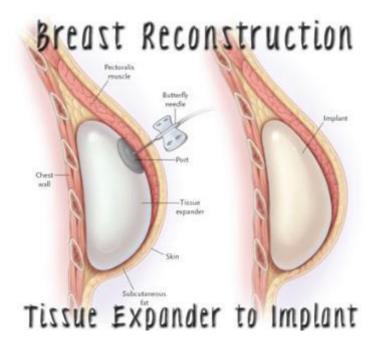
Better aesthetics with reconstruction

Total, skin sparing , skin and nipple sparing

BREAST RECONSTRUCTION

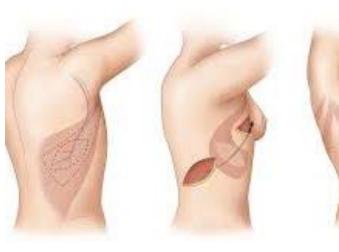
- It is often a journey rather than a single surgery
- Implant based, autologous or flap based and combination of both
- May need revision surgery later
- Appearance may change over time with changes of weight and body habitus

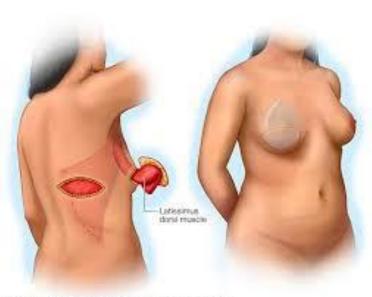
IMPLANT RECONSTRUCTION





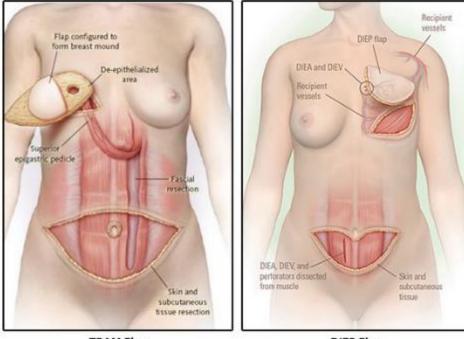
LD PEDICLE RECON





RANDO DORONTON FOR ARDING BILLERY ON AND BRIDARDS, ALL RESATS REPORTED.

TRAM/DIEP RECON



TRAM Flap

DIEP Flap

Lower abdominal skin, fat and one of the rectus muscle are transferred to the mastectomy site and contoured appropriately to reconstruct the breast.

The DIEP flap also uses the skin and fat from the lower portion of the abdomen, but spares the rectus muscle.

FAT GRAFTING

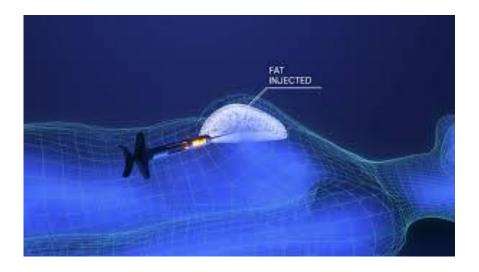
Liposuction and transfer of fat to breast

Used mainly to address defects or augmentation but can be used for complete reconstruction

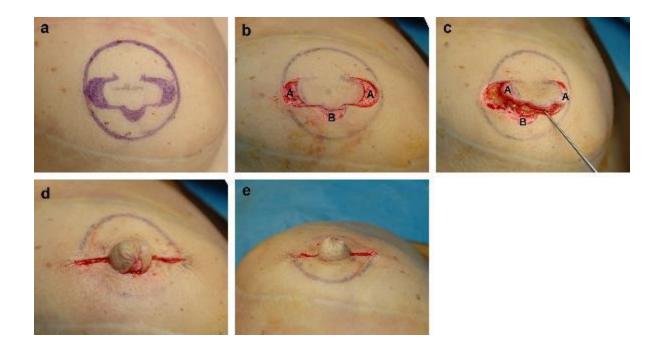
Will require multiple sessions depending on the amount of fat required

NEW TECHNIQUE ON TRIAL





NIPPLE RECONSTRUCTION



REFERENCE

- Improving Breast Cancer Surgery a classification and quadrant per quadrant atlas for oncoplastic surgery, Krisha B Clough; Ann Surg Oncol DOI 10.1245/s10434-009-0792-y
- Surgical Techniques for Personalized Oncoplastic Surgery in Breast Cancer – Patients with small to moderate-sized Breasts (Part 1) volume displacement; Jung Dug Yang, Journal of Breast Cancer 2012 March 15 (1):1-6
- Surgical Techniques for Personalized Oncoplastic Surgery in Breast Cancer – Patients with small to moderate-sized Breasts (Part 2) volume replacement; Jung Dug Yang, Journal of Breast Cancer 2012 March 15 (1): 7-14
- Oncoplastic Breast Surgery: What, when and for whom? R Douglas Macmillan; Curr Breast Cancer Rep (2016) 8:112–117