Selecting for Breast Reconstruction

Primary Breast Cancer in the Elderly Patient

EMCC 3/3/17

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Nottingham University Hospitals UK

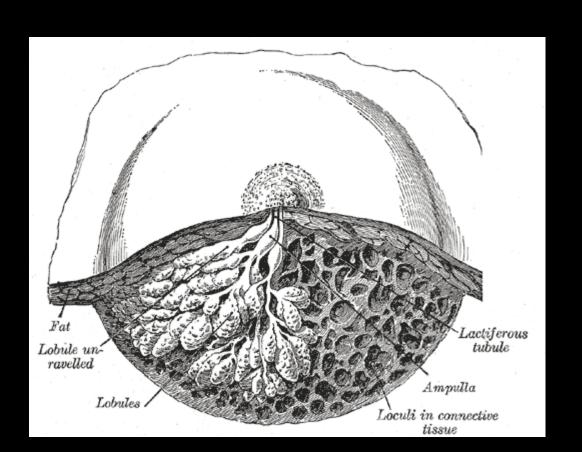




Declaration of interests

Mentor - Tbilisi Georgia

Silimed -Rio de Janeiro Brasil



3 things to know about Real Estate

Position

Position

Position





The Report of the Independent Review Group



Pre-filled, textured surface, round, moderate profile Pré-rempli, surface texturée, rond, profil modéré

Vorgefüllt, strukturierte Oberfläche, rund, mäßiges Profil Preriempito, superficie testurizzata, rotondo, profilo medio



3 question algorhythm

What's missing?

What's required?

What's available?

Considerations

Tumour size

Breast volume

Relative proportions Tumour/Breast

Opposite breast

Body Habitus

Musculo-skeletal co-morbidity Back/shoulder/hernia





Comparison of outcomes and donor-site morbidity in unilateral free TRAM versus DIEP flap breast reconstruction

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Received 10 January 2007; accepted 9 July 2007

Considerations

The Patient and her expectations/hobbies

The vascular supply

The Oncologist/radiotherapy

The Surgeons (Breast Oncologic and the Reconstructive)

YOUR "TEAM"

TIMING IS KEY.....MDT & PATIENT decision

Considerations

Breast Conservation vs. Mastectomy

Primary vs. Delayed Reconstruction

What is the "cost" to my body?

"KISS Principle

Keep

It

Simple

Stupid"

Cost to the patient

Physical cost

Psychological cost

Relationship cost

Employment cost

Financial cost

THE PATIENT

and her expectations.....

• Information given before the event is an explanation.....

• information given after the event is an excuse!!!

Clifford Hawkins

Patient/Partner education

to make an informed decision; **UNDERSTAND RISKS** supported by surgeon and a specialist nurse;

explore reconstructive options, the risks/benefits, educational images;

understand the range of additional procedures that may be required;

opportunity to meet patients who have, or have not, undergone oncoplastic surgery;

"GOOD JUDGEMENT IS BORN OF EXPERIENCE

EXPERIENCE IS BORN OF BAD JUDGEMENT"

G.I. TAYLOR

Co-morbidities with cancer

1 in 2

Malnourished

Impaired continence

Cognitive impairment

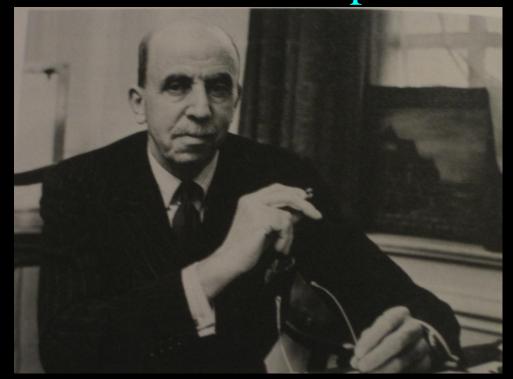
Poor mobility

1 in 4 depression

Morris J. BMJ 2012, 344 e533

Sir Harold Gillies

"Plastic Surgery is a constant battle between beauty and the blood supply" -Gillies Principles



THE VASCULAR SUPPLY

THE VASCULAR SUPPLY

Smoking

Cardio-respiratory

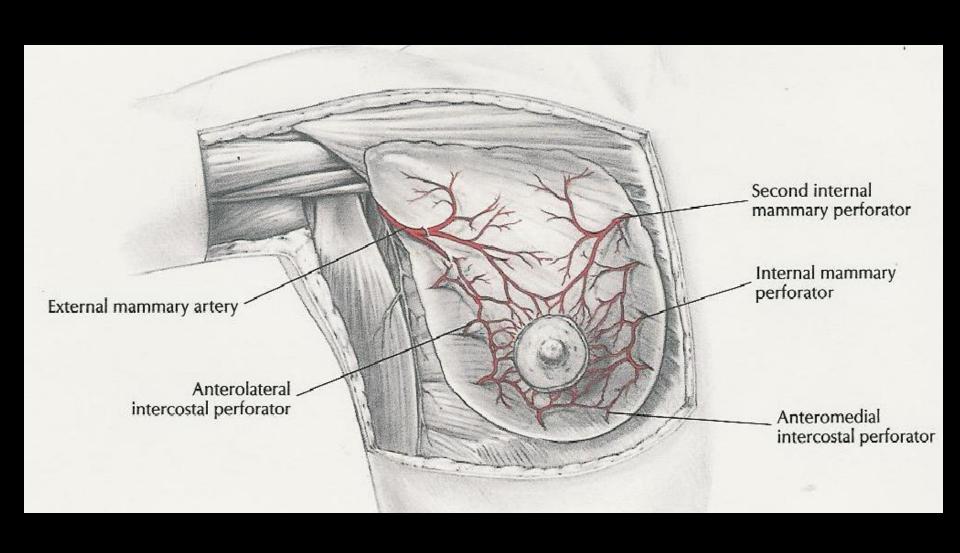
Obesity "fat is a parasite"

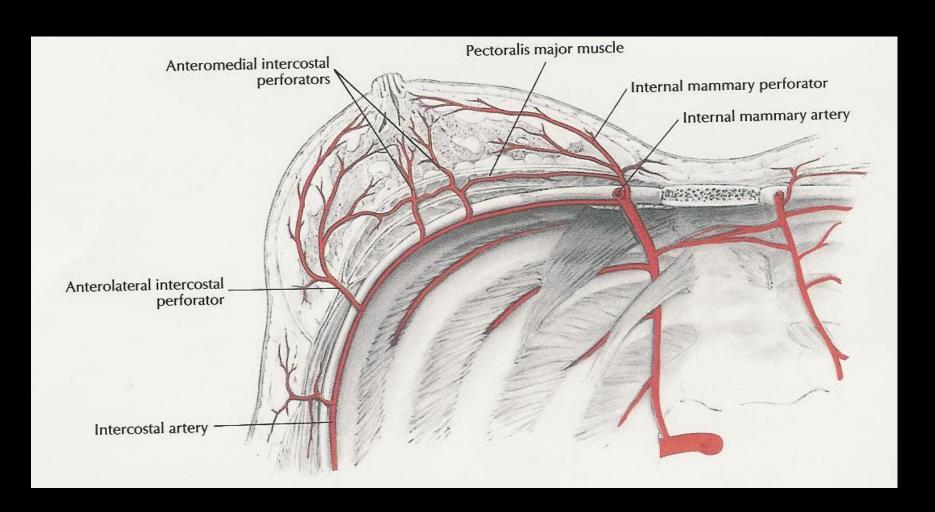
Skin envelope

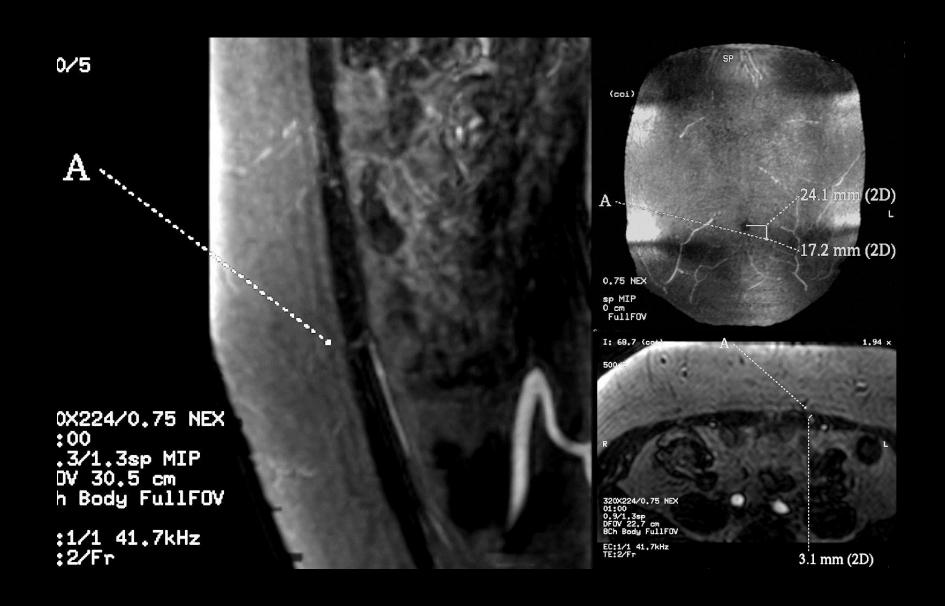
Ptosis

Incision

WLE/Radiotherapy-"endarteritis obliterans"

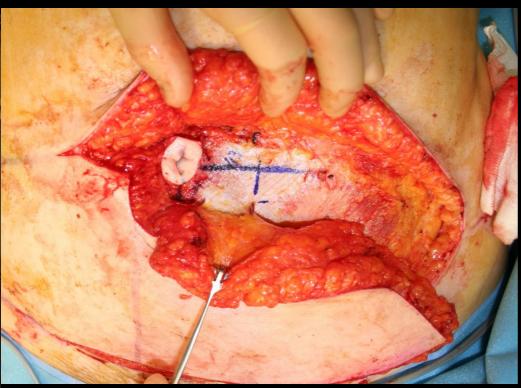






Contrast-enhanced magnetic resonance angiography for preoperative imaging in DIEP flap breast reconstruction PRS 2011 128(1) 56-62





The smoother and gentler the act of surgery....the more exquisite the wound healing

Lord Moynihan

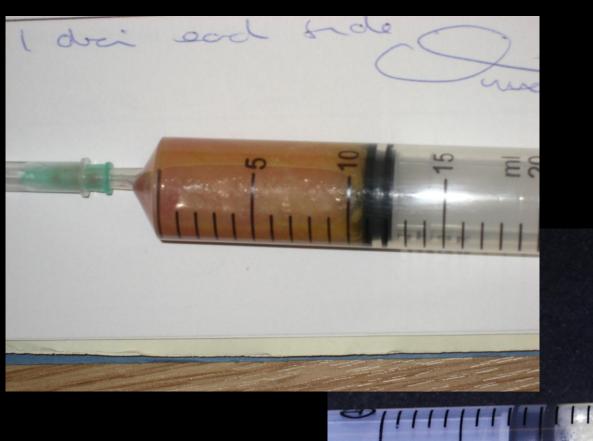
Gillies principle 9.

• LOSSES must be replaced in kind-LIKE WITH LIKE.....

THE ONCOLOGIST

Autologous Breast Reconstruction and Radiotherapy

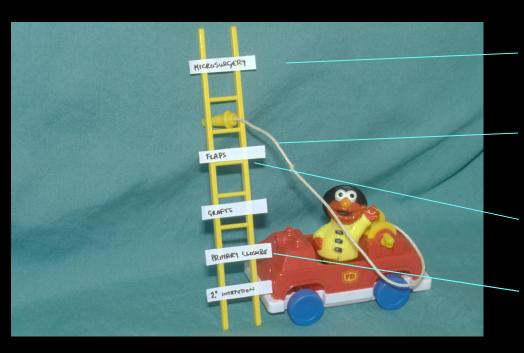
Immediate and Radiotherapy DIEP and ELD (Group I) Delayed after Radiotherapy DIEP and ELD (Group II) Immediate
without
Radiotherapy
DIEP and ELD
(Group III)





THE SURGEON

Reconstructive ladder



TRAM, DIEP, SIEA, SGAP, IGAP, TUG,PAP

Pedicle TRAM, LD

perforator flaps ICAP, TDAP

WLE+MAMMOPLASTY

BCT

Lumpectomy/WLE/Implants

LIPOTRANSFER

Patients groups for mammoplasty

Allows BCS in cases traditionally prone to poor cosmesis achieve good outcomes

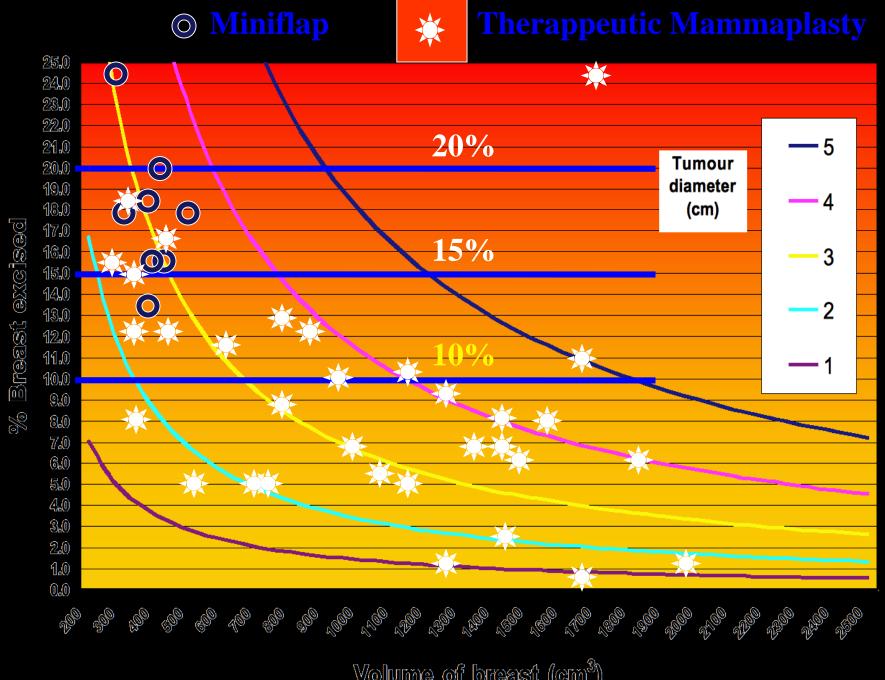
Good access to tumours and allows large excisions

Avoids need for mastectomy and TBR in selected cases. Therefore being both cost and time efficient

Other added life benefits (from BBR)

Good sensation (compared to TBR)

? Increase ease and reduce problems of radiotherapy in large breasts



Volume of breast (cm³)

Prospective study of shoulder morbidity after LD flap PRS 2008 122(5) 1334-40

Reconstructive ladder



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LIPOTRANSFER







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Payments: PayPal | See details

Returns: 14 days money back or item exchange, buyer pays return shipping

Read details



Breast fat grafting (lipomodelling) after extended latissimus dorsi flap breast reconstruction: A preliminary report of 200 consecutive cases

Raphael Sinna, Emmanuel Delay*, Sébastien Garson, Thomas Delaporte, Gilles Toussoun

University of Lyon, Department of Plastic and Reconstructive Surgery, Léon Bérard Cancer Centre, 28 rue Laennec, 69008 Lyon, France

Received 31 January 2009; accepted 1 December 2009

Cancer Res. 2012 Jan 1;72(1):325-34. doi: 10.1158/0008-5472.CAN-11-1739. Epub 2011 Nov 3.

The white adipose tissue used in lipotransfer procedures is a rich reservoir of CD34+ progenitors able to promote cancer progression.

Martin-Padura I, Gregato G, Marighetti P, Mancuso P, Calleri A, Corsini C, Pruneri G, Manzotti M, Lohsiriwat V, Rietjens M, Petit JY, Bertolini F. Laboratory of Hematology-Oncology, European Institute of Oncology, Milan, Italy.

"Remember it's about the patient"

Thank you graemeperks@me.com