Selecting for Breast Reconstruction

Primary Breast Cancer in the Elderly Patient

EMCC 3/3/17

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Declaration of interests

Mentor - Tbilisi Georgia

Silimed - Rio de Janeiro Brasil
3 things to know about Real Estate

Position

Position

Position
Silicone Gel Breast Implants

Trilucent™ Breast Implant

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
Produktinformation für die Patientin
TiBREEZE - Mammaimplantat
3 question algorithm

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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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
Dear Mrs. Binnis,

Thank you very much for coming to see me again with your husband. I am very sorry to learn that he has had problems with his heart.

As we discussed today, on further examination I think we could make you a breast out of your lower abdominal skin and fat. This will be smaller than your native right breast which would have to be reduced to match the size.

The risks of this Tram Flap surgery are bad scarring, asymmetry, bleeding, infection, loss of the flap reconstruction, deep vein thrombosis and pulmonary embolus. The risks of surgery to your right breast would be bad scarring, loss of the nipple due to circulatory failure, impaired nipple sensation, bleeding and infection.

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

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

Pedicle TRAM, LD

perforator flaps ICAP, TDAP

WLE + MAMMOPLASTY                     BCT

Lumpectomy/WLE/Implants

LIPOTRANSFER
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

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


Laboratory of Hematology-Oncology, European Institute of Oncology, Milan, Italy.
“Remember it’s about the patient”

Thank you

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