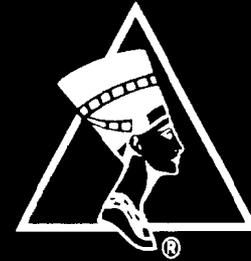




PLASTIC SURGERY
EDUCATIONAL FOUNDATION



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

Breast Reconstruction

Bruce Cunningham
Professor of Surgery
University of Minnesota

PSYCHOLOGICAL FUNCTION

A very PUBLIC “private part”

Represents womanhood, sensuality,
femininity

Source of sexual pleasure

Focus of clothing & fashion

A paired organ- there should be TWO

PATIENT'S EXPECTATIONS

- Sense of wholeness, well-being
- Normal lifestyle
 - Clothing
 - Activity
 - Sexuality, intimacy, femininity
- Privacy, security
- Chest wall comfort



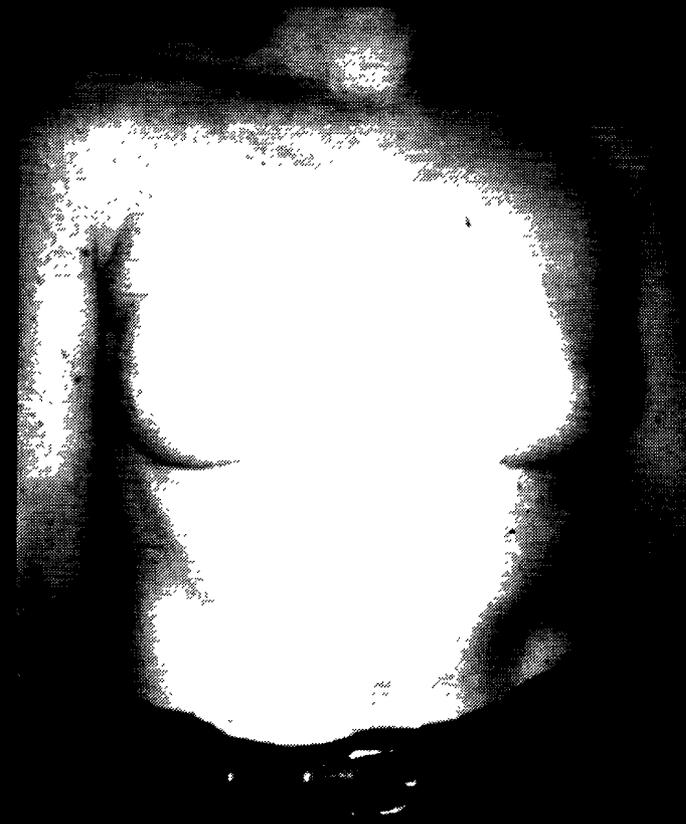
SURGEON'S GOALS

- No compromise of chance for
- Minimal morbidity
- Soft breast mound
- Believable nipple & areola
- Symmetry
- Meet patient's needs

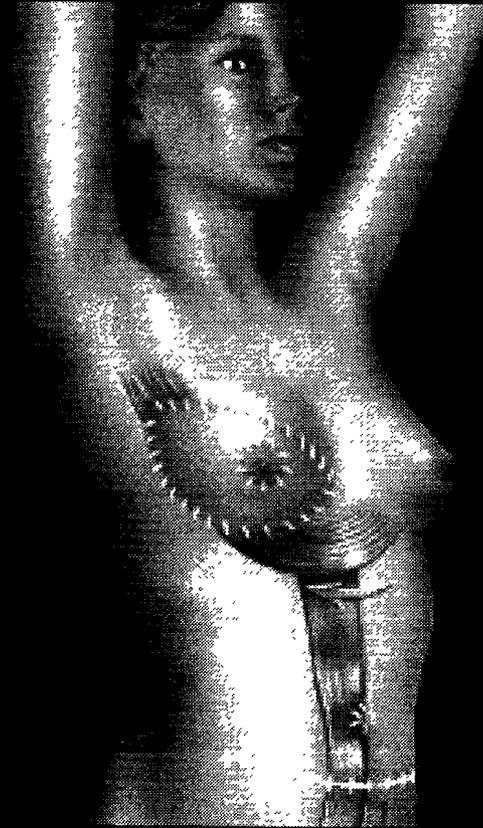
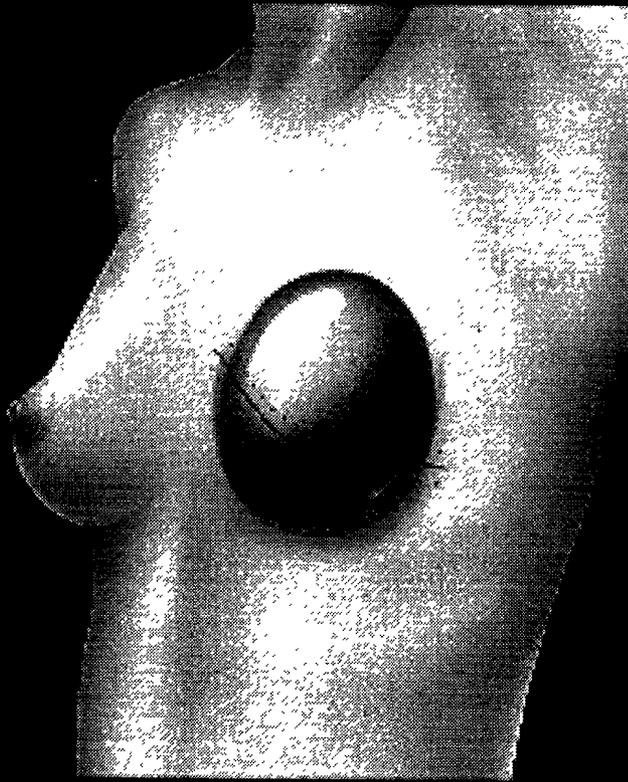


IMMEDIATE RECONSTRUCTION - FACTS

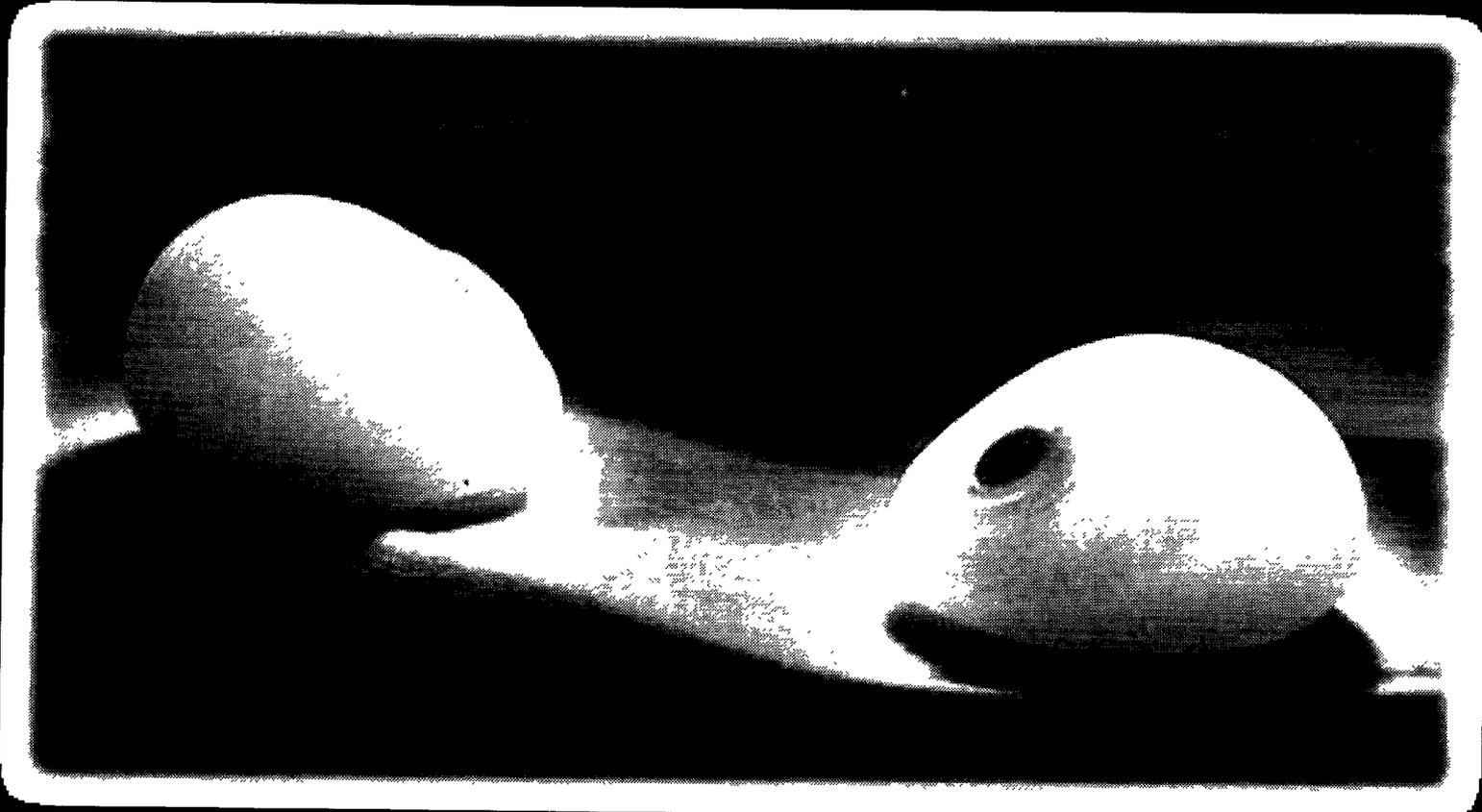
- Flap Tissue will tolerate
Adjunct Rx
- Morbidity unchanged
- Psychological cushion
- Single recovery period



The surgical choice: expanders and implants or autologous tissue

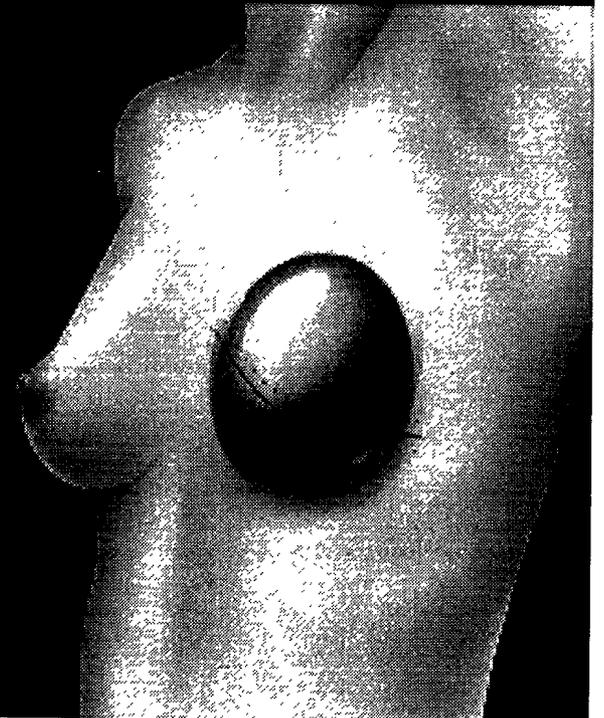
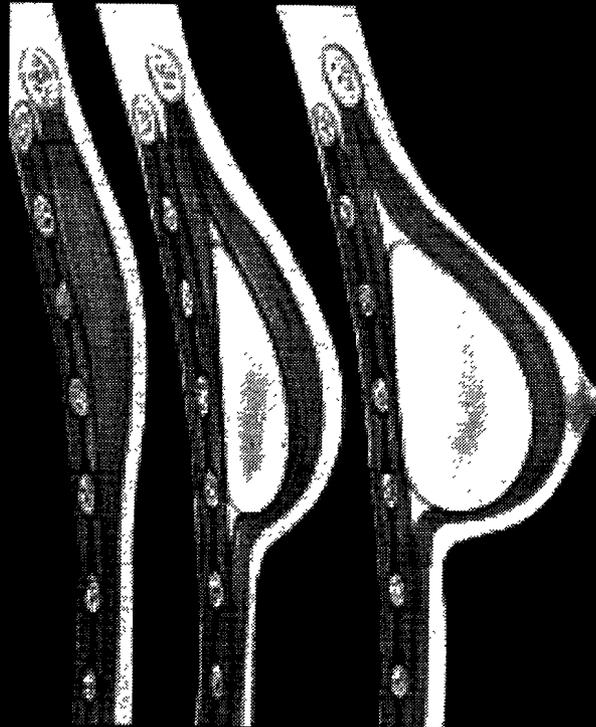
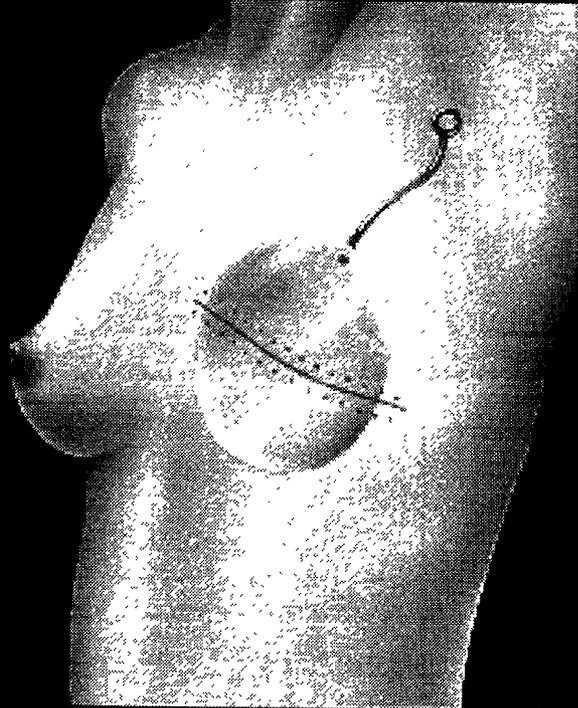


The surgical choice:
Soft Tissue Expanders and Implants



The surgical choice:
Soft Tissue Expanders and Implants

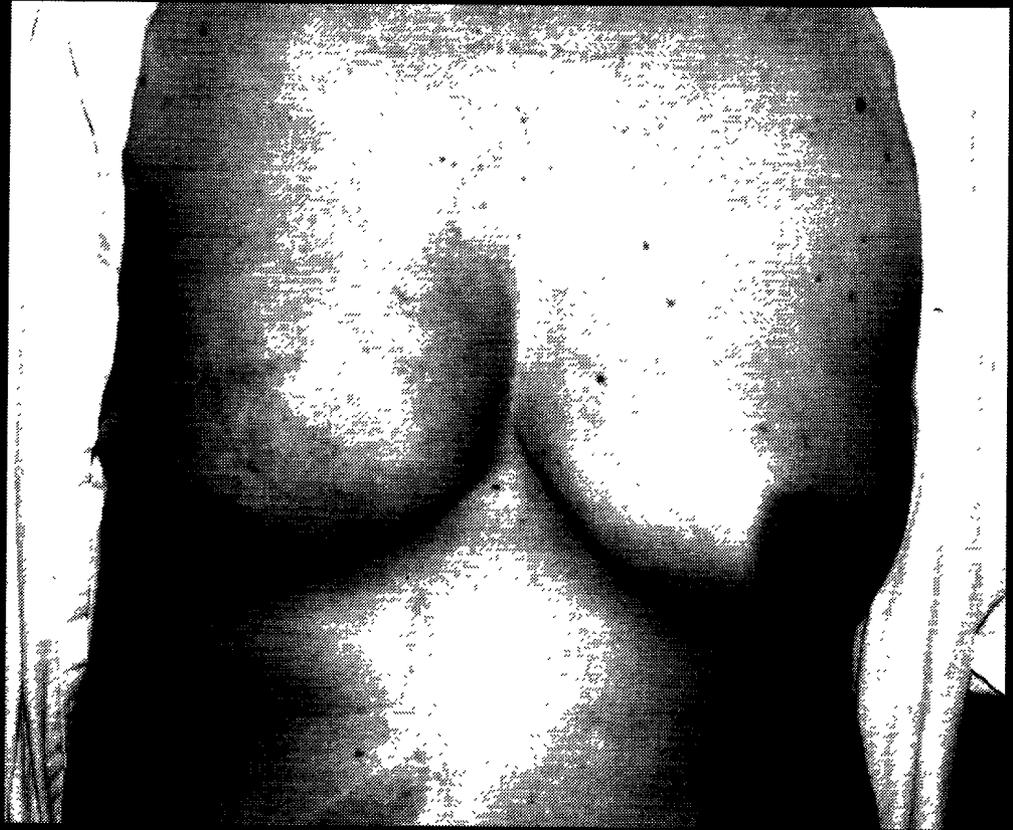
Tissue expansion and implants



Implant at a second stage

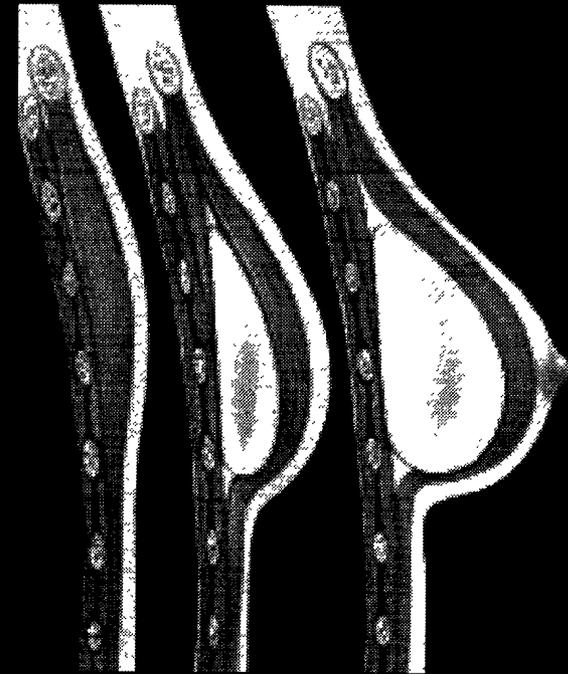
IMPLANTS - PROS

- Quick surgery
- Quick recovery
- Single surgical site
- Lower \$ to start



IMPLANTS - CONS

- Foreign body
 - Scar capsule contracture
 - Infection
- Maintenance item
 - Rupture, deflation
- Expansion- a process
- Contralateral symmetry

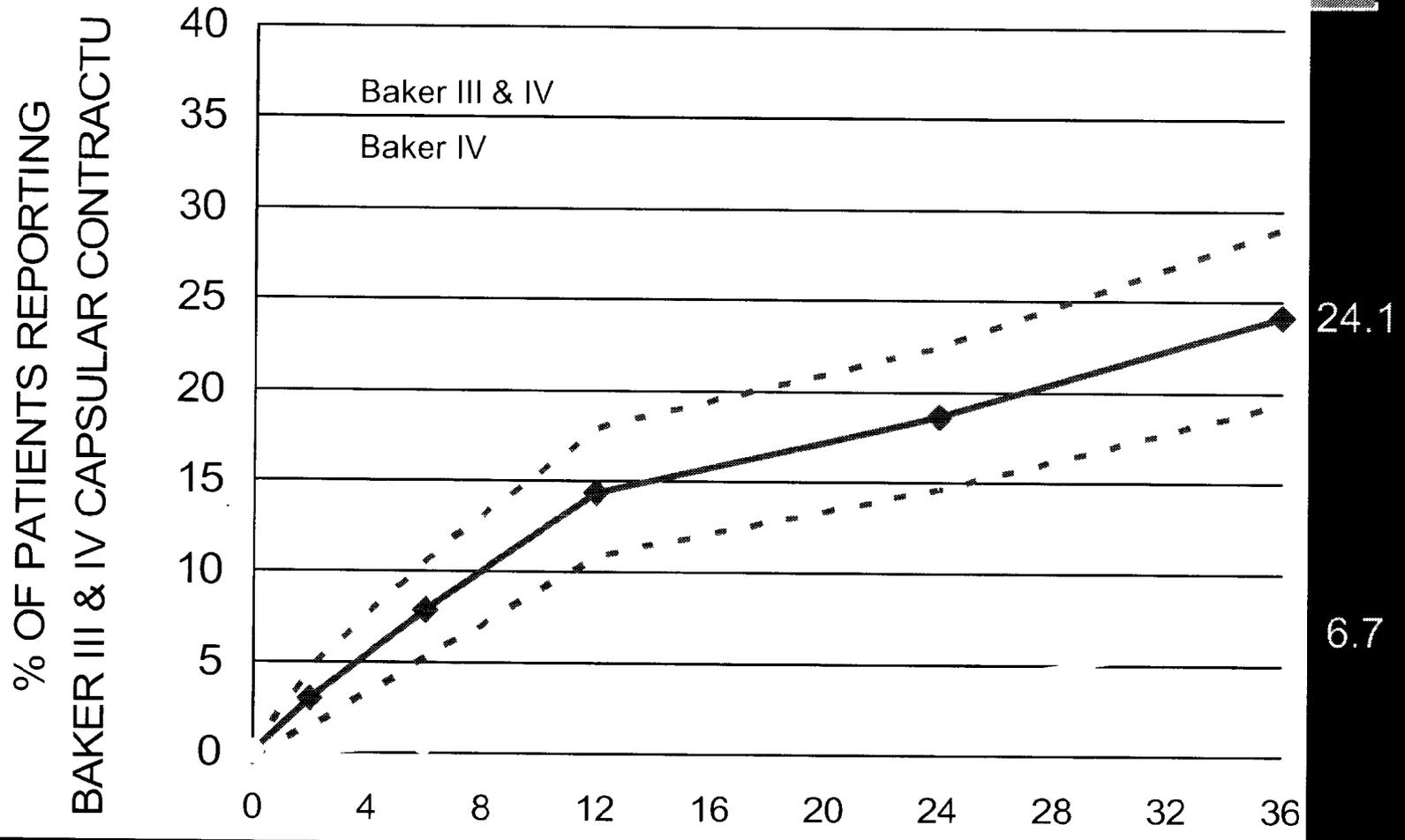


Complications of Implant Reconstruction

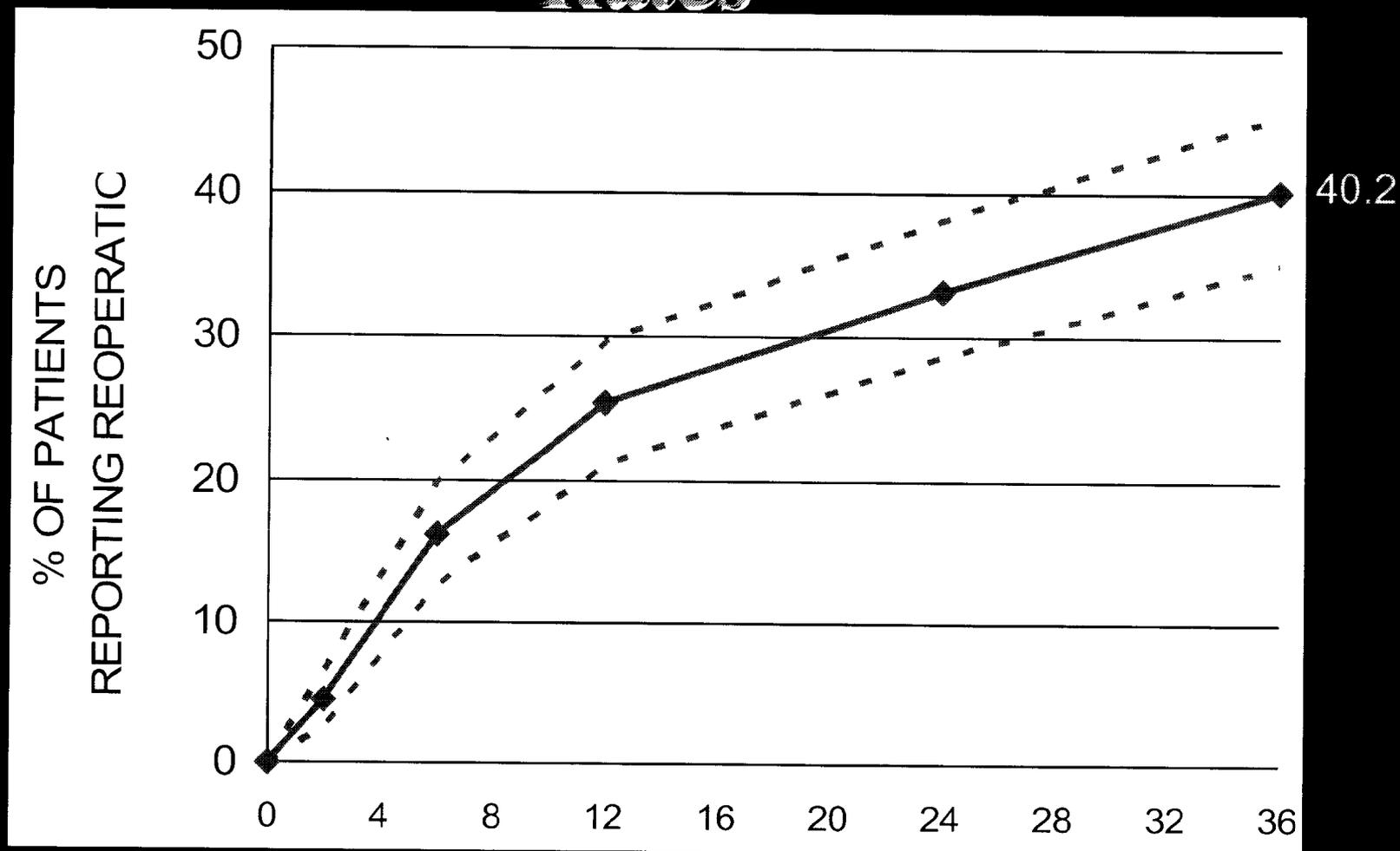
- Capsular contracture
- Re-operation
- Implant removal

Kaplan-Meier Analysis:

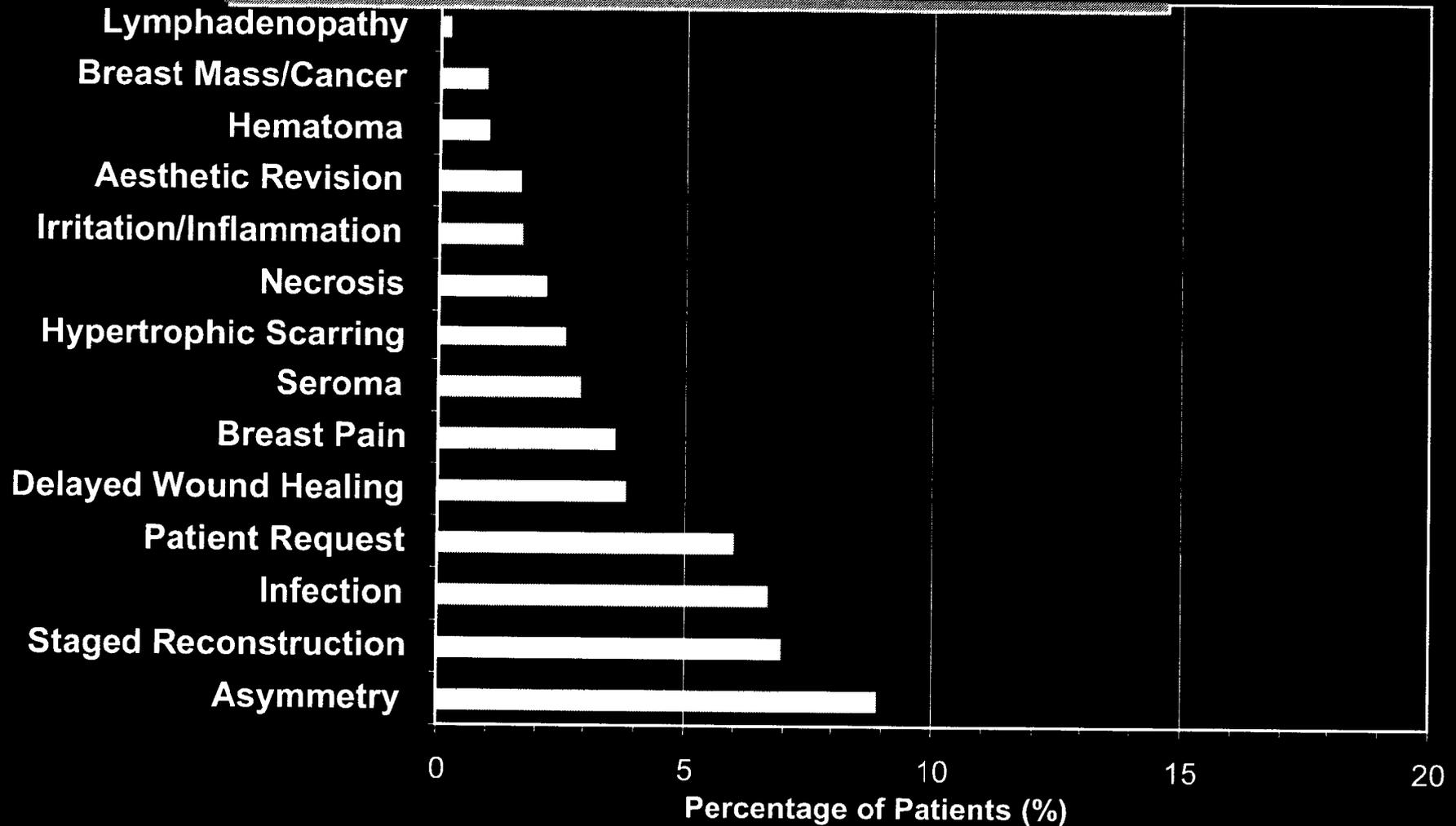
Baker III & IV Capsular Contracture



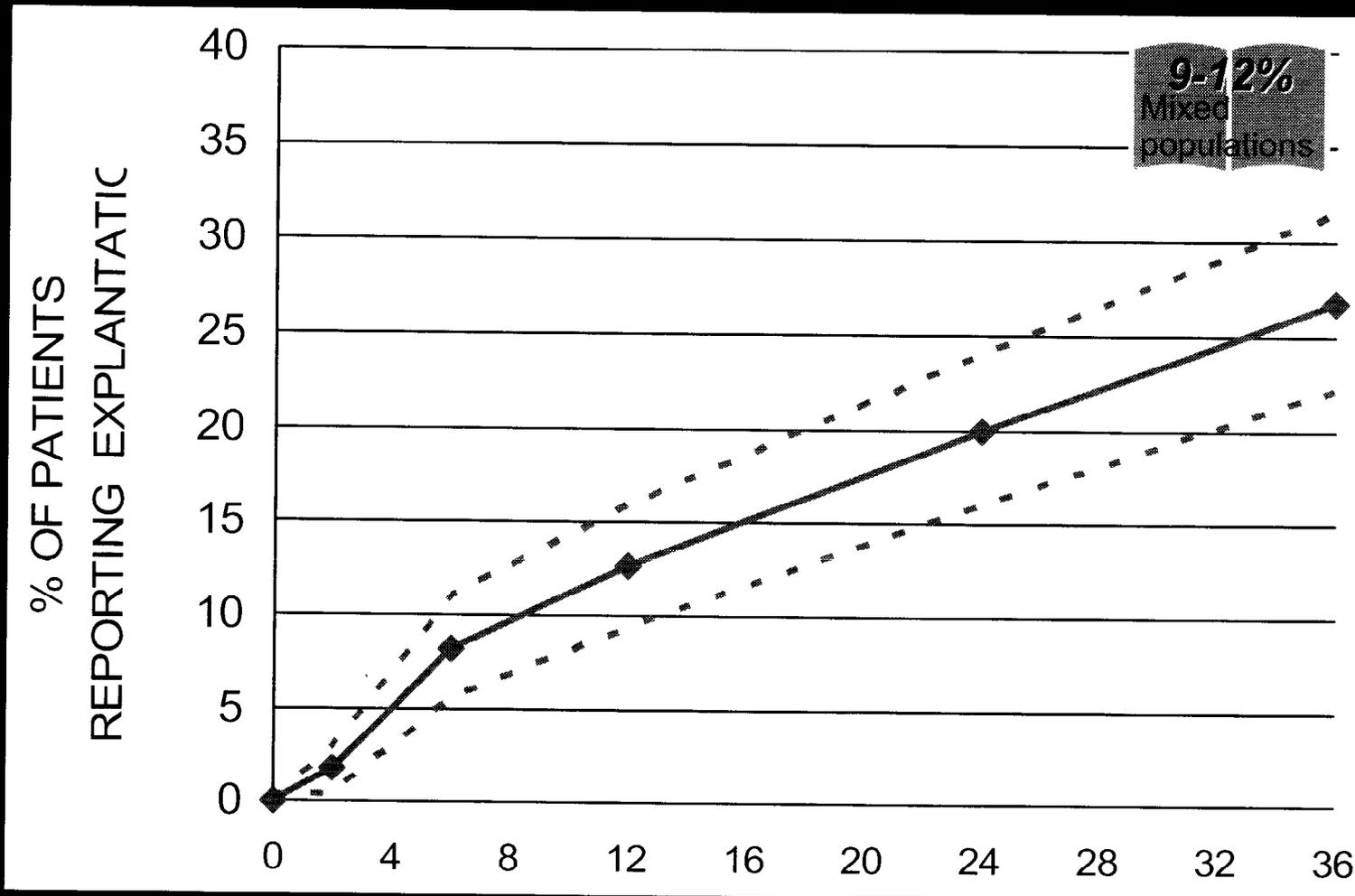
Kaplan-Meier Analysis: Re-operation *Rates*



Reoperations in Reconstruction Patients

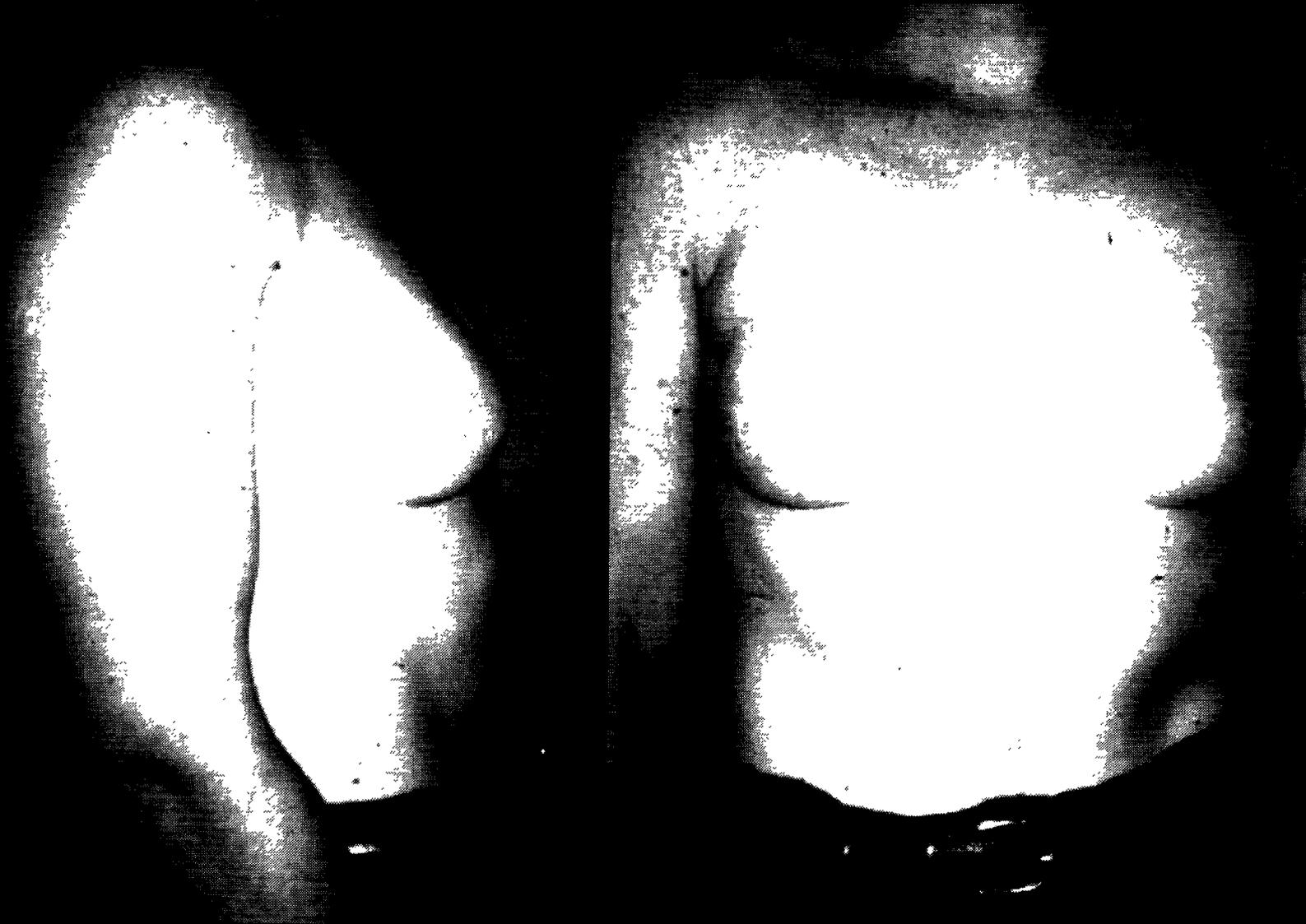


Kaplan-Meier Analysis: Explantation

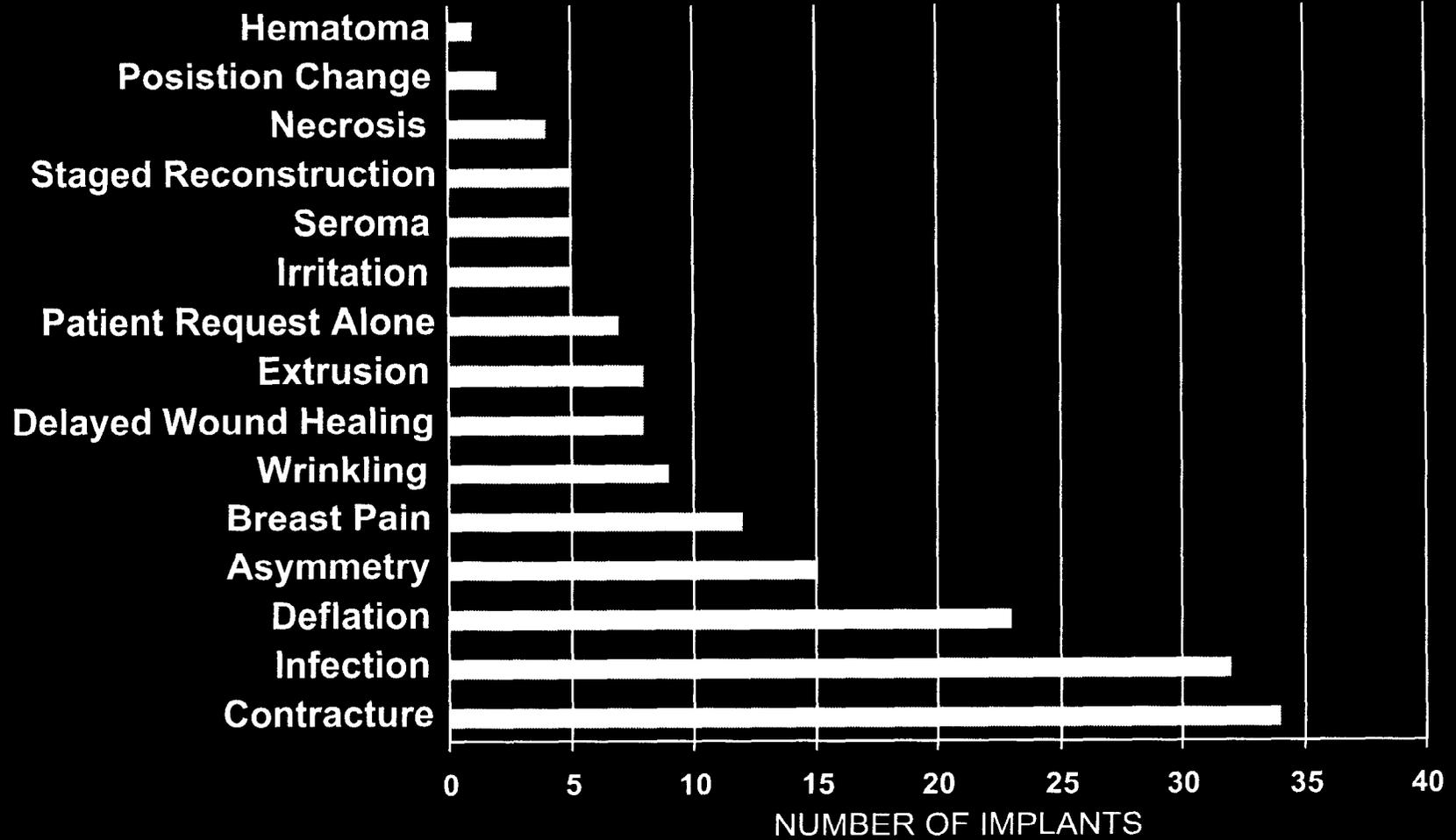


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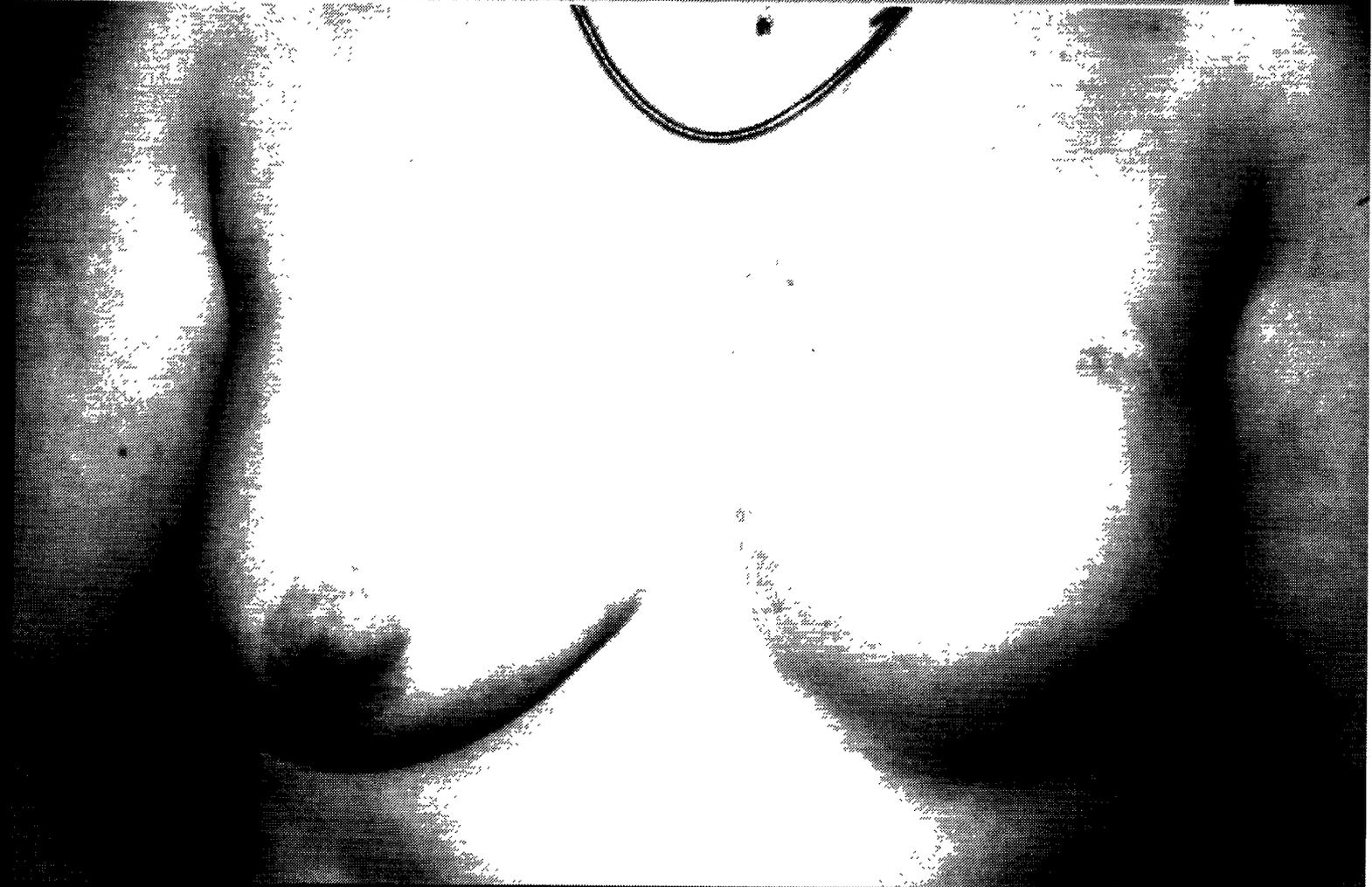
Implant with Skin-sparing
Mastectomy



Reasons for Explantation



*Balancing the fullness of the mound
and the location of the fold.....*



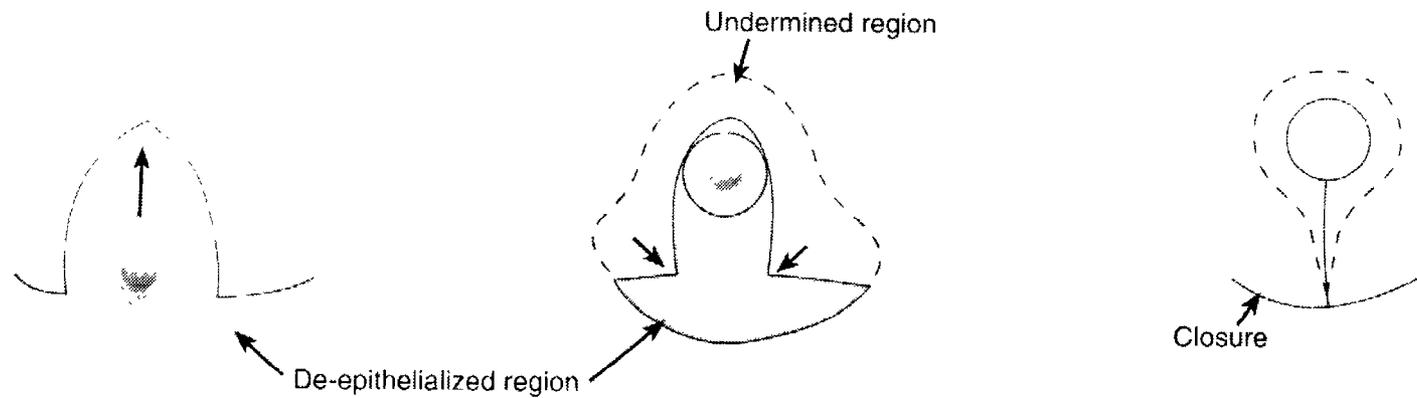
Requires the reconstruction as
low as possible, the other breast
high



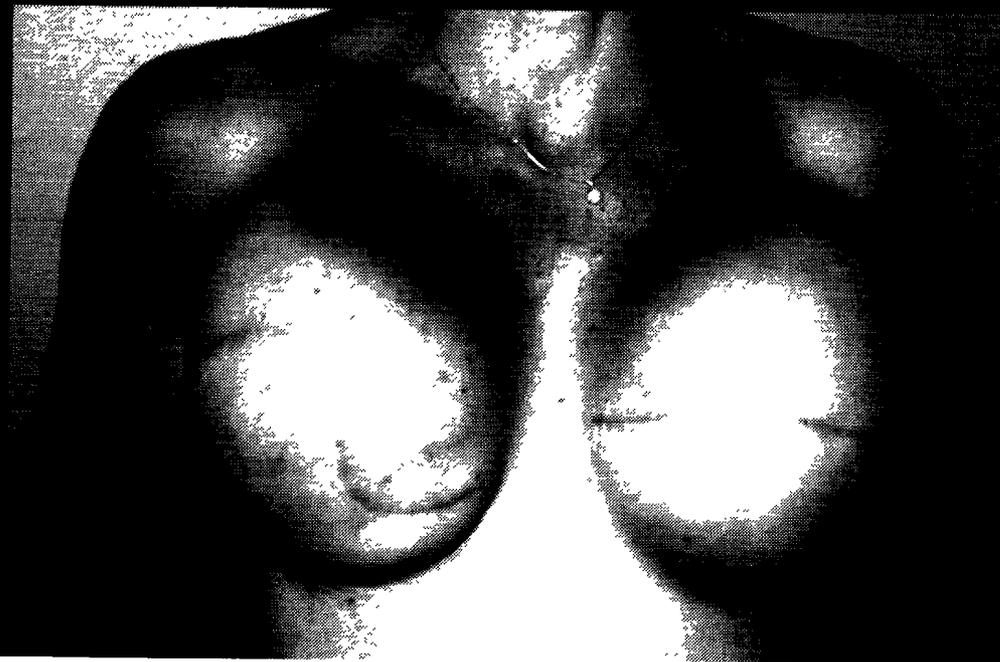
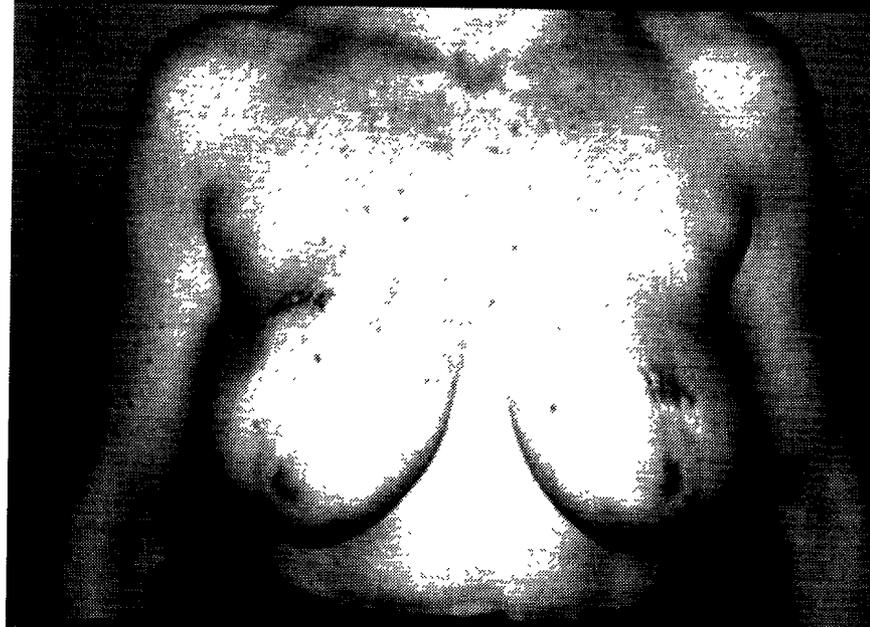
Balanced functional result



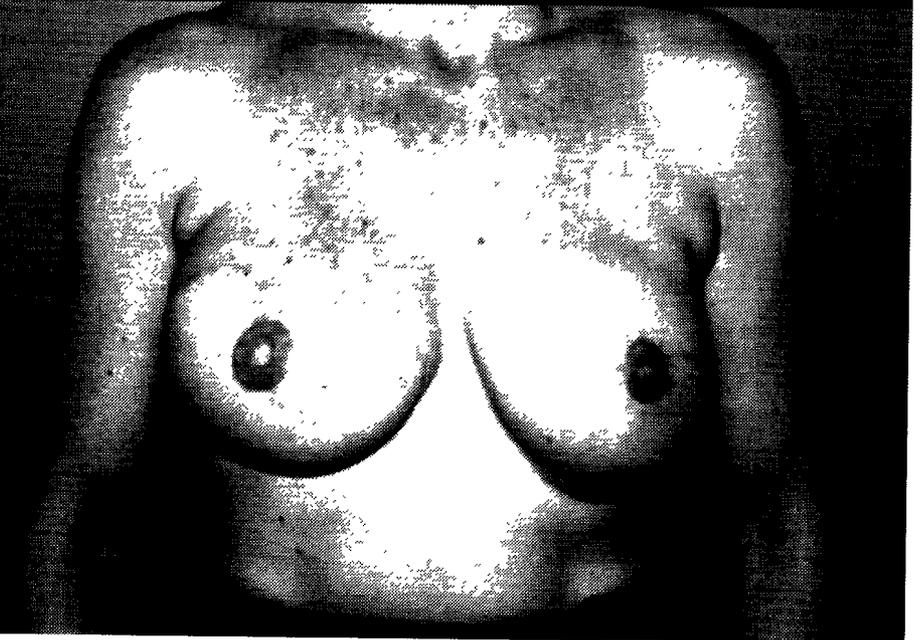
Frequently contralateral breast lift is needed



25% of patients are bilateral....



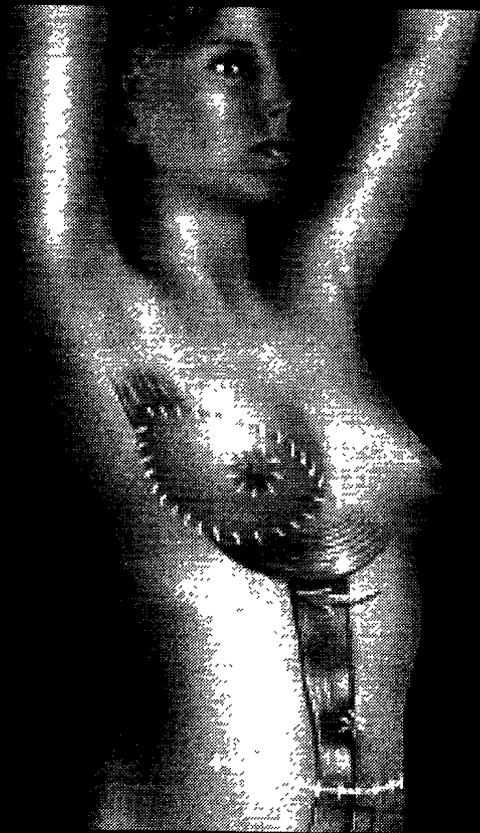
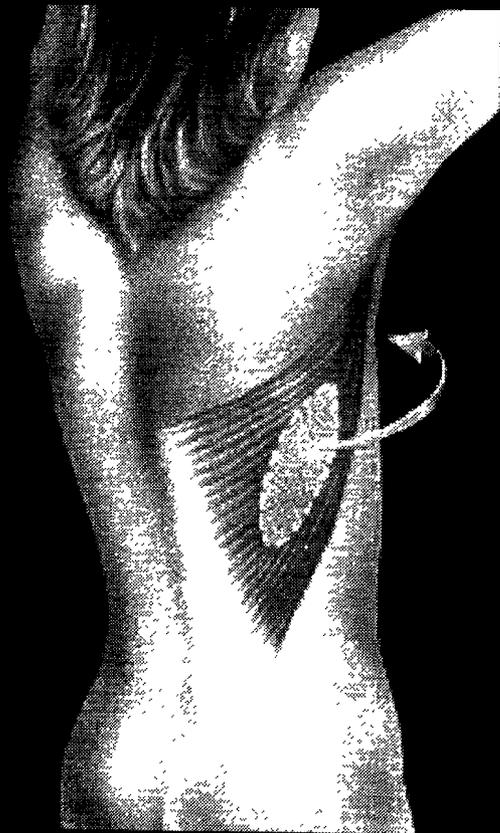
25% of patients are bilateral....



Bilateral patients:
Soft Tissue Expanders and Implants

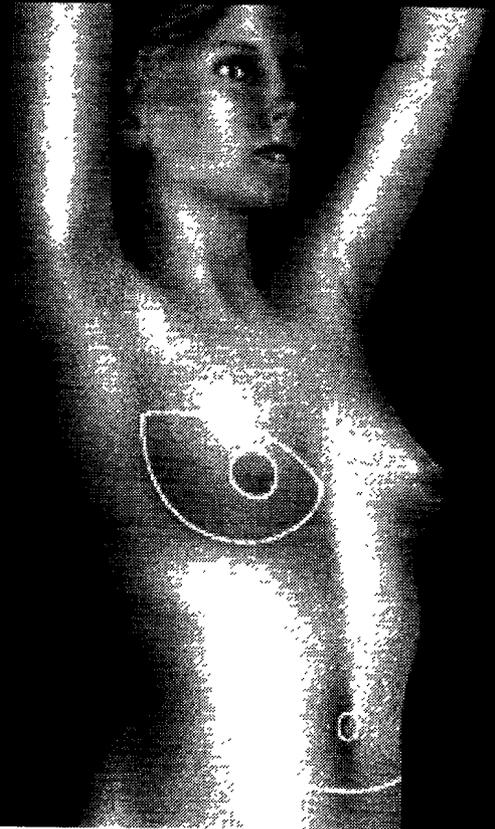
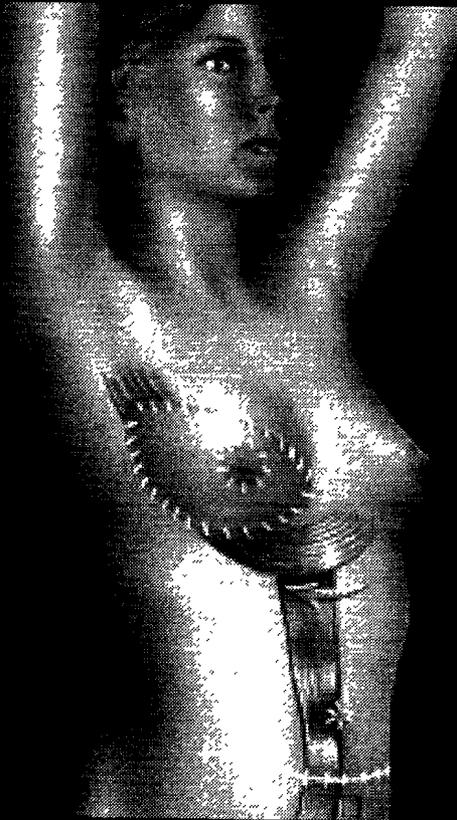
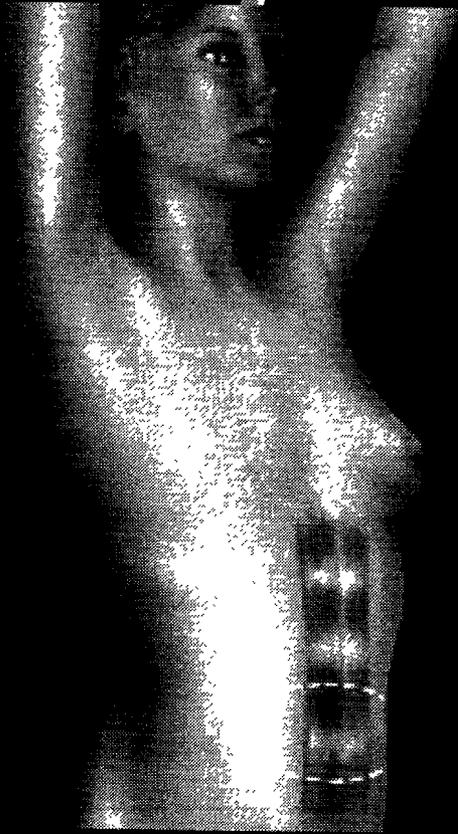
- Similar technique for both sides
- Similar result for both sides
- Preserves the rectus for salvage
- Minimal trauma-maximum result

The surgical choice: autologous tissue



FLAP Reconstructions

The Rectus Abdominus Muscle Flap

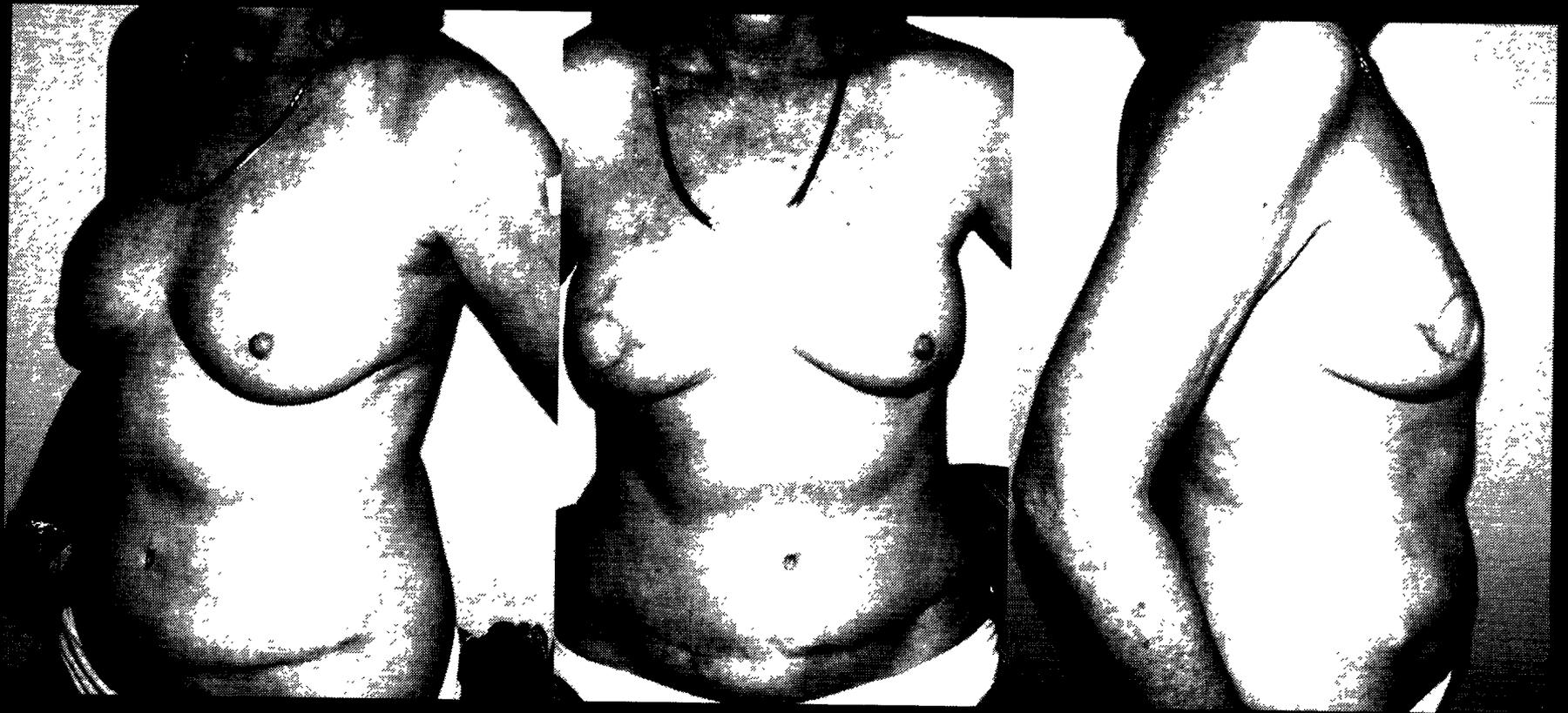


FLAP RECONSTRUCTION

- Pedicled rectus (TRAM)
 - Favorable positioning
 - Improved aesthetic abdomen
 - Bipedicle or bilateral
 - Can “delay” the flap
- Free rectus (free TRAM)
 - “Spare” rectus function
 - Damaged superior pedicle
 - Micro skills & monitoring

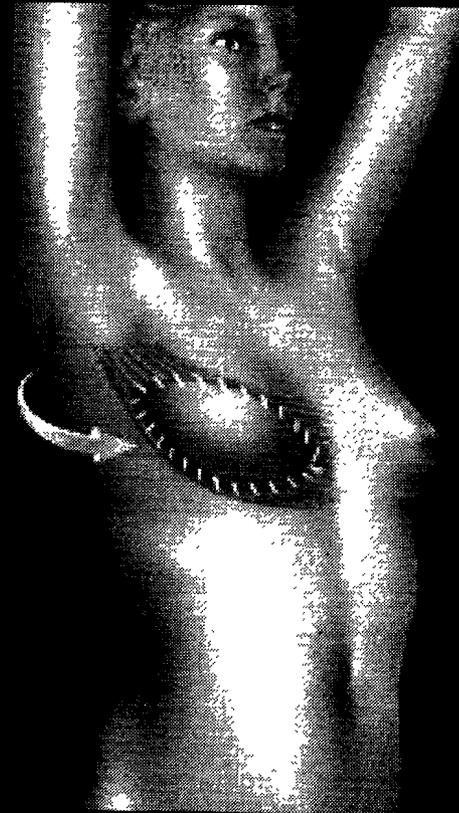
FLAP RECONSTRUCTION

- Free rectus (free TRAM)
 - “Spares” rectus function
 - Damaged superior pedicle
 - Micro skills & monitoring
 - When fails, fails big
 - Not always an “economical” choice

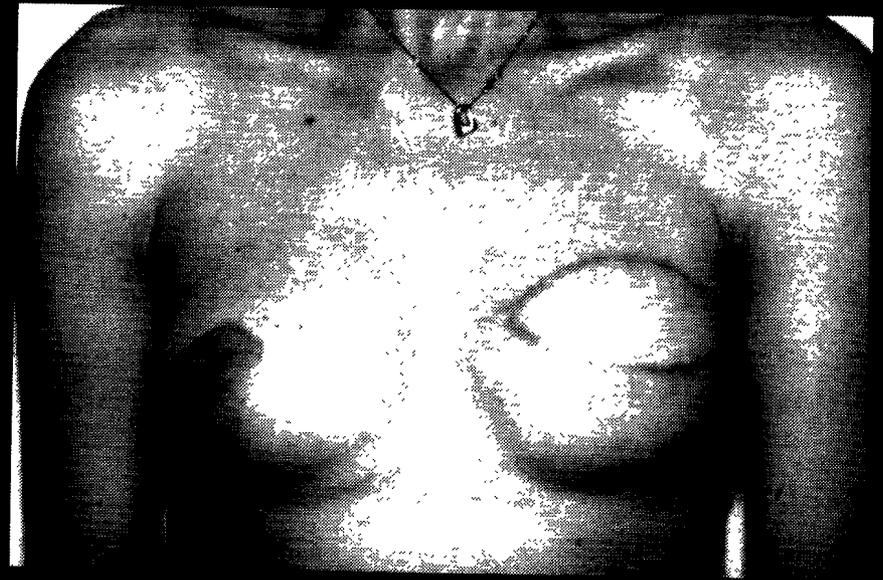
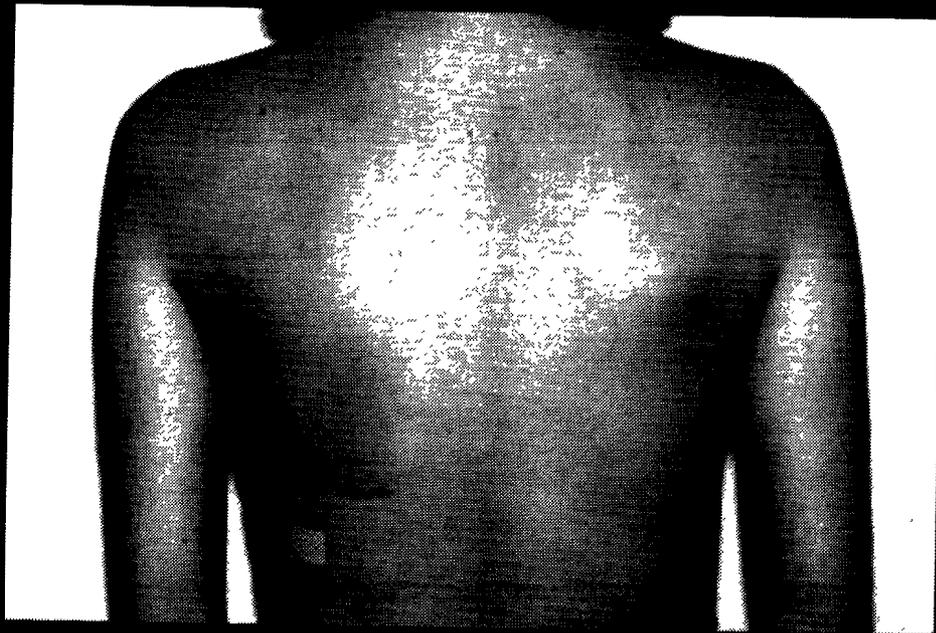




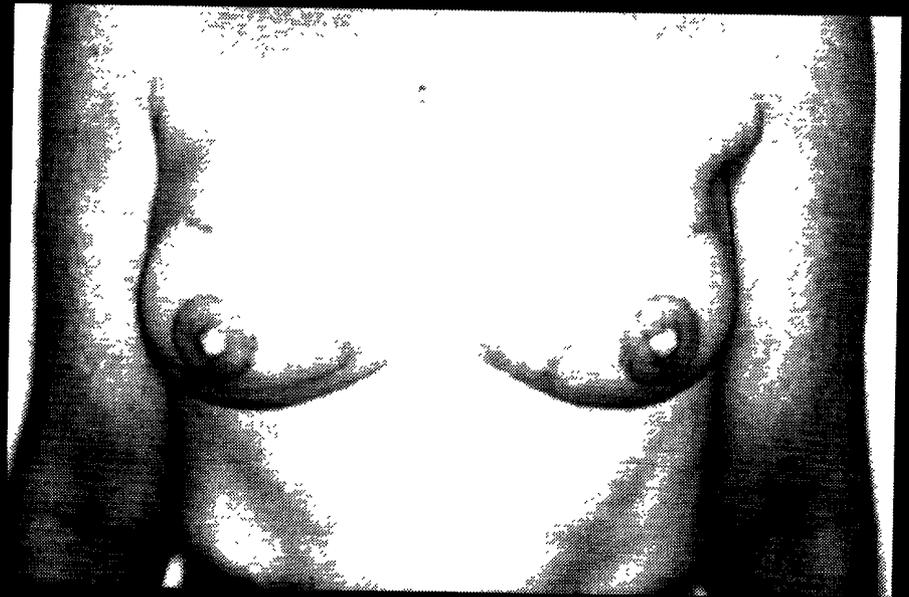
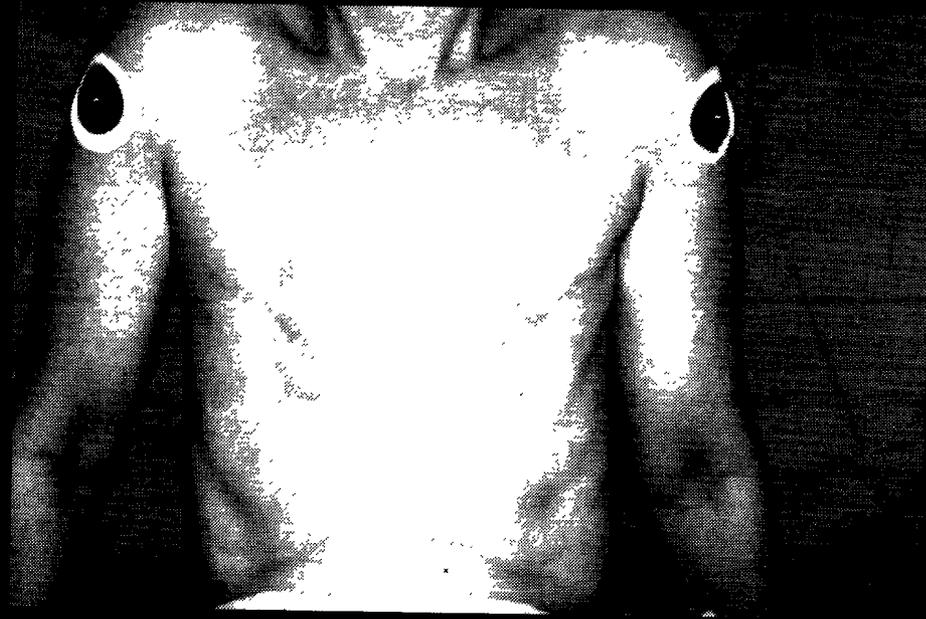
FLAP Reconstructions: Latissimus



Latissimus with implant



Latissimus with implant



FLAP RECONSTRUCTION

- Pedicled Latissimus
 - Challenging positioning
 - Spares abdomen
 - Limited functional impairment
 - Requires implant
 - Anticipate muscle atrophy
 - Frequently requires high profile implant

Autologous tissue: complications are serious



Practical Considerations

Implant

- 2 Shorter operations
- Implant complications
- Frequent fill visits
- Limited durability
- Bilateral mastectomy
- Limited risk tolerance

Flaps

- 1 Longer operation
- Donor site / flap problems
- Few post-op visits
- Lifetime reconstruction
- Previous irradiation
- Failed implant reconstruction
- Wants “the best”

Practical Considerations

Implant

- Small breasted
- Minimal droop
- Less natural “feel”
- Rippling and irregularities

Flaps

- All sizes
- Young and old
- More natural “feel”
- Fat necrosis masses

Breast Reconstruction

- Future considerations
 - Delayed-Immediate vs. Immediate
 - Need to await path results to plan care
 - Greater likelihood of radiation
 - Defer all types of reconstruction
 - More delayed reconstructions
 - Address late effects of radiation
 - More correction of contralateral side

Patient care algorithm

- Understand the patient's goals and limitations
 - how driven by “perfection” are they?
- Accomplish the most difficult reconstructive task first
 - make the best breast mound in the best place
- Match the two mounds, then the two nipples
 - can usually do masto-pexy to match and the nipple reconstruction at the same time



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Thank You