

Breast reconstruction advances fix distortions left by lumpectomy

Lumpectomy or breast conservation surgery is the most common type of breast cancer surgery currently performed. A benefit of the surgery is that only part of the breast is removed, but a drawback can be the resulting physical appearance of the breast, which may be disfigured, dented or uneven. A report in April's *Plastic and Reconstructive Surgery*®, the official medical journal of the American Society of Plastic Surgeons (ASPS), examines advances plastic surgeons have made in breast reconstruction to repair the damage left when cancer is removed.

“Although breast conservation therapies are a huge advance in the treatment of breast cancer, women are still concerned about how their breast will look after surgery,” said Sumner Slavin, MD, ASPS Member and report co-author. “Breast conservation surgery or lumpectomy can mean many things; a biopsy, partial mastectomy, wedge resection, or having a quarter of the breast taken. Women are often left with portions of their breasts removed and there are currently no implants that can address this unique cosmetic issue.”

After lumpectomy or breast conservation surgery, plastic surgeons are now approaching the challenge of misshapen breasts by immediately remodeling the breast with remaining breast tissue or tissue taken from another area of the body. The result is a more natural looking breast that is more symmetrical with the unaffected breast.

Three additional advances the report examines are nipple-sparing mastectomy, deep inferior epigastric perforator (DIEP) flaps and acellular dermis graft slings. These are options for women who require a full mastectomy and young women who opt for preventative mastectomy due to a strong family history of breast cancer.

In nipple-sparing surgery, cancerous tissue and the duct system of the breast are removed, but a pocket of skin, the nipple and areola are saved. Plastic surgeons insert either an implant or the patient's own tissue into the pocket to recreate the breast. The result looks very similar to the patient's original breast because the original nipple and areola are used. Nipple-sparing surgery is still somewhat controversial, but if the origin of the tumor is away from the nipple and areola, it is considered safe, according to the report.

DIEP flap surgery involves using skin and fat from the lower abdomen to recreate the breast. The muscle is left intact, eliminating potential muscle weakness in the donor area, according to the report. For patients undergoing a mastectomy, DIEP flap surgery may allow them to better resume normal activities since they have not lost muscle function in their abdomen.

Finally, the use of acellular dermis (connective tissue layer of the skin) derived from cadaver tissue allows plastic surgeons to create a new breast pocket, in patients undergoing a mastectomy, without using a tissue expander. An implant may then be inserted, creating an aesthetically pleasing breast.

“Many women don't know the full scope of their reconstructive options or are intimidated to ask,” said Dr. Slavin. “For breast cancer patients, even though they are living through the anguish of cancer, there are reconstructive procedures that will improve their quality of life and reduce the negative long-term impact of the disease and its treatment.”

In the United States today, there are nearly 2.5 million breast cancer survivors – the largest group of cancer survivors in the country, according to Susan G. Komen for the Cure. More than 56,000 breast reconstructions were performed in 2007, according to the ASPS.

Source: American Society of Plastic Surgeons

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