

ACC  MED

PATIENT JOURNEY
Un approccio personalizzato al paziente

Responsabili Scientifici
Armando Santoro, Giorgio Scagliotti

PATIENT JOURNEY

**IL CARCINOMA
MAMMARIO**

LA RICOSTRUZIONE IMMEDIATA

Marco Klinger

Plastic, Reconstructive and Aesthetic
Surgery School - University of Milan

Humanitas Research Hospital - Milan

HUMANITAS
RESEARCH HOSPITAL



UNIVERSITÀ DEGLI STUDI
DI MILANO

IMMEDIATE BREAST RECONSTRUCTION

INCREASED OVER THE PAST DECADES

Why?

- **DEMONSTRATION OF ONCOLOGICAL SAFETY**
- **AUTOLOGOUS TECHNIQUES OR PROTHETIC DEVICES**
- **COMPATIBLE WITH ONCOLOGICAL THERAPIES**
- **BEST PSYCHOLOGICAL OUTCOMES**
- **BETTER QUALITY OF LIFE**

Review

Immediate breast reconstruction after mastectomy for cancer

C. M. Malata, S. A. McIntosh* and A. D. Purushotham*

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Correspondence to: Mr A. D. Purushotham, Cambridge Breast Unit, Box 201, Addenbrooke's Hospital, Hills Road, Cambridge CB2 2QQ, UK

Background: Immediate breast reconstruction after mastectomy has increased over the past decade following the unequivocal demonstration of its oncological safety and the availability of reliable methods of reconstruction. Broadly, it is undertaken in the treatment of breast cancer, after prophylactic mastectomy in high-risk patients, and in the management of treatment failure after breast-conserving surgery and radiotherapy. Immediate breast reconstruction can be achieved reliably with a variety of autogenous tissue techniques or prosthetic devices. Careful discussion and evaluation remain vital in choosing the correct technique for the individual patient.

Methods: This review is based primarily on an English language Medline search with secondary references obtained from key articles.

Results and conclusion: Immediate breast reconstruction is a safe and acceptable procedure after mastectomy for cancer; there is no evidence that it has untoward oncological consequences. In the appropriate patient it can be achieved effectively with either prosthetic or autogenous tissue reconstruction. Patient selection is important in order to optimize results, minimize complications and improve quality of life, while simultaneously treating the malignancy. Close cooperation and collaboration between the oncological breast and reconstructive surgeons is desirable in order to achieve these objectives.

BREAST RECONSTRUCTION GOALS

↑ **More conservative surgery**

↓ **Recovery time**

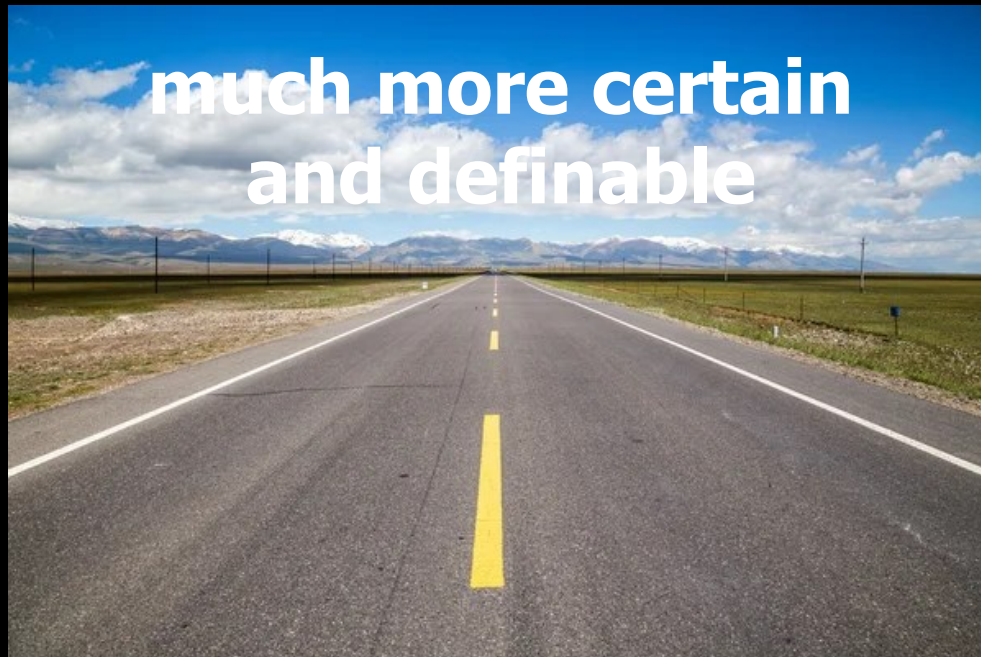
↓ **N° surgical procedures**

↑ ***More «aesthetic» results***

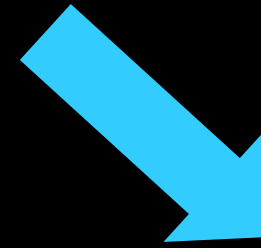
RECONSTRUCTIVE PLANNING



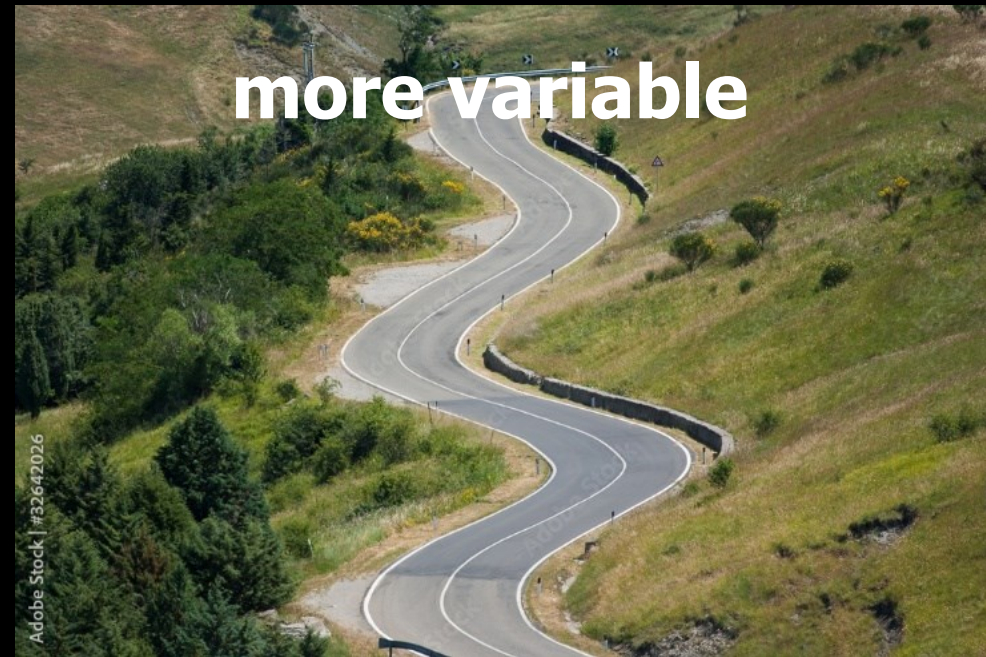
Delayed



**much more certain
and definable**



Immediate



more variable

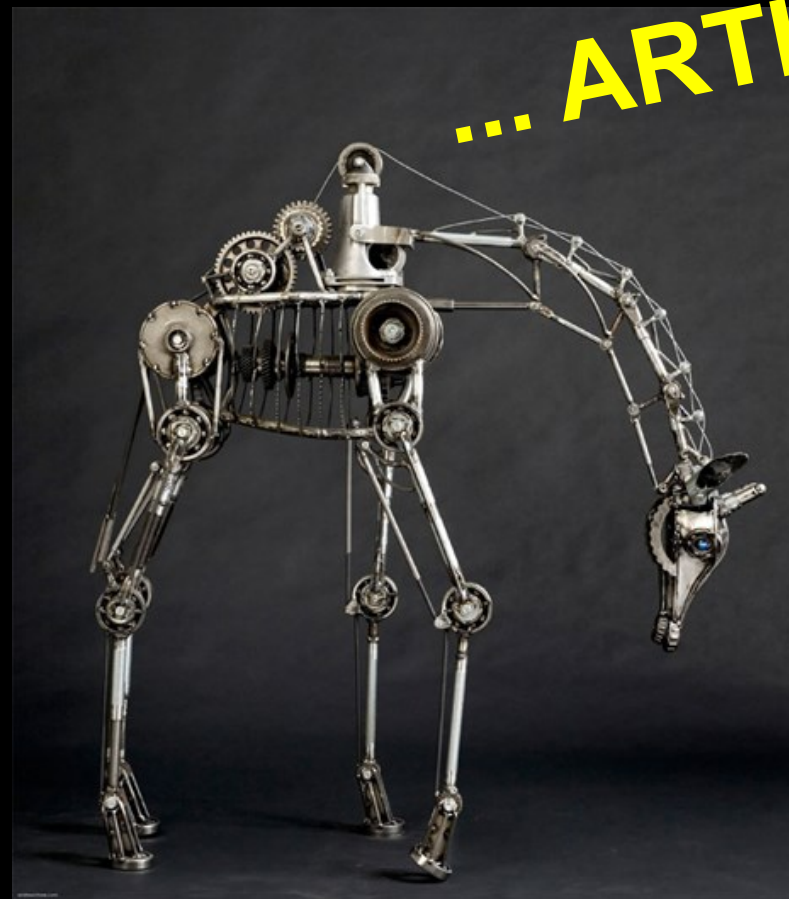
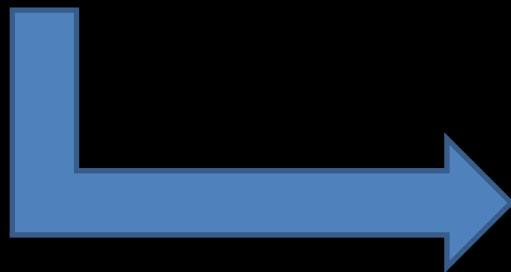
NEW POSSIBILITIES IN BREAST RECONSTRUCTION

- *Wide choice of implants*
- *ADM*
- *Better pocket definition*
- *More refined autologous flaps*
- *Periareolar remodelling*
- *Management of acute and chronic pain*
- *Fat grafting*

IMMEDIATE BREAST RECONSTRUCTION



TECHNIQUE...



... ARTISTRY!!

WHAT IS THE CORRECT CHOICE?



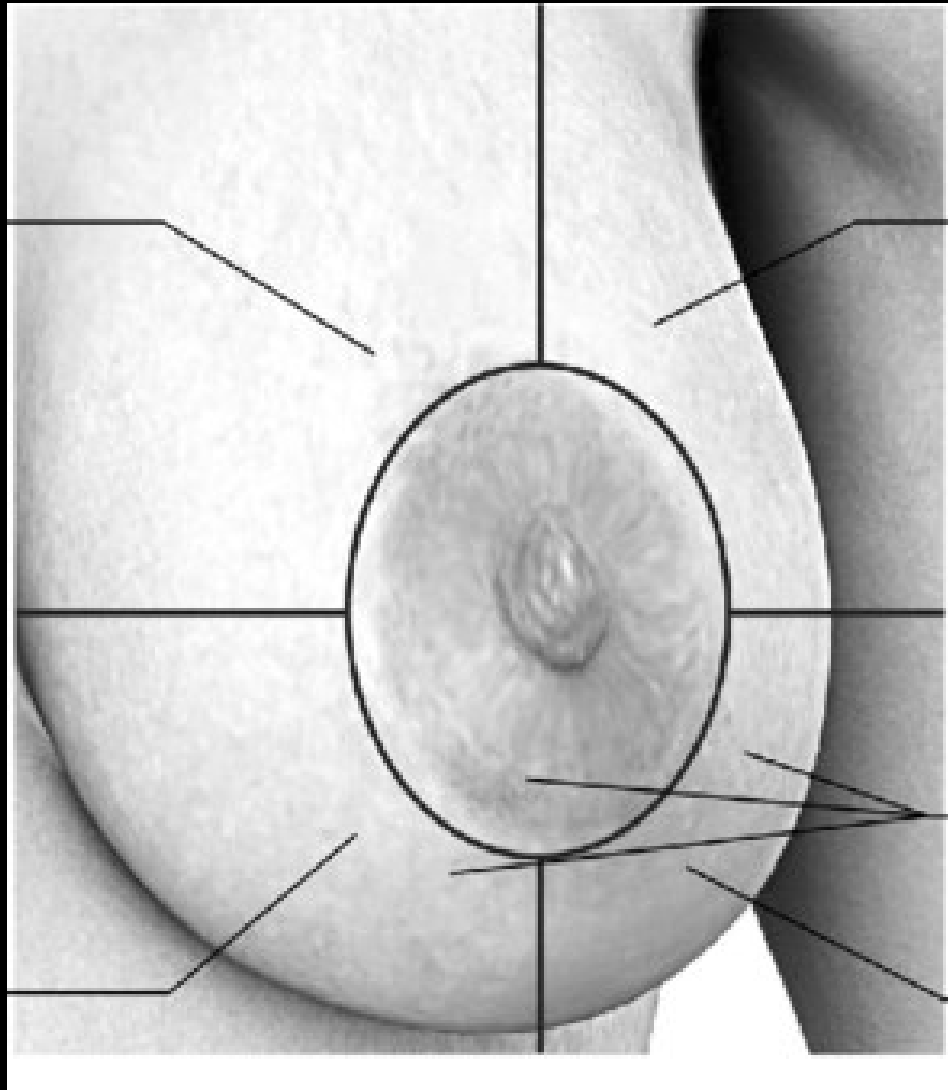
TAILORED!!

WHAT IS THE CORRECT CHOICE?

- *many strategies...*
- **ONCOPLASTIC SURGERY**
- **RETROMUSCOLAR WITH EXPANDER**
- **RETROMUSCOLAR WITH IMPLANTS**
- **SKIN REDUCING**
- **PREPECTORAL WITH WRAP/ADM**
- **PREPECTORAL WITH POLYURETHANE**



...CORRECT SURGICAL INDICATION!!!



Original article

Oncoplastic surgery for breast cancer based on tumour location and a quadrant-per-quadrant atlas

K. B. Clough¹, T. Ihrai^{1,2}, S. Oden¹, G. Kaufman¹, E. Massey¹ and C. Nos¹

¹The Paris Breast Centre – L'Institut du Sein, Paris, and ²Breast Cancer Unit, Centre Antoine Lacassagne, Nice, France
Correspondence to: Dr K. B. Clough, The Paris Breast Centre – L'Institut du Sein, 7 Avenue Bugeaud, 75116 Paris, France
(e-mail: krishna.clough@orange.fr)

Background: The majority of published techniques for oncoplastic surgery rely on an inverted-T mammoplasty, independent of tumour location. These techniques, although useful, cannot be adapted to all situations. A quadrant-per-quadrant atlas of mammoplasty techniques for large breast cancers was developed in order to offer breast surgeons a technique dependent on tumour location, which reduces the risk of postoperative complications and delay to adjuvant therapy.

Methods: From 2005 to 2010, a series of eligible women with breast cancer were treated by quadrant-specific oncoplastic techniques. All complications and any delay to adjuvant treatment were recorded prospectively, along with local and distant cancer recurrences. Cosmetic outcome was evaluated using a five-point scale.

Results: A total of 175 patients were analysed. The median tumour size, after histological examination, was 25 (range 4–90) mm. Twenty-three patients (13.1 per cent) had involved margins. Seventeen of these patients were treated by mastectomy and three had a re-excision. Complications occurred in 13 patients (7.4 per cent), which led to a delay to adjuvant treatment in three (1.7 per cent). After a median follow-up of 49 (range 23–96) months, three patients had developed a local recurrence. The mean score after cosmetic evaluation was 4.6 of 5.

Conclusion: A quadrant-per-quadrant approach to oncoplastic techniques for breast cancer was developed that tailors the mammoplasty for each tumour location. This panel of techniques should be a useful guide for breast surgeons, and extends the possibilities for breast conservation for large or poorly limited cancers, with a low complication rate and good cosmetic results.







Quadr sup sin



TO...

2016

The Breast Journal



The Breast Journal

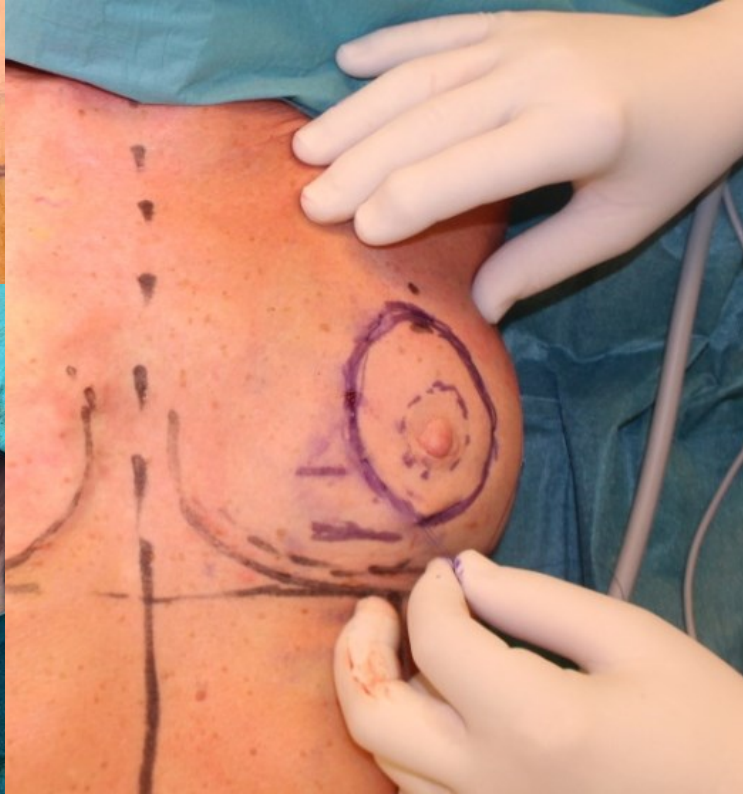
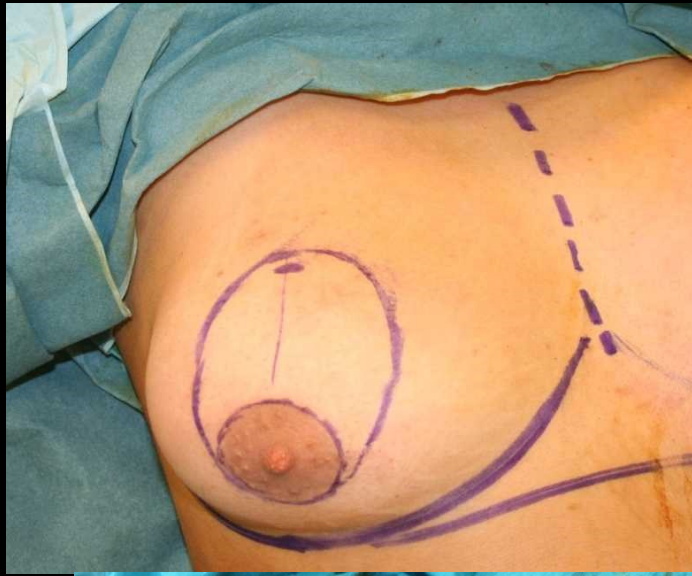
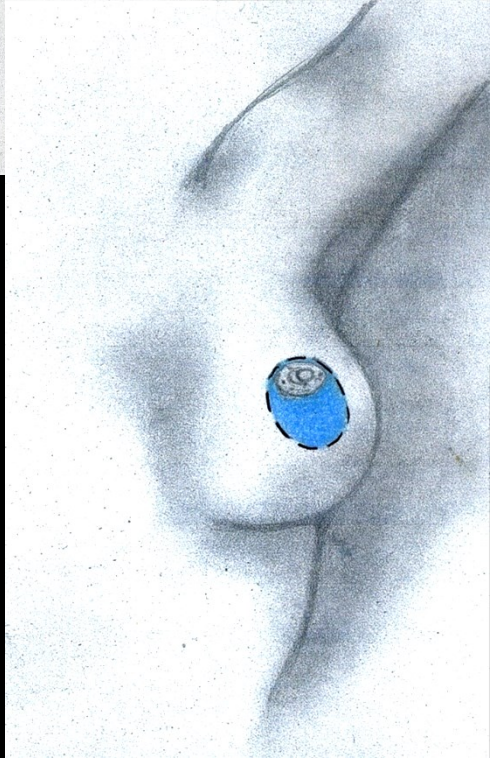
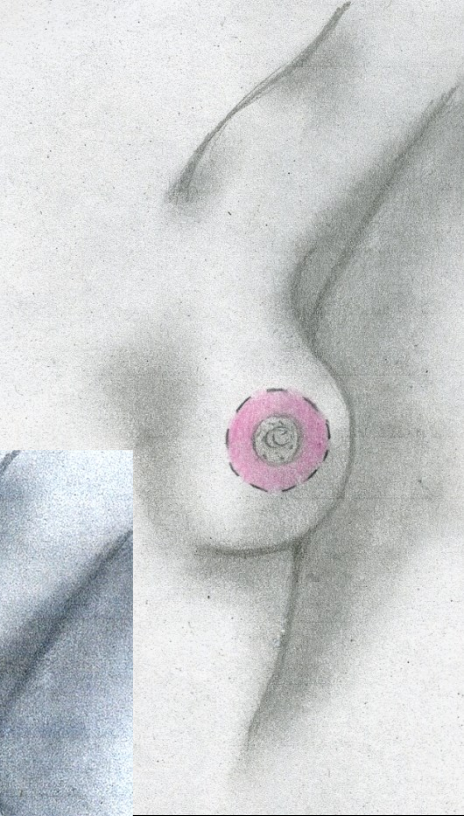
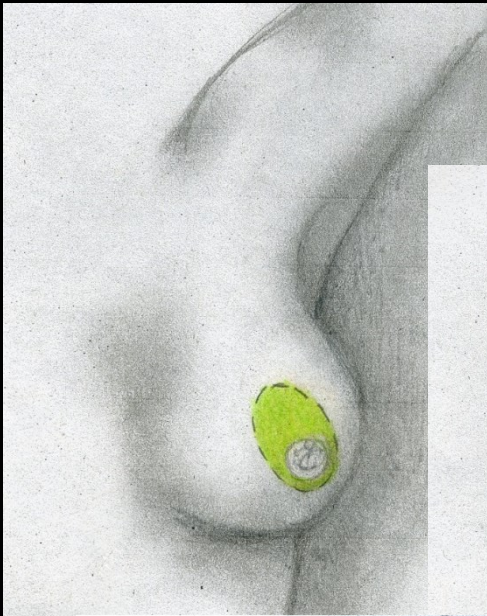
ORIGINAL ARTICLE

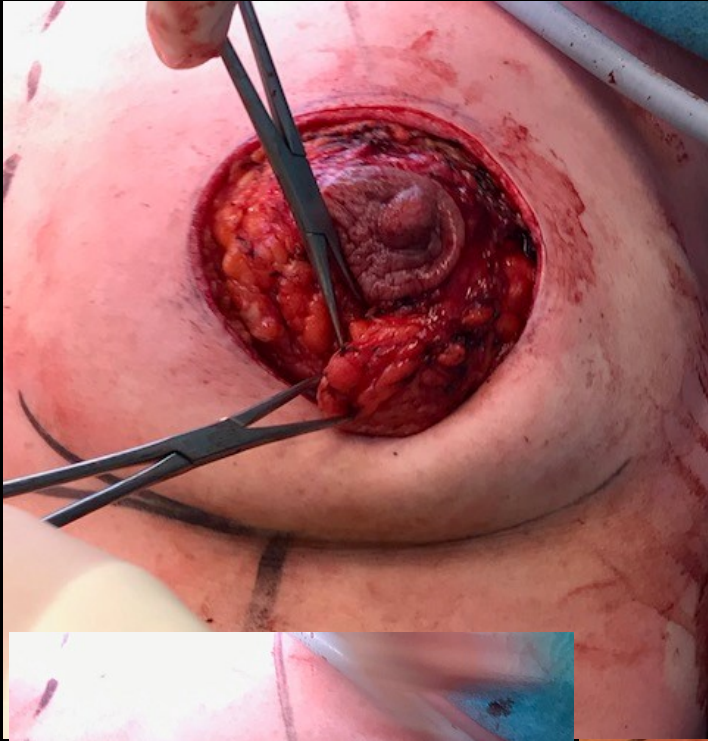
Periareolar Approach in Oncoplastic Breast Conservative Surgery

Marco Klinger, MD,* Silvia Giannasi, MD,* Francesco Klinger, MD,[†]
Fabio Caviggioli, MD,[†] Valeria Bandi, MD,* Barbara Banzatti, MD,*
Davide Forcellini, MD,[†] Luca Maione, MD,* Barbara Catania, MD,*
Valeriano Vinci, MD,* Andrea Lisa, MD,* Guido Cornegliani, MD,*
Mattia Siliprandi, MD,* and Corrado Tinterri, MD[‡]

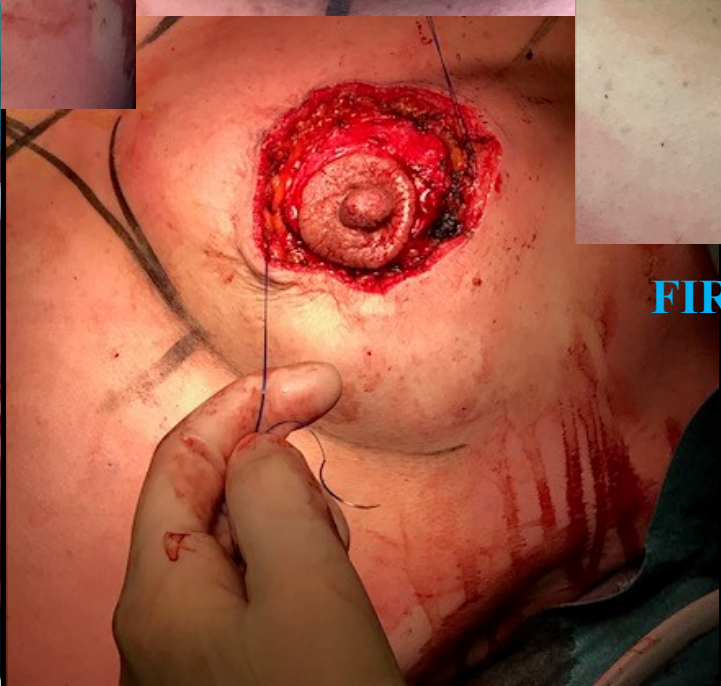
*Humanitas Clinical and Research Center, Department of Medical Biotechnology and Translational Medicine BIOMETRA – Plastic Surgery Unit, Reconstructive and Aesthetic Plastic Surgery School, University of Milan, Rozzano (Milan), Italy; [†]Multimedica Holding spa, U.O.C. Plastic Surgery, Reconstructive and Aesthetic Plastic Surgery School, University of Milan, Sesto San Giovanni (Milan), Italy; [‡]Humanitas Clinical and Research Center, Rozzano (Milan), Italy

**TO REMODEL ANY
TYPE OF BREAST
RESECTION!**





**SECOND ROUND-BLOCK
(SUPERFICIAL)**



**FIRST ROUND-BLOCK
(DEEP)**





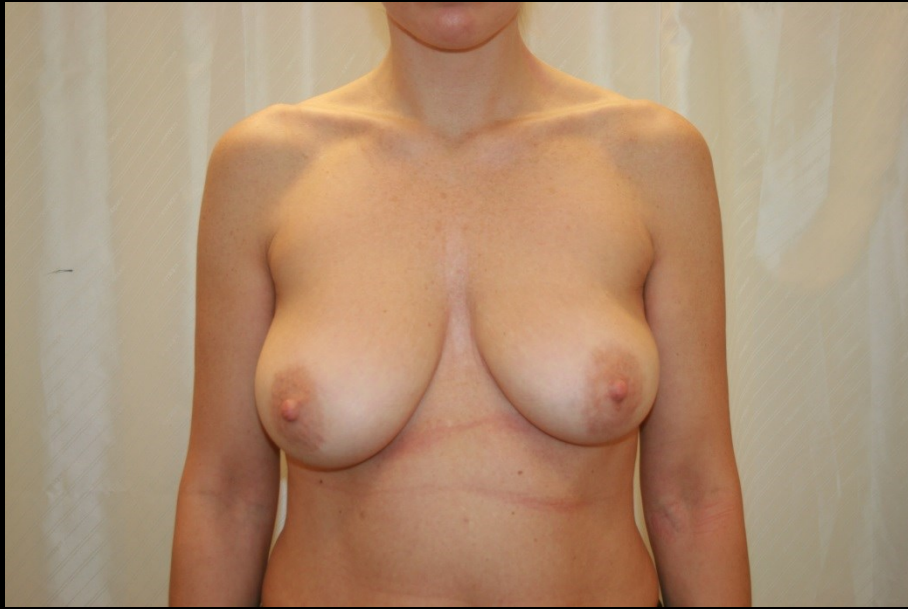
QII ds (post RTP)





QS ds







QSE destra





QSI ds





S ds
+ protesi bilat
+ rimodellam periareol





WHICH PARAMETERS TO CONSIDER?

- *demolitive oncological needs*
- *breast size*
- *quality of mastectomy flaps*
- *Previous therapy*
- *competence of the skin on the prosthesis*
- *pectoral muscle anatomy*
- *risk factors for vascularity*
- *obesity*



MORE PRETENCIOUS AND LITIGIOUS PATIENTS

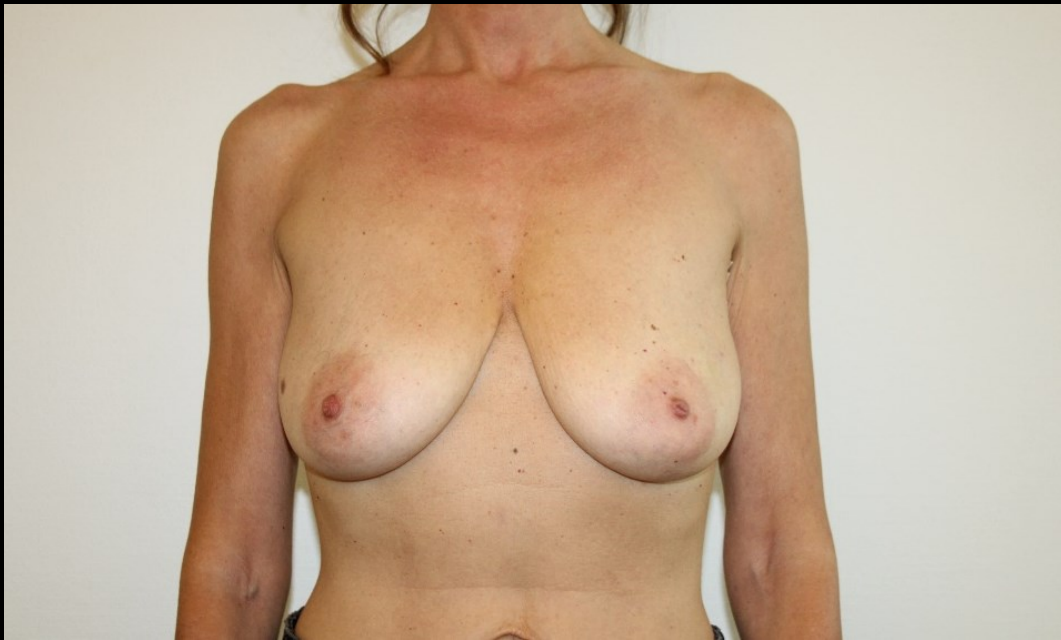
important to remember that:

- **THE FAILURE RATE.....10-20%!**
- **PRE-HOSPITALIZATION DISCUSSION**
- **THE CONCOMITANT FACTORS (RADIO, CHEMO, DISTANCE OF THE PATIENTS)**
- **RECONSTRUCTIVE SURGERY (NOT AESTHETIC!)**



MNS ds
+ RM 2 tempi - protesi ds

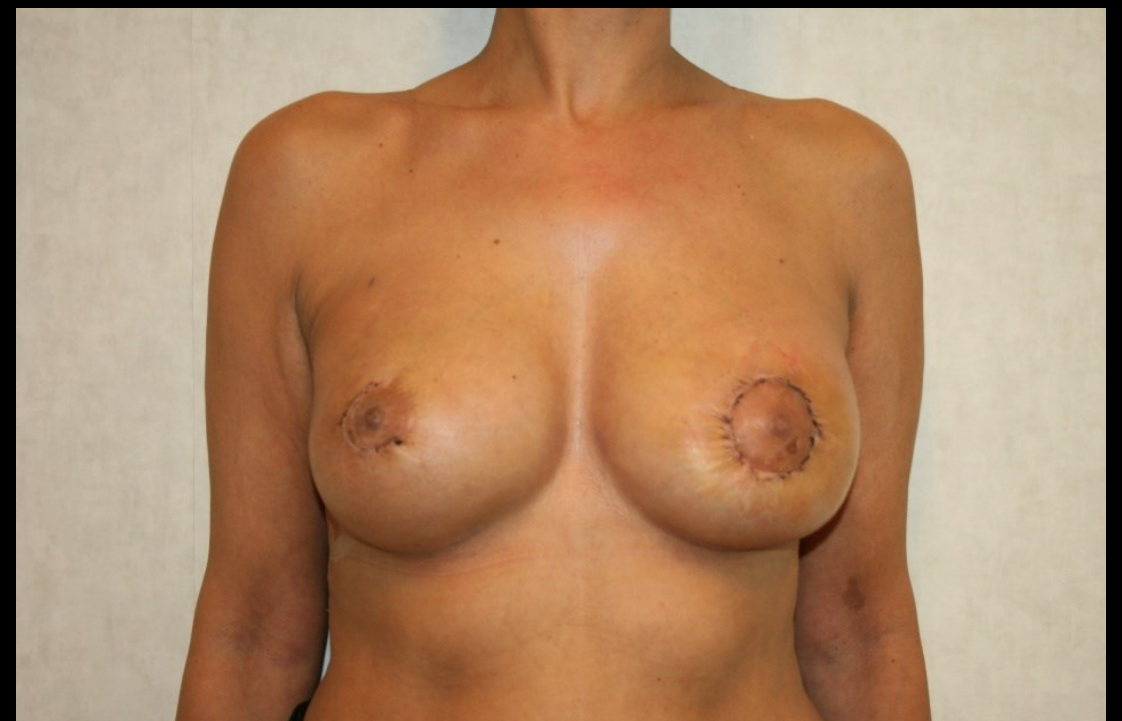




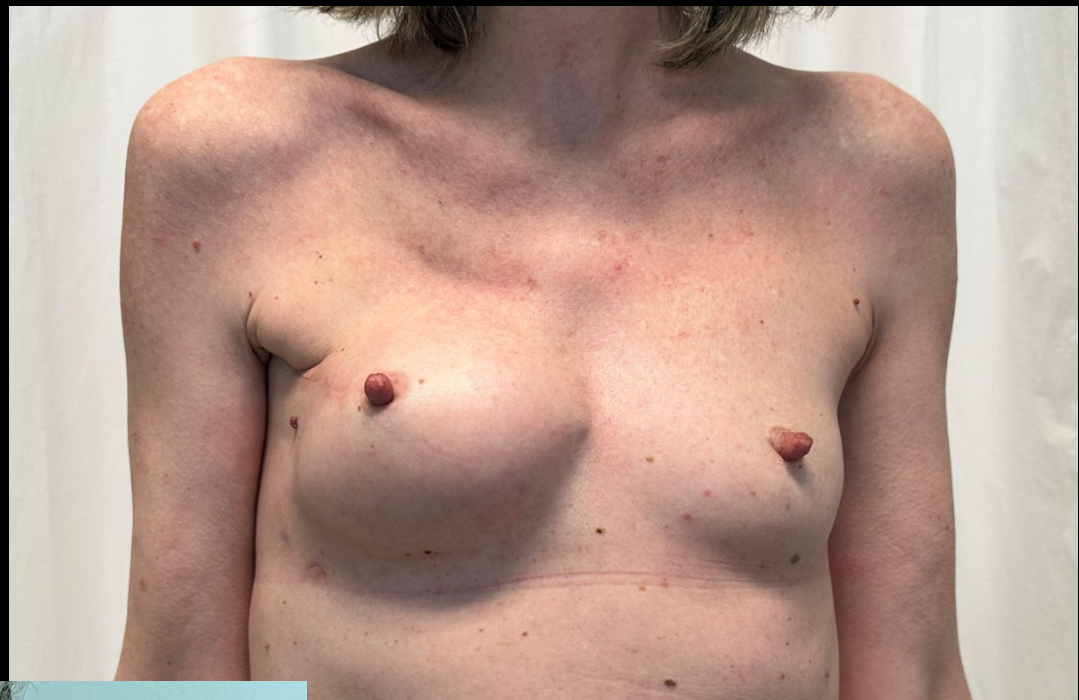


MNS bilat
+ RM 2 tempi





MNS ds in esiti Mastro additiva
+ RM in 2 tempi
protesi bilat



DTI

- **IS IT REALLY A RECONSTRUCTIVE FIRST TIME?**
- **DIFFERENT INDICATIONS FOR DIFFERENT SITUATIONS**
- **RETROPECTORAL OR PREPECTORAL**
- **ADM OR WRAP**



MNS sn + RMI con protesi monol





MNS sin + protesi + adeg peri





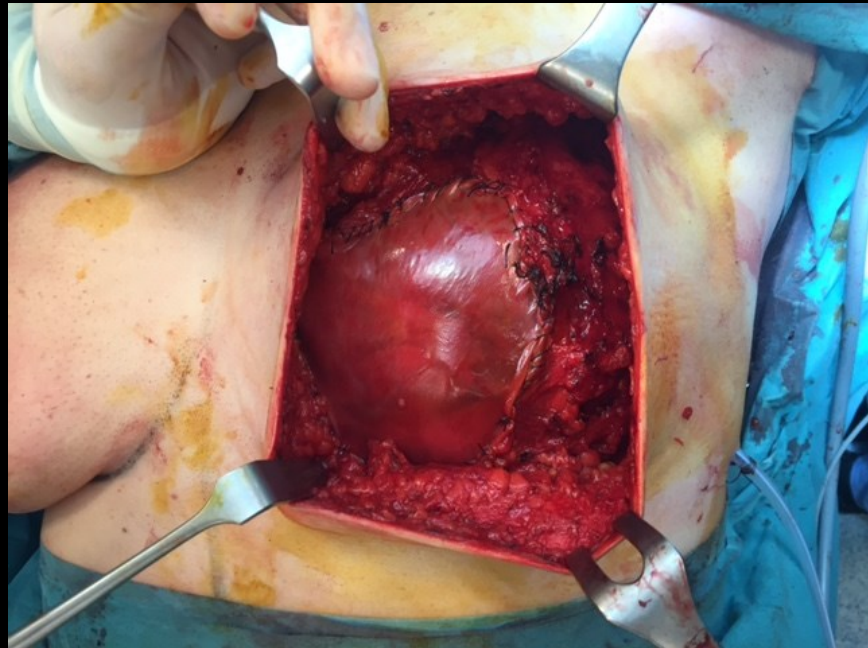
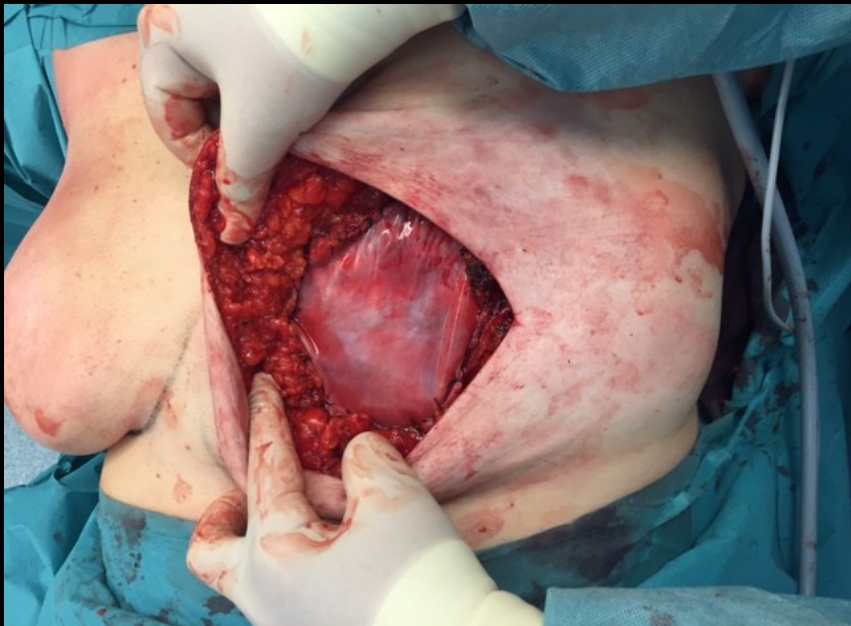
MNS bilat
+ RMI con protesi bilat







ADM





MNS ds+Protesi+ADM

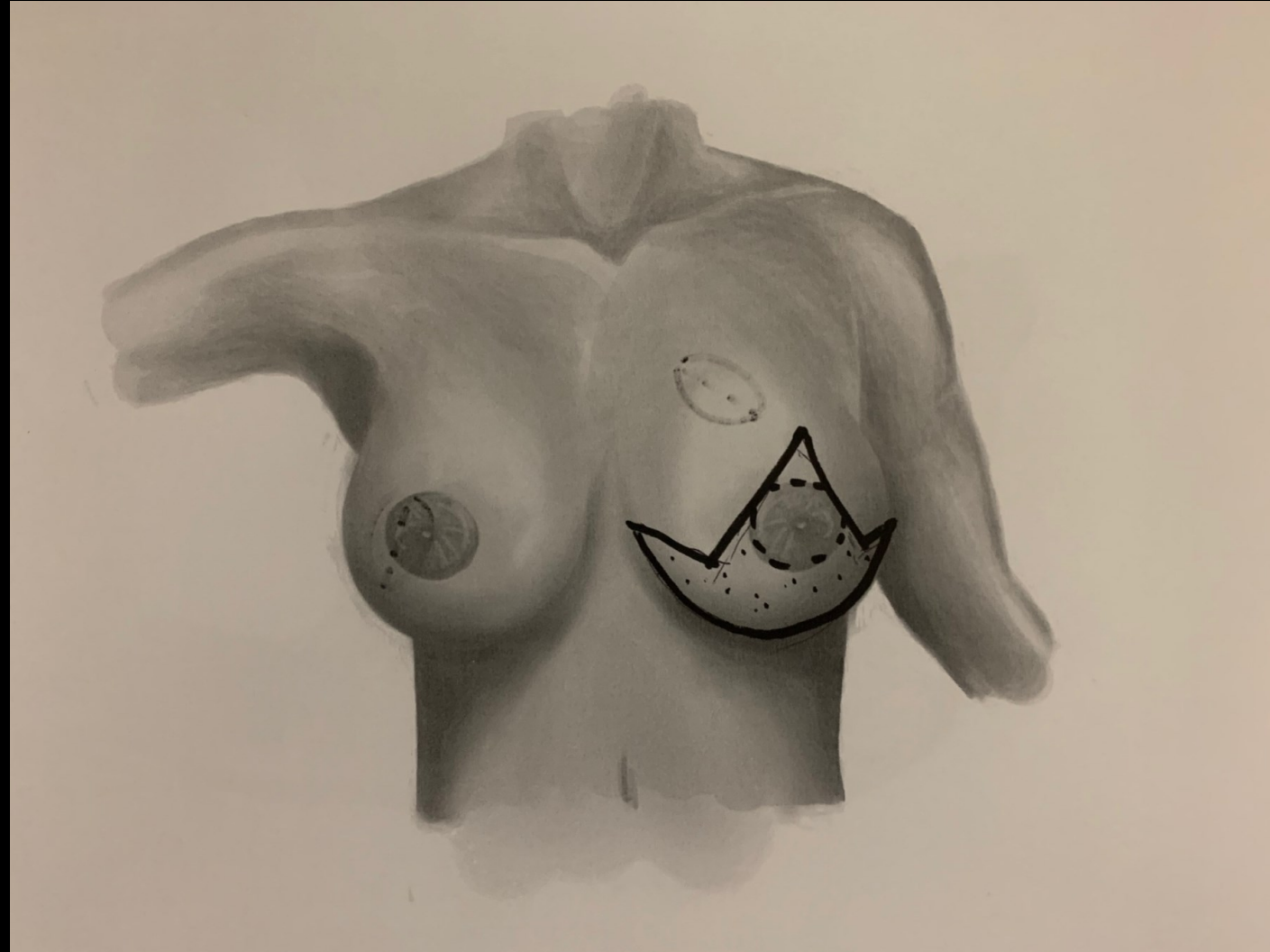


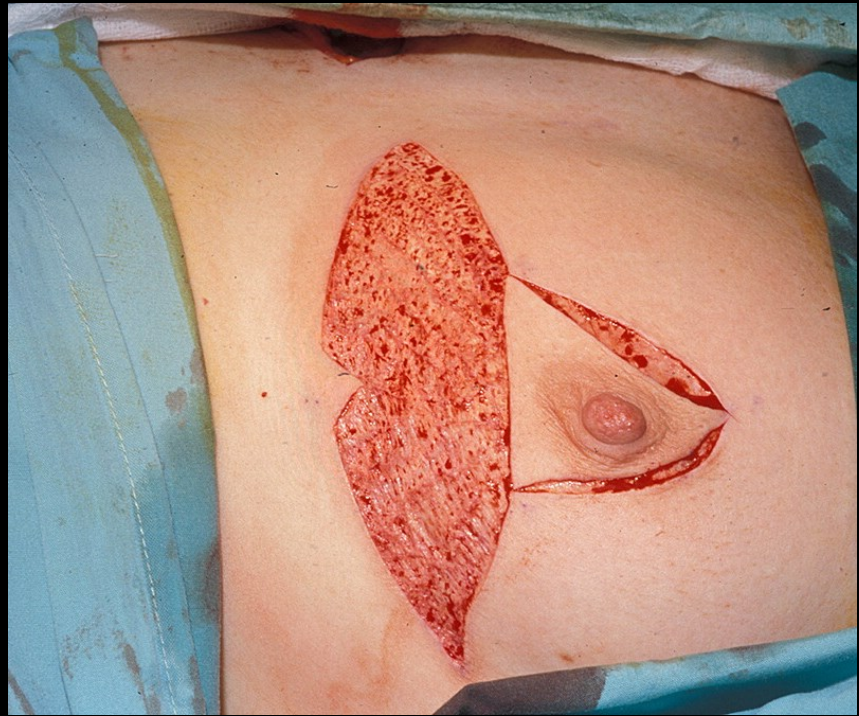
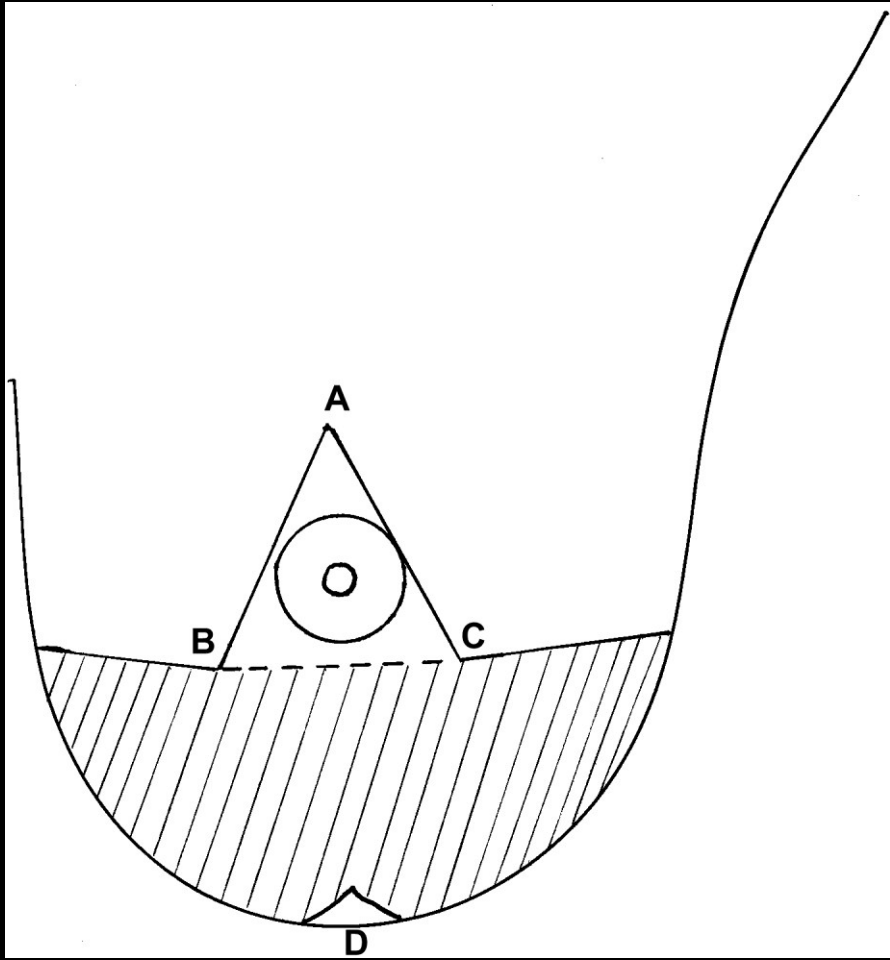
MNS profil ds+Protesi+ADM+
Il tempo sin (MF 470g bilat)

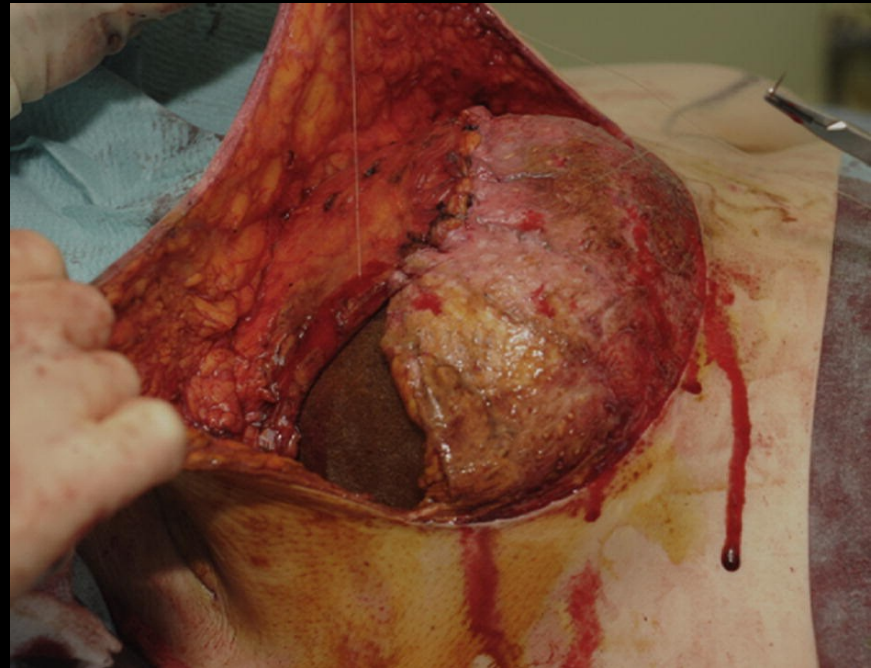
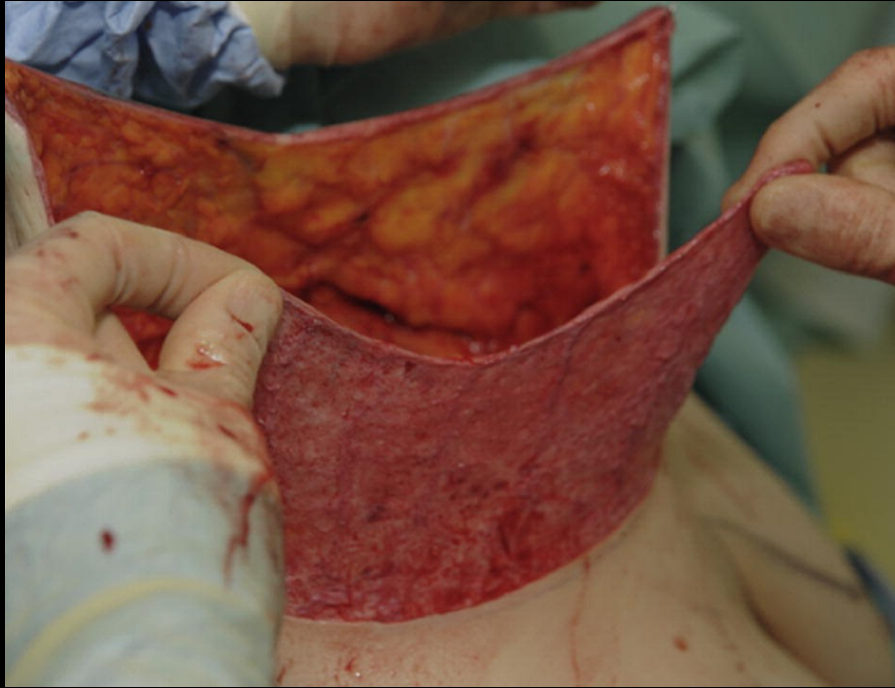




SKIN REDUCING RECONSTRUCTION











PREPECTORAL RECONSTRUCTION

ONLY IF:

- good vitality of the flaps
- uniform thickness of the flaps
- good skin-prosthesis competence

Good strategy in medium volume - medium ptotic breasts?

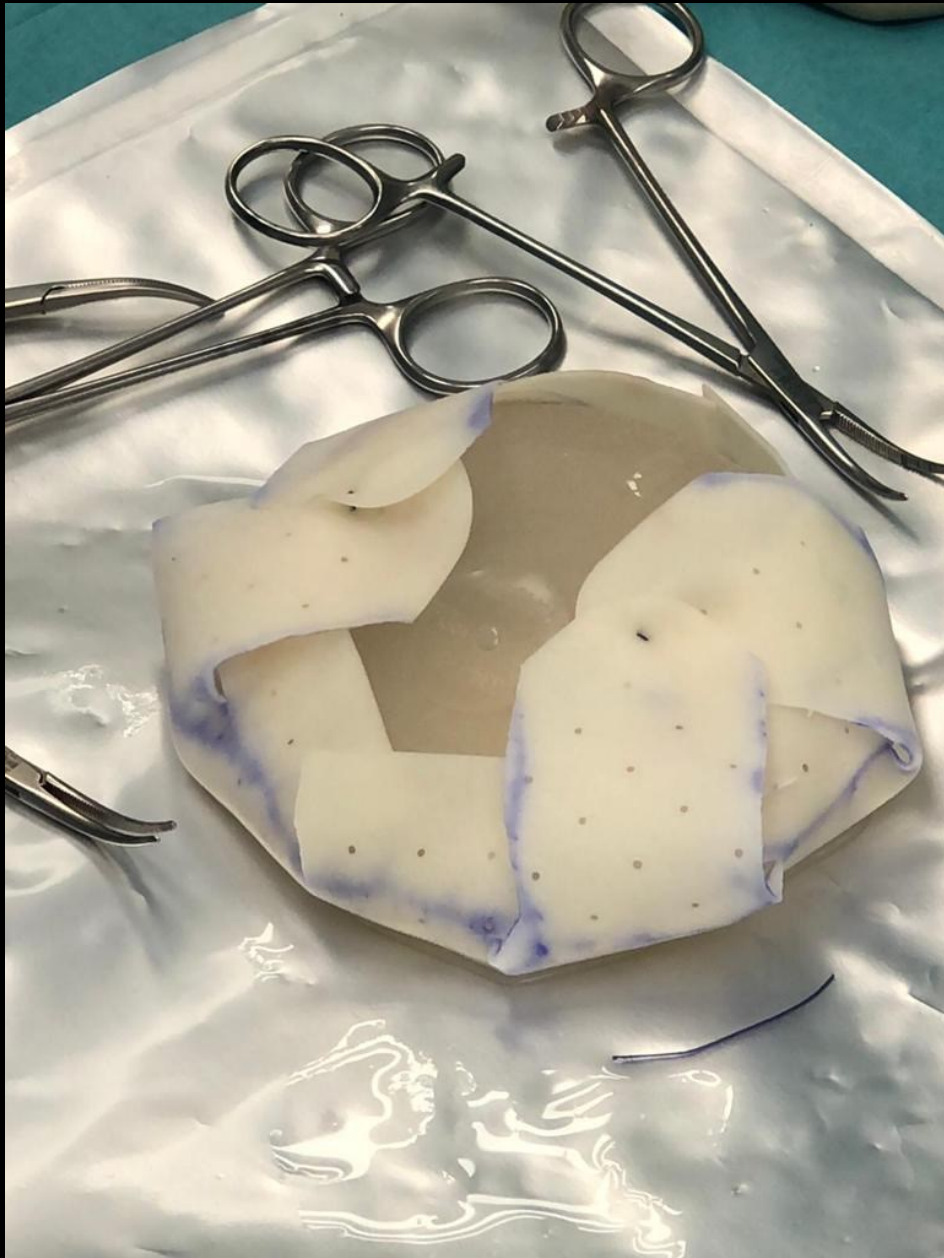
Always fat grafting at a distance!

SKIN

IMPLANT

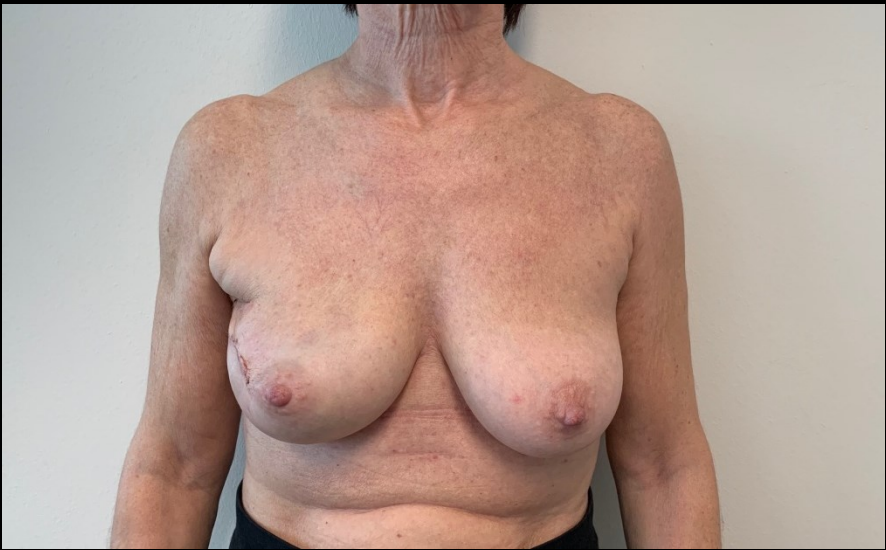


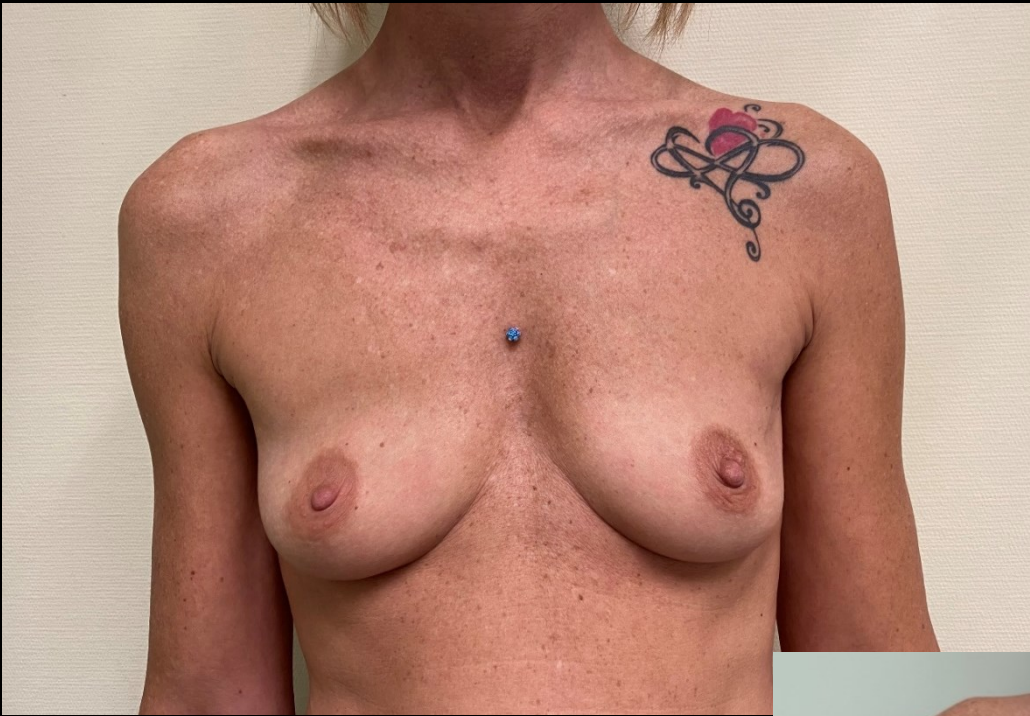








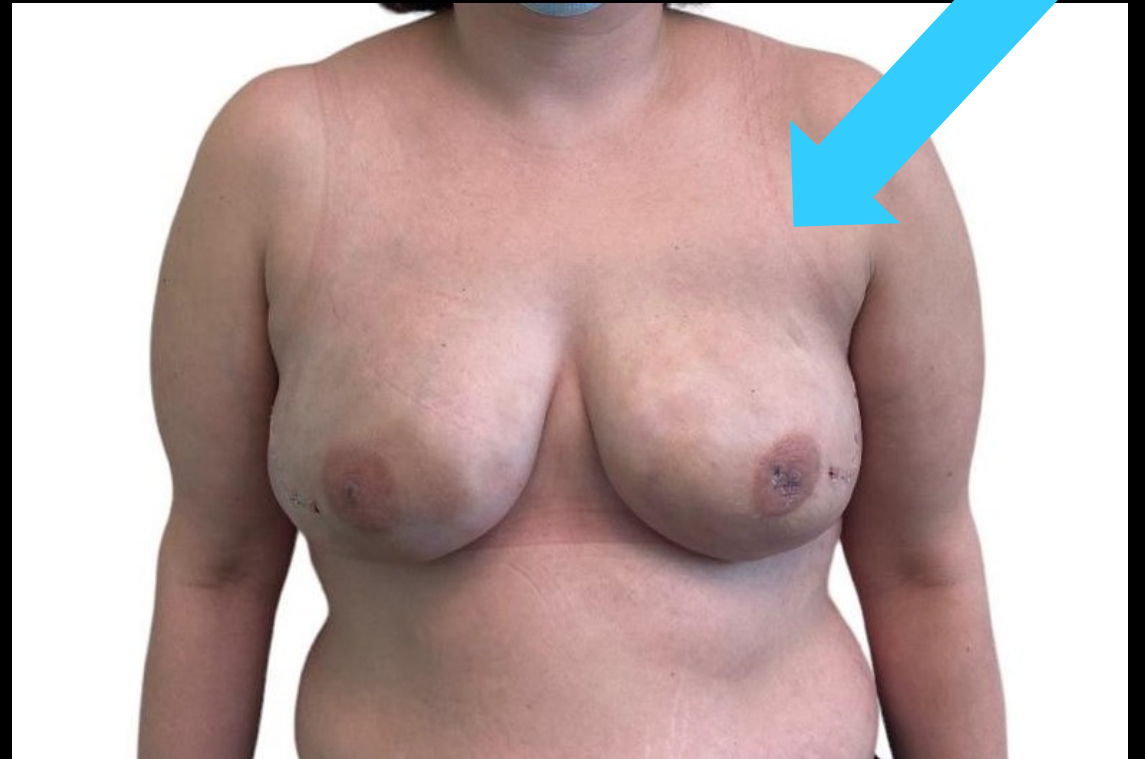






Good strategy in medium volume -
medium ptotic breasts?

+FAT!!





WHEN CAN WE NOT DEFEND THE IMPLANTS?

- **SEVERE SYMPTOMS**
- **MICROBIOLOGY (resistant bacterial species)**
- **ONCOLOGICAL NEEDS (respect deadlines)**
- **DISTANCE OF THE PATIENT FROM THE HOSPITAL**
- **NOT RESPONSE TO THERAPY (PCR)**

OBESITY: SYSTEMIC OR LOCAL PROBLEMS?

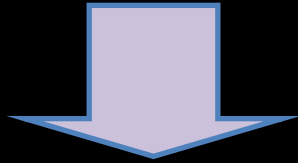
BMI > 30

33,33% INFECTION RATE



FAT GRAFTING

**shape
redistribution**



**very useful for
"feathering" the
upper edge of an
anatomical implant
and making the
upper quadrants
look very natural**





MNS bilat + RMI bilat:
- lipostrutt







CONSIDERATIONS

CONSERVATIVE SURGERY



IMMEDIATE RECONSTRUCTION

IMMEDIATE RECONSTRUCTION



AESTHETIC SURGERY

AESTHETIC TECHNIQUES



RECONSTRUCTIVE PROCEDURES

BEFORE SURGERY

FISIOTERAPISTA



RADIOTERAPISTA

CHIRURGO
SENOLOGO E
ONCOPLASTICO



PAZIENTE



RADIOLOGO
SENOLOGO

INFERMIERE
DI SENOLOGIA



ONCOLOGO
SENOLOGO



ANATOMO-
PATOLOGO



AFTER SURGERY

ONCOPLASTICO



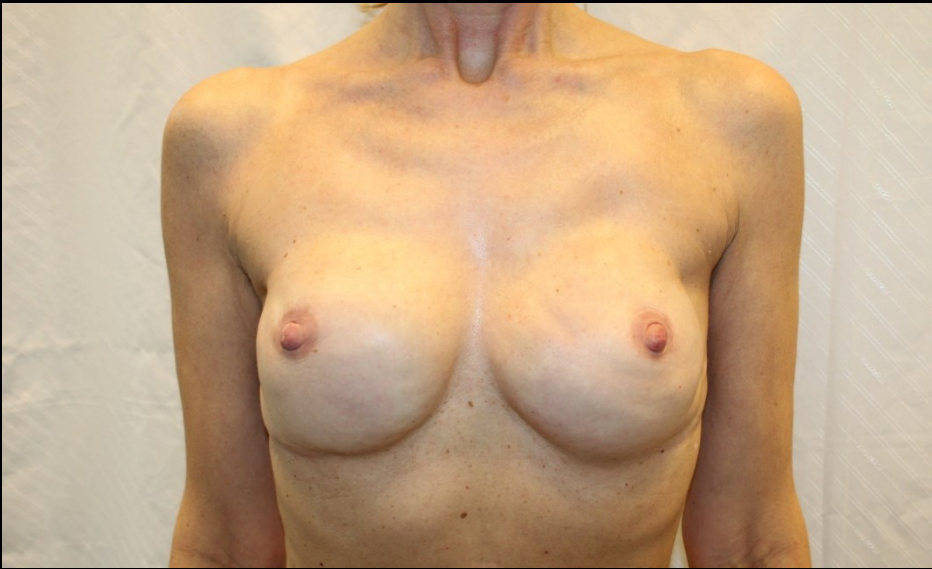
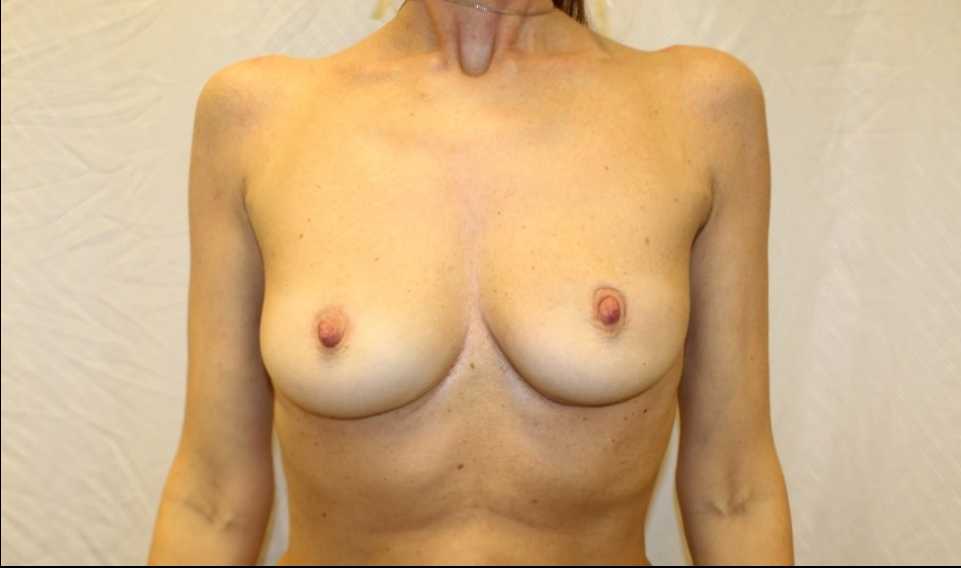
PAZIENTE



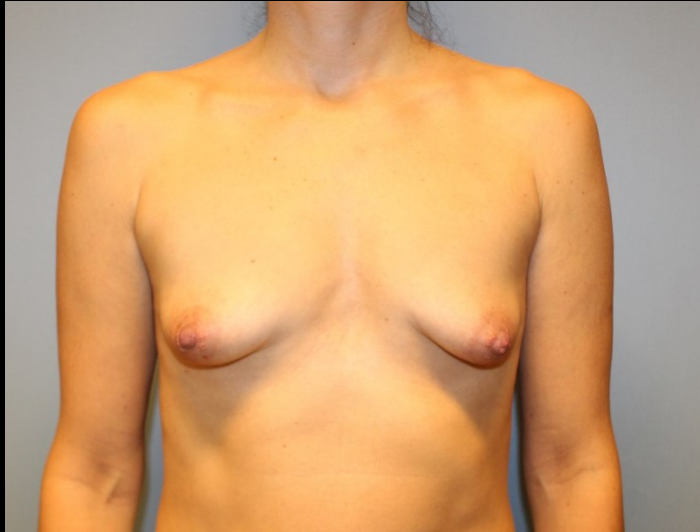
IMMEDIATE NOT DEFINITIVE!

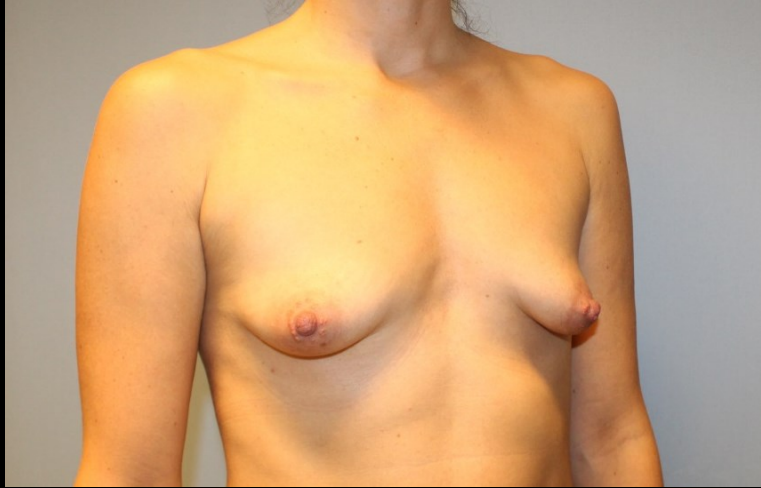
Always more than a surgical time!

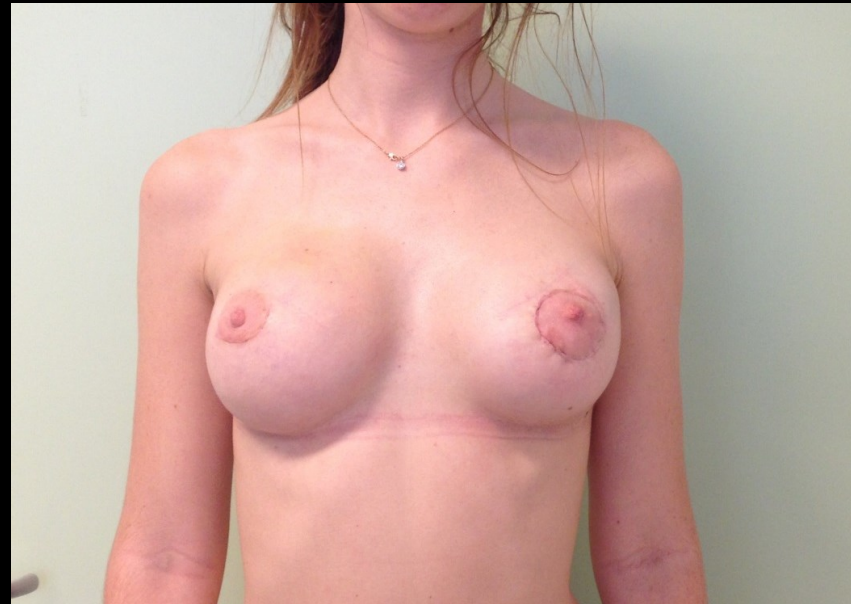
**Even just small touch-ups with
lipofilling**







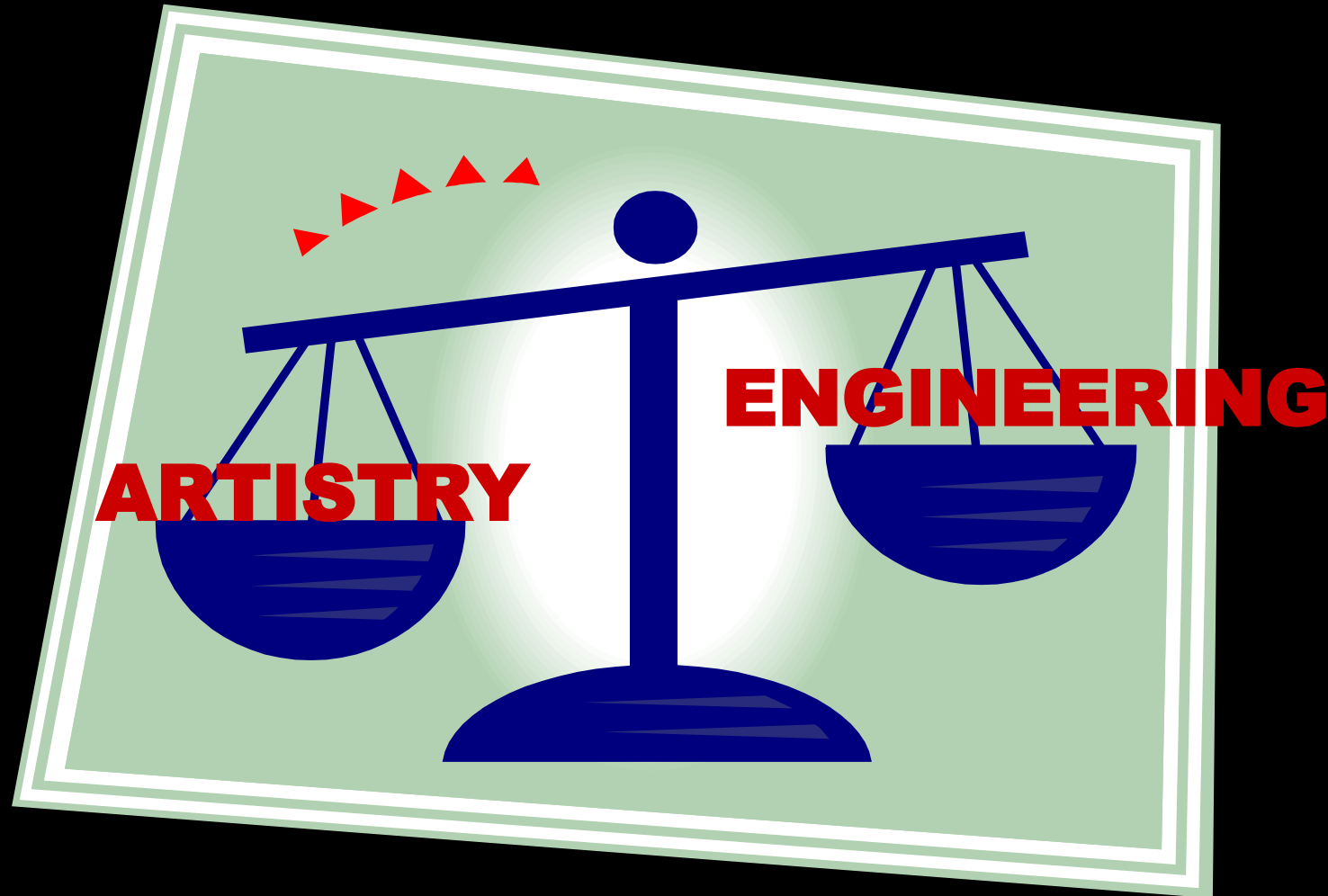






WE MUST CARE ARTISTRY AND ENGINEERING

Basing on study and experience



GRAZIE!!