## Surgical Management of Breast Cancer

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### Why Is Oncoplastics So Important?





Safe oncological management of Breast Cancer



Aesthetic Considerations Oncoplastic Breast Surgery

#### **Full Range Of Procedures Offered For All Patients**

Breast Surgeons **BREAST** CONSERVATION Oncoplastic Breast Surgeon **BREAST** RECONSTRUCTION Plastic Surgeons

**Wide Local Excision** 

Partial Volume Displacement

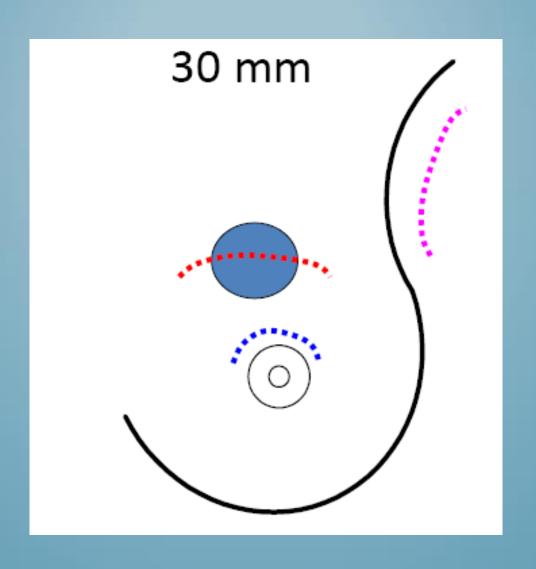
Therapeutic Mammaplasty

Mastectomy (simple & skin-sparing)

Immediate & Delayed
Whole Breast
Reconstruction
-Implant
- pedicled flap +/- implant
-free flaps

Symmetrisation Procedures

#### **Incision Placement In Breast Conservation**



### **Indications For Mastectomy:**

- Patient choice!
- Multi-focal disease
- Contra-indication to radiotherapy
- 'Failed' conservation surgery
- Risk Reduction

Large tumour volume: breast volume

#### **RISK REDUCING MASTECTOMY:**

- Test positive for a mutation in the BRCA 1/2 genes
- Strong family history of breast cancer without a positive genetic test
- Women undergoing mastectomy for cancer and wish to reduce their risk in the opposite breast

#### THERAPEUTIC MAMMOPLASTY

Breast reduction specimen includes the tumour

Other parts of the gland normally excised in the breast reduction can be used to replace large tumour defect

Leaving a NORMAL SHAPED but SMALLER breast

## THERAPEUTIC MAMMOPLASTY





### **Additional Factors To Consider**

- Longer operations
- Risks & Complications
- Implications for Follow Up
- Surgery to non-affected breast
- Patient's psychosocial factors
- .... But ALWAYS the Patient's own choice!

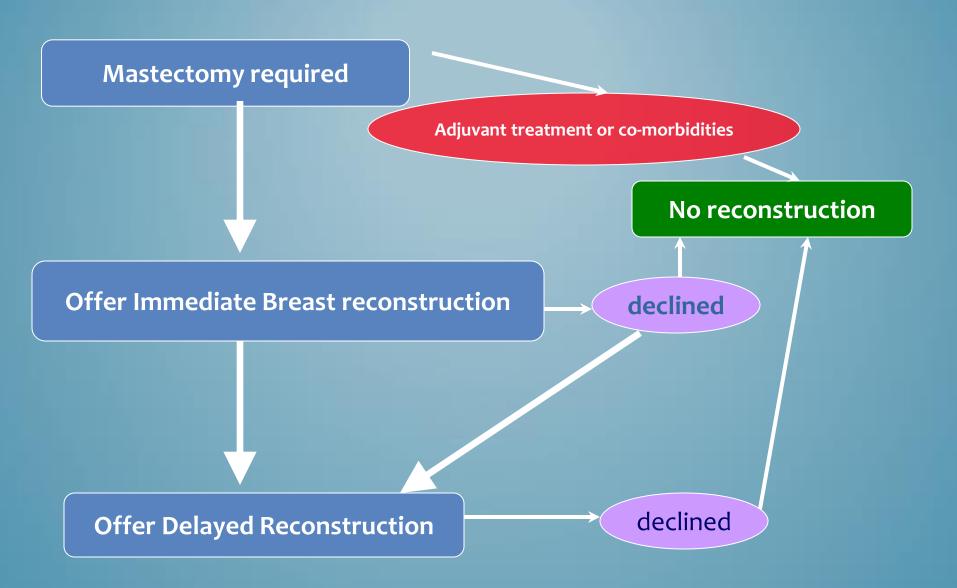
#### **National Mastectomy & Reconstruction Audit**

- first national audit of mastectomy and breast reconstruction surgery in the world
- The proportion of women having IBR (Immediate Breast reconstruction) has increased from:

~11% (April 2005 - March 2006) to 21 % (Jan 2008 - 31 Mar 2009)

- My practice:
  - immediate reconstruction rate = 72%
  - IBR offered to ALL suitable patients prior to mastectomy

### Pathway To Reconstruction

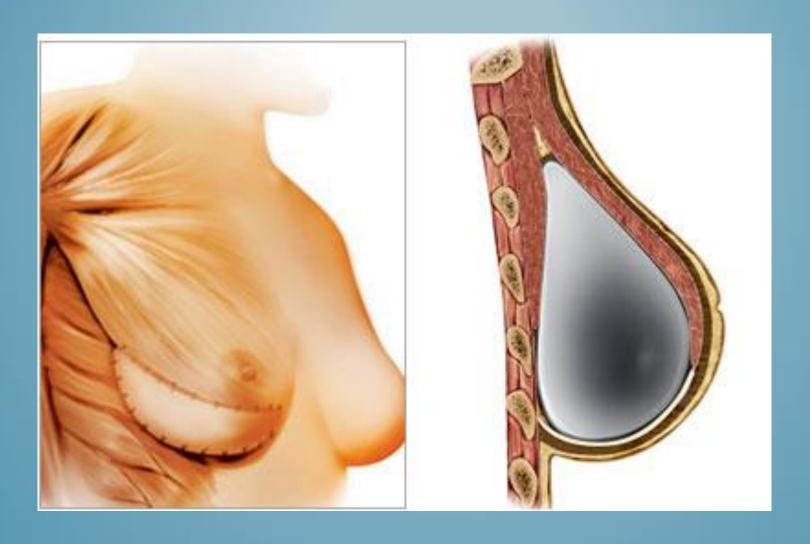


## Types Of Reconstruction

### **Immediate** – after Skin Sparing Mastectomy

- Expander implant (2 –stage)
- Silicone Implant with Acellular Dermal Matrix or mesh (1-stage)
- Latissimus Dorsi with/without implant
- DIEP flap (Deep Inferior Epigastric Artery)
  - (with 'tummy tuck'/abdominoplasty)

# IMPLANT-BASED RECONSTRUCTION WITH MESH



## Implant/ Mesh Reconstruction Post Radiotherapy



## Post-op Nipple Sparing Mastectomy & Implant- Based Reconstruction



## Post-op Nipple Sparing Mastectomy & Implant- Based Reconstruction



## Bilateral pre-pectoral implant reconstruction





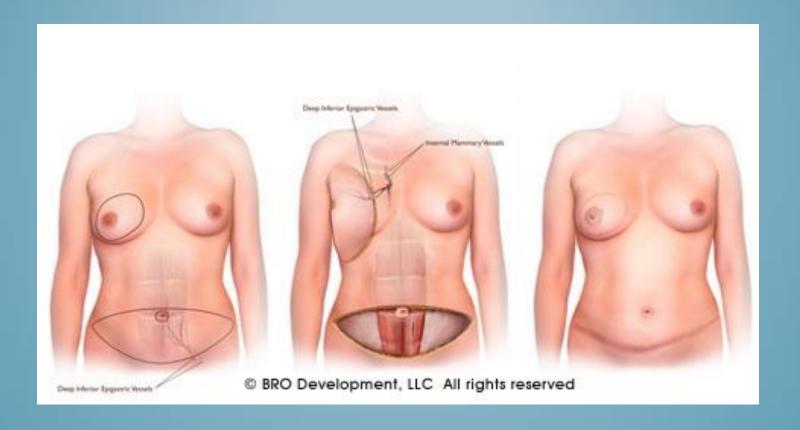
#### LATISSIMUS DORSI RECONSTRUCTION



## PREVIOUS RIGHT SIDED LD & IMPLANT – NOW SAME FOR RISK REDUCTION



### **DIEP FLAP RECONSTRUCTION**



#### **Breast Reconstruction**

 Immediate Breast Reconstruction should be discussed with ALL patients who are undergoing a mastectomy

 Unless significant comorbidity or the need for adjuvant therapy preclude this option





