Skin Sparing Mastectomy and Immediate Reconstruction with Dermal sling or Acellular Dermal Matrix.

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Morphological breast anatomy

......lack of Muscle Cover Inferiorly and laterally
Skin-reducing mastectomy with breast reconstruction and sub-pectoral implants

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Pre operative skin marking for skin reducing mastectomy and single stage reconstruction

A: Proposed nipple height when nipple reconstructed.

B+C new NAC-IMF (6-9cm)

D - optional skin bridge
Skin De-epithelisation of lower pole of breast
Pectoralis Major sutured to Dermal-fatty flap covering implant

Pect Maj sutured to dermal flap

Skin

Head
Complete cover achieved using Serratus anterior laterally.
Closure of skin envelope in Reduction Wise Pattern
Results of Skin Reducing Mastectomy
Acellular dermal matrix to cover lower pole of implant completing muscle pocket.

Allows single stage direct to implant reconstruction
An 8-Year Experience of Direct-to-Implant Immediate Breast Reconstruction Using Human Acellular Dermal Matrix (AlloDerm)

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New York, N.Y.

Background: The advent of skin- and nipple-sparing mastectomy with the use of human acellular dermal matrix to provide a soft tissue envelope has made direct-to-implant immediate breast reconstruction using skin-sparing mastectomy feasible. The purpose of this study was to evaluate the long-term results associated with this technique.

Methods: All human acellular dermal matrix-assisted immediate breast reconstructions performed over an 8-year period were included in this analysis. Patient charts were reviewed for type of mastectomy (prophylactic), incision type, complications during follow-up, rate and type of revision surgery in breasts without complications, contralateral procedures, and adjuvant radiotherapy, as appropriate.

Results: A total of 466 breasts (260 patients) were reconstructed using human acellular dermal matrix, with 30 percent receiving prophylactic and 32 percent receiving oncologic cases. Twelve percent received radiotherapy. Mean implant size placed was 350 cc (range, 150 to 600 cc). Mean follow-up was 28.9 ± 21.3 months (median, 25 months; range, 3 to 97.7 months). The overall complication rate was 3.9 percent; skin breakdown/necrosis, 1.1 percent; hematoma, 0.2 percent; infection, 0.2 percent; acellular dermal matrix exposure, 0.6 percent; capsule contracture, 0.6 percent; and infection, 0.2 percent. Type, incidence, and severity of complications did not differ significantly between prophylactic and oncologic cases. Irradiated breasts had a fourfold higher rate of complications compared with nonirradiated breasts (43 percent vs 10 percent). With more than 1 year of follow-up (mean, 3.6 ± 18.6 months; range, 3 to 97.7 months), there were no recontractions.

Conclusions: Human acellular dermal matrix-assisted immediate breast reconstruction following mastectomy is safe and reliable with low overall complication rate. The low incidence of complications supports the growing body of evidence that human acellular dermal matrix promotes minimal capsular contracture. (Plast Reconstr Surg. 127:2312, 2011)

3. First European Experience of Skin Sparing Mastectomy and Immediate Reconstruction Using Acellular Dermal Matrix Strattice and Implant.

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Introduction: We report the first European cases of immediate single stage implant based reconstruction performed in the UK using AlloDerm\textsuperscript{TM} and Strattice\textsuperscript{TM} in patients undergoing skin sparing mastectomies. A limitation of tissue expander/implant based reconstruction is the lack of muscle cover in the lower pole of the breast relative to the breast skin envelope.

Method: The creation of acellular dermal matrix grafts from human cadaver (AlloDerm\textsuperscript{TM}) and porcine harvest (Strattice \textsuperscript{TM}) has enabled single stage immediate breast reconstruction using a permanent silicone implant to be performed. Between June 2008 and Nov 2008, 4 patients underwent unilateral mastectomy and 4 patients had bilateral mastectomies using immediate implant/expander- AlloDerm\textsuperscript{TM} reconstruction (12 mastectomies) median follow up 30 months. Between Feb 2009 and Dec 2010 26 patients underwent unilateral mastectomy and 6 patients had bilateral mastectomies with reconstruction using immediate implant- Strattice\textsuperscript{TM} (38 mastectomies). Median follow up 16.5 months (range 2-23 months).
Muscle closed to Graft, prior to skin closure
Right Breast Skin Sparing Mastectomy with immediate Strattice and single stage Implant Reconstruction.

Good shape, symmetry and ptosis

Tan lines showing patient comfort in bikini top.

Patient 12 months post surgery. Asymptomatic.
72 year old D cup breast

Regular Golf Player

Did not wish to consider Autologus

Single stage-Implant/Strattice 6 month FU
Bradford Series to date: Feb 2009- Oct 2011 ...and then Now

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number</th>
<th>Infection</th>
<th>Skin Necrosis</th>
<th>Free of complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSM &amp; axillary procedure</td>
<td>54</td>
<td>3</td>
<td>4</td>
<td>47</td>
</tr>
<tr>
<td>Bilateral SSM (BRCA pts)</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>SSM after DXT</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>70</td>
<td><strong>3 (4%)</strong></td>
<td><strong>6 (6.6%)</strong></td>
<td><strong>63 (90%)</strong></td>
</tr>
</tbody>
</table>

Update Oct 12: 114                    5( 4%)               7(6.2%)          102 (90%)
Oct 11- Oct 12: 44                    2( 4.5%)            1(2%)            41 (93%)
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Thank you for your Attention and best wishes.

Bradford Teaching Hospitals
NHS Foundation Trust

National Oncoplastic Training Centre of the
Association of Breast Surgeons