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

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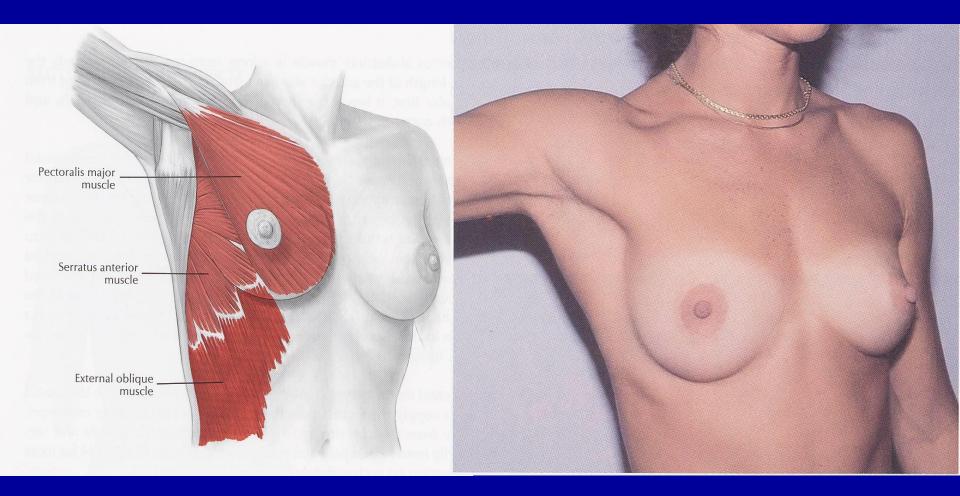




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Morphological breast anatomy



.....lack of Muscle Cover Inferiorly and laterally



Journal of Plastic, Reconstructive & Aesthetic Surgery (2007) xx, 1-6





Skin-reducing mastectomy with breast reconstruction and sub-pectoral implants

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Received 8 August 2006; accepted 22 June 2007

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

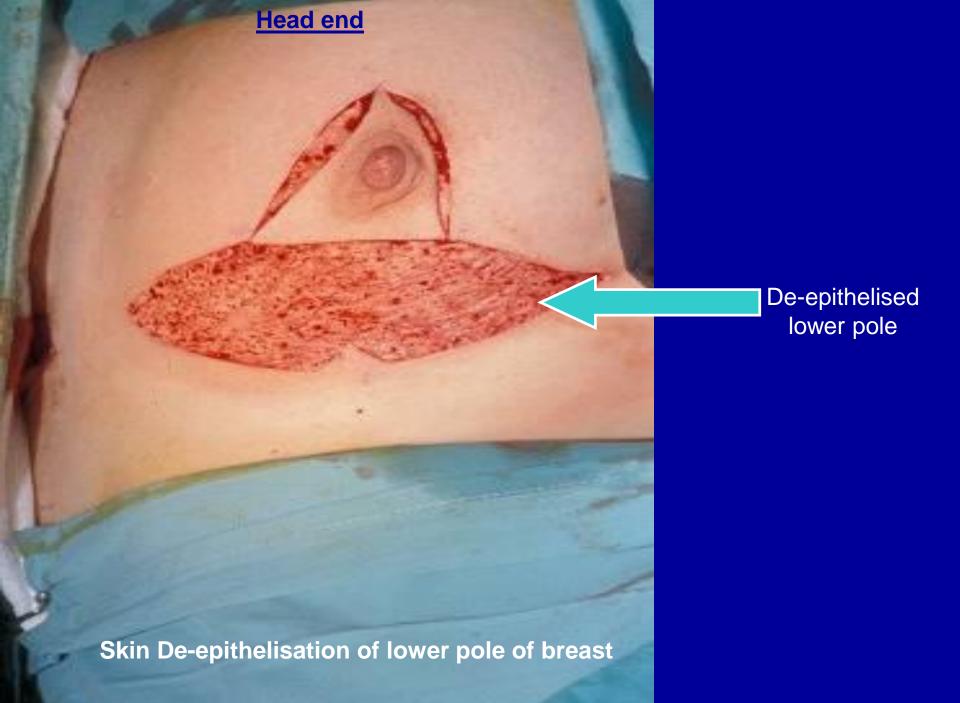
A:Proposed nipple height when nipple reconstructed.

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

D-optional skin bridge

С

в



Pectoralis Major sutured to Dermal-fatty flap covering implant

Pect Maj sutured to dermal flap

Skin

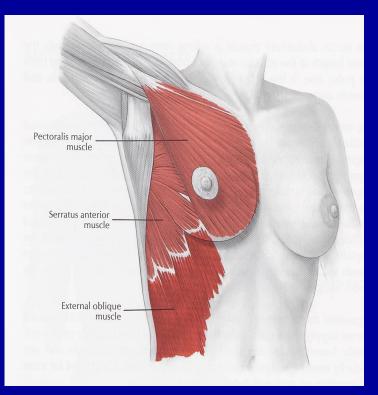
Head

Complete cover achieved using Serratus anterior laterally

Serratus anterior

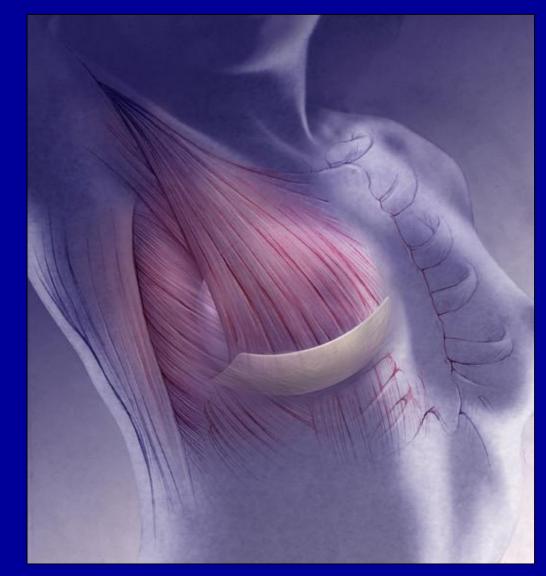
Closure of skin envelope in Reduction Wise Pattern





Acellular dermal matrix to cover lower pole of implant completing muscle pocket.

Allows single stage direct to implant reconstruction



BREAST

An 8-Year Experience of Direct-to-Implant Immediate Breast Reconstruction Using Human Acellular Dermal Matrix (AlloDerm)

C. Andrew Salzberg, M.D. Andrew Y. Ashikari, M.D. R. Michael Koch, M.D. Elizabeth Chabner-Thompson, M.D.

New York, N.Y.

Background: The advent of skin-and nipple-sparing mas with the use of human acellular dermal matrix to provi has made direct-to-implant immediate breast reconstrutomy feasible. The purpose of this study was to evaluate lo associated with this technique.

Methods: All human acellular dermal matrix-assisted d diate reconstructions performed over an 8-year period analysis. Patient charts were reviewed for type of mas prophylactic), incision type, complications during follo up, rate and type of revision surgery in breasts without cations, contralateral procedures, and adjuvant radioth Results: A total of 466 breasts (260 patients) were reco were prophylactic and 32 percent were oncologic cases. I percent) received radiotherapy. Mean implant size plac (range, 150 to 600 cc). Mean follow-up was 28.9 ± 21.3 97.7 months). The overall complication rate was 3.9 per percent; skin breakdown/necrosis, 1.1 percent; hemator acellular dermal matrix exposure, 0.6 percent; capsula cent; and infection, 0.2 percent). Type, incidence, and cations did not differ significantly between prophylactic Irradiated breasts had a fourfold higher rate of compli with more than 1 year of follow-up (mean, 36.7 ± 18.6

97.7 months), there were no long-term complications. Conclusions: Human acellular dermal matrix-assisted of

reconstruction following mastectomy is safe and relial

long-term complication rate. The low incidence of cap ports the growing body of evidence that human acellul

gates capsular contracture. (Plast. Reconstr. Surg. 127:

EJSO 37 (2011) S1-S3

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[™] and Strattice[™] 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[™]) and porcine harvest (Strattice [™]) 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[™] 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[™] (38 mastectomies). Median follow up 16.5 months (range 2-23 months).

Muscle closed to Graft, prior to skin closure



Patient 12 months post surgery. Asymptomatic.

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.









72 year old D cup breastRegular Golf PlayerDid not wish to consider

Autologus

Single stage-Implant/Strattice 6 month FU

Bradford Series to date: Feb 2009- Oct 2011 ...and then Now

Procedure	Number	Infection	Skin Necrosis	Free of complications
SSM & axillary procedure	54	3	4	47
Bilateral SSM (BRCA pts)	12	0	0	12
SSM after DXT	6	0	2	4
Total	70	3 (4%)	6 (6.6%)	63 (90%)
Update Oct 12 Oct 11- Oct 12	114 44	5(4%) 2(4.5%)	7(6.2%) 1 1(2%)	02 (90%) 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

