

Unique breast oncology and plastic surgery offer superior outcomes

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(PhysOrg.com) -- While physicians and researchers strive for the day when drugs, radiation and even ultrasound will be used to obliterate tumors, surgical removal of breast cancer remains the standard treatment.

When surgery cannot be avoided, University of Chicago plastic surgeons are leading the way in a new surgical field called oncoplastic surgery, a [cancer treatment](#) that aims for optimal aesthetic breast preservation. As the region's dominant academic medical center for [breast reconstruction](#), the University of Chicago has pioneered a unique and innovative collaborative approach, which is gaining national attention.

Oncoplastic surgery utilizes a woman's own breast and body fat to aesthetically restore the architecture of the breast after a [lumpectomy](#). Each newly diagnosed breast cancer patient goes before a multidisciplinary tumor panel headed by David Song, MD, chief of plastic and [reconstructive surgery](#), and Nora Jaskowiak, MD, surgical director of the medical center's Breast Center. The pair present the patient's desires and concerns regarding breast preservation, and the panel evaluates each patient's unique circumstances and needs. "Particularly with breast cancer, there is no cookie-cutter plan," Jaskowiak said.

Then the radiologist and pathologist confer on the likelihood of the patient remaining cancer free after surgery. Other specialists also share their perspectives.

"We believe strongly that optimal care is less likely delivered by an individual surgeon or surgeons who are not working in concert," Song said. "The balance between risk and benefit is best delivered by a multi-disciplinary team focused on all aspects of [breast cancer](#) -- from imaging, accurate cellular diagnosis, surgical resection, and ultimate reconstruction and follow-up therapies."

A recent president of the Chicago Society of Plastic Surgeons, Song has spoken at length with colleagues from other institutions on their approaches. "There is resistance to change in some cases on an institutional cultural level when something seems to be working well enough. Many centers find it difficult even to coordinate operating room times, let alone a joint and harmonic approach to tumor removal and reconstruction."

For example, [plastic surgeons](#) have found that it's difficult to reconstruct the breast after a woman has had radiation, especially if the cancer is in the bottom portion of the breast. The remaining breast tissue often collapses, and becomes firm, resulting in a deformed-looking breast that is difficult to correct. So at University of Chicago Medical Center, timing is coordinated between the cancer surgeon, plastic surgeon and radiologist to perform the post-lumpectomy reconstruction before radiation begins, resulting in superior results.

"Offering radiation after the rearrangement makes all the difference in the world," Song said. "For every woman we treat in this manner, there are two or three that come from other institutions (who had radiation before plastic surgery) that we have to attempt to salvage."

The team approach is paying off with better outcomes and greater patient satisfaction. "Our data shows that there are fewer complications with immediate oncoplastic surgery than with delaying it until after radiation," said Song. "Along with a team coordinated on the oncoplastic

approach, this ensures we address the cancer and restore the breast all in one timeframe without compromising cancer care in any way," he said.

Provided by University of Chicago Medical Center

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