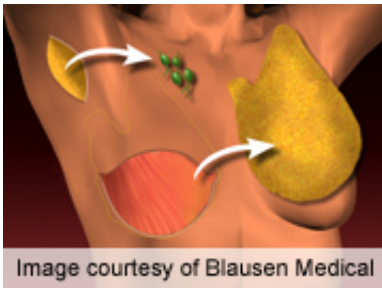


Low complication rate for nipple-sparing mastectomy

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Nipple-sparing mastectomy with microsurgical breast reconstruction can be safely performed for select patients, according to a study published in the February issue of *Plastic and Reconstructive Surgery*.

(HealthDay)—Nipple-sparing mastectomy with microsurgical breast reconstruction can be safely performed for select patients, according to a study published in the February issue of *Plastic and Reconstructive Surgery*.

Neil Tanna, M.D., M.B.A., from the Institute of Reconstructive Plastic Surgery in New York City, and colleagues examined patient demographics, [breast cancer](#) history, intraoperative details, complications, and revision operations among 51 patients who underwent nipple-sparing mastectomy with microsurgical [breast reconstruction](#) treated at the New York University Medical Center from 2007 to 2011.

The researchers identified 85 free flap breast reconstructions, performed in 51 patients; 64.7 percent of which were performed for prophylactic indications and mainly through vertical incisions (47 percent). The donor sites were mainly abdominally based (77.6 percent); alternative flaps included the profunda artery perforator, transverse upper gracilis, and superior gluteal artery perforator. Mastectomy skin flap necrosis and nipple necrosis were the most common complications. No correlation was seen for mastectomy skin flap or nipple necrosis with the choice of incision, mastectomy specimen weight, [body mass index](#), or age; however, there was a correlation between smoking history and nipple necrosis.

"Nipple-sparing mastectomy followed by microsurgical reconstruction, for carefully selected patients, can be safely performed with low complication rates," the authors write.

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