

Plastic surgeons urged to 'embrace the change' to single-stage implant breast reconstruction

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Some women with breast cancer can now undergo a "one and done" approach combining nipple-sparing mastectomy with immediate single-stage implant (SSI) breast reconstruction in a single procedure, according to a report in the July issue of *Plastic and Reconstructive Surgery*.

In the article, ASPS Member Surgeon Dr. Mark A. Codner of Emory University, Atlanta, shares his approach to single-stage implant (SSI) [breast reconstruction](#) after mastectomy for [breast cancer](#). Coauthor Dr. Jose Rodriguez-Feliz comments, "A selected group of patients will now benefit from a simplified reconstructive process with limited office visits for expansions, accelerated return to normal activities, and restoration of a natural [breast](#) with preservation of its most important landmark, the nipple areola complex."

'One and Done' Procedure for Breast Cancer Surgery and Reconstruction

The paper analyzes Dr. Codner's experience with 27 SSI reconstructions, with the aim of demonstrating the value of this new approach to immediate reconstruction after [breast cancer surgery](#).

Most of the patients underwent a procedure called nipple-sparing mastectomy. In this technique, the breast cancer surgeon removes the cancerous breast tissue while preserving most of the breast skin as well

as the nipple-areola complex (NAC)—the nipple and surrounding tissue.

The plastic surgeon then uses the woman's [natural breast](#) skin and NAC for immediate implant-based breast reconstruction. Dr. Codner's technique includes the use of "teardrop"-shaped breast implants and a biomaterial called acellular dermal matrix, which provides a "scaffold" to support the reconstructed breast and promote new tissue growth. In some cases, fat grafting is performed to enhance the cosmetic results.

This combined procedure means that the cancer is removed and the breast reconstructed in a single surgery. The authors believe that this offers important psychological benefits for the patient, including an "immediate return to normal body image."

"Preservation of the NAC and advances in technique have allowed us to achieve aesthetic results that resemble those of cosmetic breast enhancement patients," says Dr. Rodriguez-Feliz. "As a result, we have limited the sense of mutilation that many patients would experience in the past with a two-stage breast reconstruction."

Single-stage implant reconstruction also avoids the stress, discomfort, and inconvenience associated with delayed breast reconstruction—which often includes several weeks of tissue expansion to create new skin for use in reconstruction. While the combined procedure is safe, some women in the experience did experience complications. These included infections requiring intravenous antibiotics and, in some cases, further surgery.

The researchers emphasize that nipple-sparing mastectomy and SSI reconstruction are not appropriate for every woman with breast cancer. Patients must be selected carefully for depending on their overall health, cancer characteristics, and previous treatment. The authors also note that their study is limited by the small number of patients and short-term

follow-up.

"Recent advances in oncologic breast surgery have allowed nipple-sparing mastectomy to be accepted as a safe and a viable option for many patients with early-diagnosed breast cancer," says Dr. Rodriguez-Feliz. "As plastic surgeons, our surgical techniques have also evolved in a way that we can now simplify the reconstructive process with a 'one-and-done' procedure."

Drs. Codner and Rodriguez-Feliz encourage other plastic surgeons to "embrace the change" to nipple-sparing mastectomy and SSI in appropriate cases. They conclude, "We hope that by sharing [Dr. Codner's] experience and the most recent literature to support it, we can inspire other [plastic surgeons](#) to evolve into what we think will be the future of breast reconstruction."

More information: "Embrace the Change: Incorporating Single-Stage Implant Breast Reconstruction into Your Practice" [DOI: 10.1097/PRS.0000000000001448](#)

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