

Breast reconstruction

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ABSTRACT

Breast reconstruction is such a unique procedure that might potentially be adjusted in line with time and all advances in technology and instruments (endoscopy, silicone implants, alloderm grafting). In addition, it adapts in accordance to better, more sophisticated knowledge of breast anatomy (vascularization, perforator, and innervation), breast subunits, and systemic changes. Surgical techniques and the currently available list of materials might be utilized to reconstruct the breast in such a way to yield cosmetic satisfaction. Combination and modification of those techniques might be adjusted to the patients' requests without crossing over the paths of the disease being corrected (cancer, benign tumor, infection, or other breast anomalies).

Breast reconstruction's prerequisite is the absence of cancer approximately 1 cm from the edge of incision, adjusted by shape and size of breasts, and size of cancer. Several techniques might be applied to conserve and reconstruct the breasts when the disease has been diagnosed. Oncoplasty applies all techniques available to reaffirm the principles of oncology, by increasing the distance from the edges of cancer and proceeding with reconstruction by reduction/mastopexy (volume displacement), or adjacent/distant flaps (volume replacement). The disadvantage of BCS/BCT is the short distance from the edge of incision to the tumor due to the risk of post-operative breast deformity, especially when surgery is followed by adjuvant radiation.

Keywords: breast cancer, mastectomy, oncoplasty, reconstruction