



The “Goldilocks” Mastectomy and Reconstructive pathway

This is a new and revolutionary type of reconstructive pathway pioneered here in South Africa by Dr. Serrurier in the Netcare Breastcare Centre of Excellence. It involves 1-2 operations to complete.

The first operation is a combined oncological and reconstructive operation where the Mastectomy is performed via a Breast Reduction pattern (Type 4 Skin and Nipple sparing mastectomy) and a small to moderate sized breast mound is reconstructed using the remaining skin and subcutaneous fat from the breast and a fat flap from the upper abdomen to increase the volume of the breast mound. This operation takes about 3 hours to perform and patients typically stay in hospital for 1-2 nights. This makes a breast with all the aesthetic elements of the breast in the right place (Including the nipple if it can be saved). The only limiting factor is the volume or cup size of the breast that can be reconstructed. This is dependent on the amount of tissue that the patient has for the reconstruction. In some patients it can be quite large, but in the average patient this reconstruction produces a breast in the large A to medium B cup size.

About 3-4 months after the first surgery, once the wounds have healed and the swelling has settled down, the patient can consider as second stage operation to fine tune the reconstruction if required. This is a purely reconstructive operation performed by the reconstructive surgeon and is often performed as a day-case surgery. It takes about 1 hour to perform. If the volume of the breast is too small it can be increased by adding an implant or more commonly performing fat filling. Fat is lipo-sucked from one area of the body and transplanted via injections into the breasts to sort out any contour defects and increase the volume of the reconstruction. At this second stage operation any bad scarring can be corrected and the reconstruction can be really fine-tuned and optimised.

Indications

- Patients not wanting an implant based reconstruction
- High risk patients for an implant based reconstruction
- Patients requiring radiation
- Patients wanting to avoid donor site scars on the abdomen or back

Contra-Indications

- Very large cancers where a significant amount of skin needs to be removed especially in the upper pole of the breast
- Small breasted and thin patients (the volume of the reconstruction will be limited)
- Patients with vascular problems
- Smokers and diabetic patients. (Are at higher risk for healing complication)

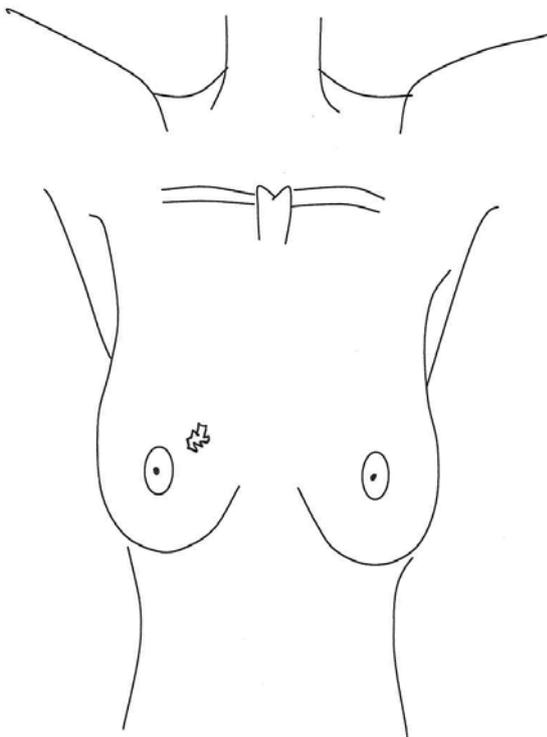


Post-Operative Recovery

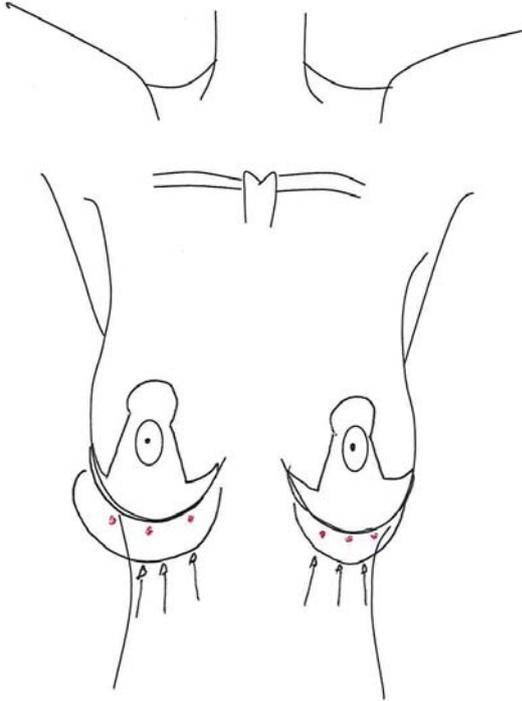
This reconstructive surgery after mastectomy reconstructs very natural looking and feeling breasts that usually have almost normal sensation. There is little to no donor site discomfort as all the scars are in the usual area where the conventional breast lift/breast reduction scars lie. Post-operative recovery is usually quick with drains being removed at 3-5 days post operatively. Patients are usually pleasantly surprised as far as the recovery goes. It usually feels stiff and a bit achy for 10-14 days post operatively. Patients may start exercising with the lower body when they feel ok to do so and can drive after a week or so. The only thing that must be avoided is shoulder movement in the gym against resistance. This should not be done for 3 months after this operation. Otherwise return to normal activities of daily living is about 2 weeks. Patients must wear a firm support sports bra for 3 months post operatively. This will help with the healing and swelling in the breast.

The recovery after the second stage of the reconstruction is minor and patients are usually back at work after 3 days. The only rule is to not over exercise and wear the bra day and night for 3 weeks. This increases the chance of the fat transplantation working.

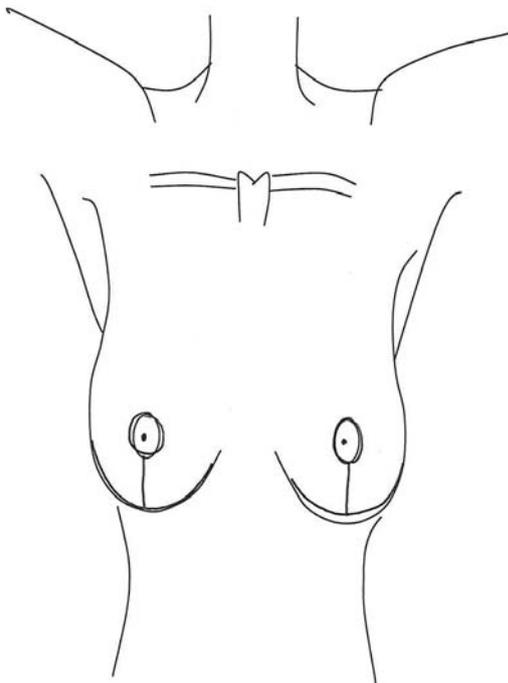
Please see the diagrammatic representation below of the markings and intra-operative workings of this operation.



Diagrammatic representation of a patient with a Breast Cancer in the upper inner quadrant of the Right breast



Diagrammatic representation of the markings of the Goldilocks reconstruction. The red represents the small blood vessels that maintain the blood supply to Thoraco-epigastric flap that is turned over into the breast to increase the volume of the reconstruction. The upper abdominal skin is then moved upwards to close the operation.



Diagrammatic representation of the scars after a Goldilocks Mastectomy and reconstruction.