



Wide Local Excision and Therapeutic Mammoplasty Reconstruction

This combined onco-plastic (oncological surgery and reconstructive surgery) is one of the mainstay operations for a patient that is suited to or requests breast conserving surgery. The term therapeutic mammoplasty means treating breast cancer with a breast remodeling procedure. It is a very malleable reconstructive operation that uses many cosmetic breast lift and breast reduction techniques. It generally gives excellent cosmetic outcomes.

The operation is performed simultaneously by an oncological team and reconstructive team. It takes about 2 hours to perform. The reconstructive surgeon will pre-operatively mark the patient, as the access incisions to remove the tumour are generally through a wise keyhole breast-lift/breast reduction pattern. The oncological team will then remove the tumour with an appropriate margin. The specimen and the tumour will be reviewed intra-operatively by the pathologist to ensure that it has been removed completely and that the margins around the tumour are acceptable.

Whilst the oncological team is doing their part of the operation, the reconstructive team can often work on the other breast beginning the matching breast remodeling procedure on the side that is not involved by the cancer. Once the reconstructive team has the go-ahead from the pathologist, the reconstruction on the involved breast will begin.

When the operation is done, the patient is left with a lifted and rejuvenated breast, not dissimilar from a cosmetic breast lift operation. Some patients, who have very large breasts and have thought of having a cosmetic breast reduction, will request that their large breasts be reduced during the operation. This is a perfectly safe and viable option. The operation would then be termed a wide local excision via a breast reduction.

Should the patient be a candidate for Intra-Operative Radiation Therapy (IORT), this can safely be done. This will then save the patient from having to have external beam radiation post operatively.

Certain patients who have small and droopy breasts are also good candidates for this type of reconstruction. The minimum volume that can be removed from the breast is the size of the tumour and its margin. If the breast is small, even removing this small amount of tissue would make the breast too small. The reconstructive surgeon would then augment the volume of the breast using tissue in close proximity to the breast (Loco-regional flap). This tissue is usually the fat roll beneath the breast or from under the arm, which is moved into the breast to replace the volume that is lost, keeping the breast the same size.

Indications

- Patients wanting breast conserving surgery

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- Patients who have some droop to their breasts
 - Patients who have large breast
 - 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

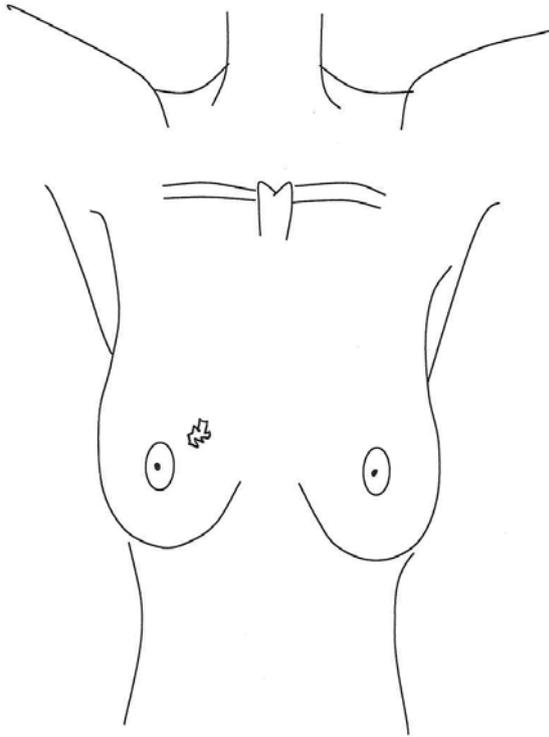
- Very large cancers where a significant amount of skin needs to be removed especially in the upper pole of the breast
- Patients wanting to avoid radiation therapy
- Smokers and diabetic patients. (Are at higher risk for healing complication)
- Patients not willing to have surgery to the un-involved breast

Post-Operative Recovery

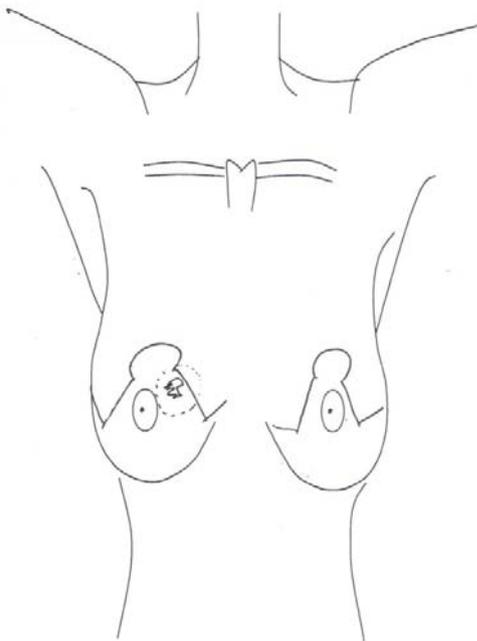
A wide local excision with a therapeutic mammoplasty reconstruction reconstructs very natural looking and feeling breasts that usually have almost normal sensation. There are little to no donor site scars and muscle weakness and all the scars are in the usual area where the conventional breast lift/breast 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. The only thing that must be avoided is shoulder movement in the gym against resistance. This should not be done for 2 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 is to support the reconstruction, as it will help with the healing and swelling in the breast.

It is very uncommon to need to do a second minor reconstructive operation after this reconstructive surgery.

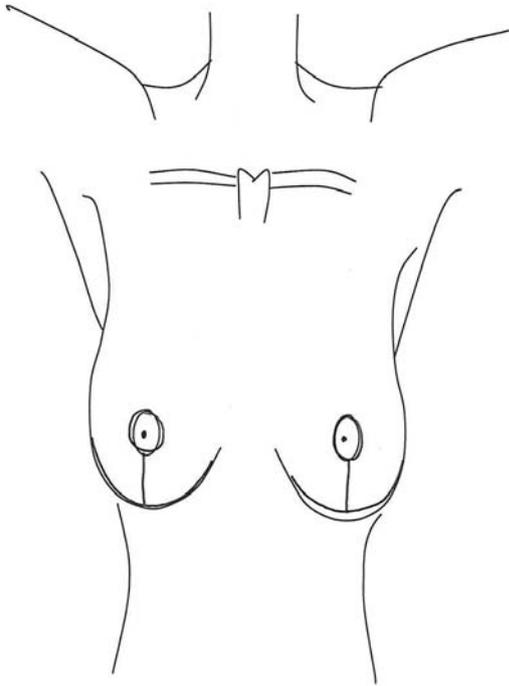
Please see the diagrammatic representation below of the markings and intra-operative workings of this operation.



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 therapeutic mammoplasty reconstruction. They are exactly the same as a conventional Wise Keyhole pattern commonly used for a cosmetic breast lift or a breast reduction.



Diagrammatic representation of the scars after a therapeutic mammoplasty reconstruction.