

# Oncoplastic surgery in Breast Conserving surgery Oncoplastic techniques. Potential pitfalls and complications

5<sup>th</sup> International Congress of Breast Disease Centers  
Antwerp February 2015



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*Board of Directors of American Society of Breast Disease*

*Executive Committee of SIS*

# DISCLOSURE



*I HAVE NO COMMERCIAL INTEREST TO  
REPORT*

# Surgical Evolution of Treatment

- *Halsted (radical)*
- *Urban (ultra radical)*
- *Patey/Madden (modified radical)*
- *breast conservative treatment*
- *sentinel node biopsy*
- *Oncoplastic Procedures*



Decrease the feeling of mutilation without decreasing the chance of cure

# NEW PARADIGM

**BREAST SURGERY IS AT ALL TIMES AESTHETIC**

- **For diagnosis, prevention or treatment**
- **For breast surgeons it is essential to master this technique of art**

**Werner Audretsch**

# ONCOPLASTIC SURGERY

THE TERM WAS COINED TO DESCRIBE AN EVOLVING AREA OF BREAST SURGERY THAT APPLIES PRINCIPLES OF SURGICAL ONCOLOGY AND PLASTIC AND RECONSTRUCTIVE SURGERY TO THE MANAGEMENT OF WOMEN WITH BREAST CANCER,  
GAIL LEBOVIC AND BEN ANDERSON

## MAIN PRINCIPLES :

- 1- REDUCE THE RATE OF MASTECTOMIES.
- 2- REDUCE THE RATE OF RE EXCISIONS.
- 3- IMPROVE THE QUALITY OF COSMETIC OUTCOMES WHEN BCT ANTECIPATES POOR RESULTS OR IT IS NOT POSSIBLE.

# ONCOPLASTIC BREAST SURGERY: Principles for the Partial Mastectomy

- *Cosmetic challenge of the lumpectomy*
- *Oncologic principles of tumor localization*
  - *Cosmetic operative planning*
  - *Specific oncoplastic applications*

# BCS -comprehension: The operation aims safely to preserve:

BREAST VOLUME

BREAST SHAPE

BREAST PROJECTION

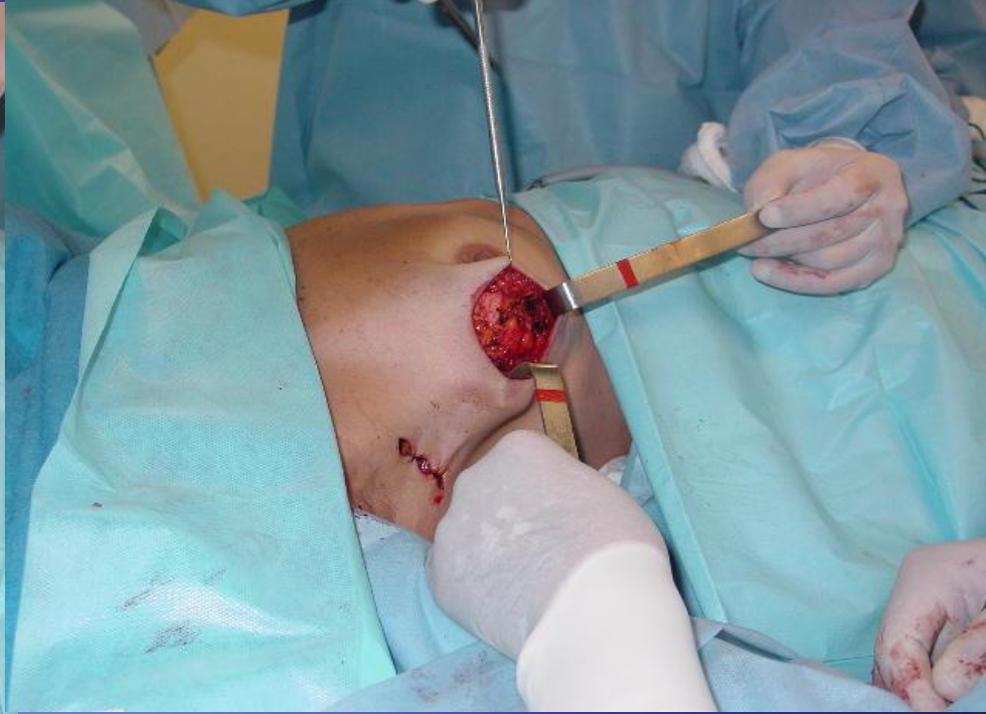
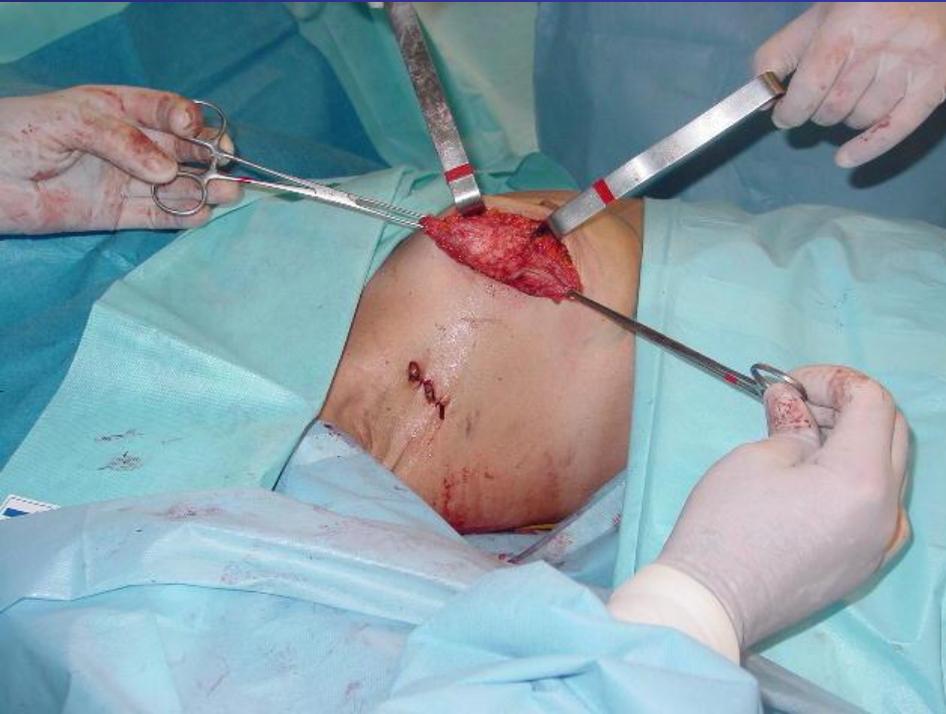
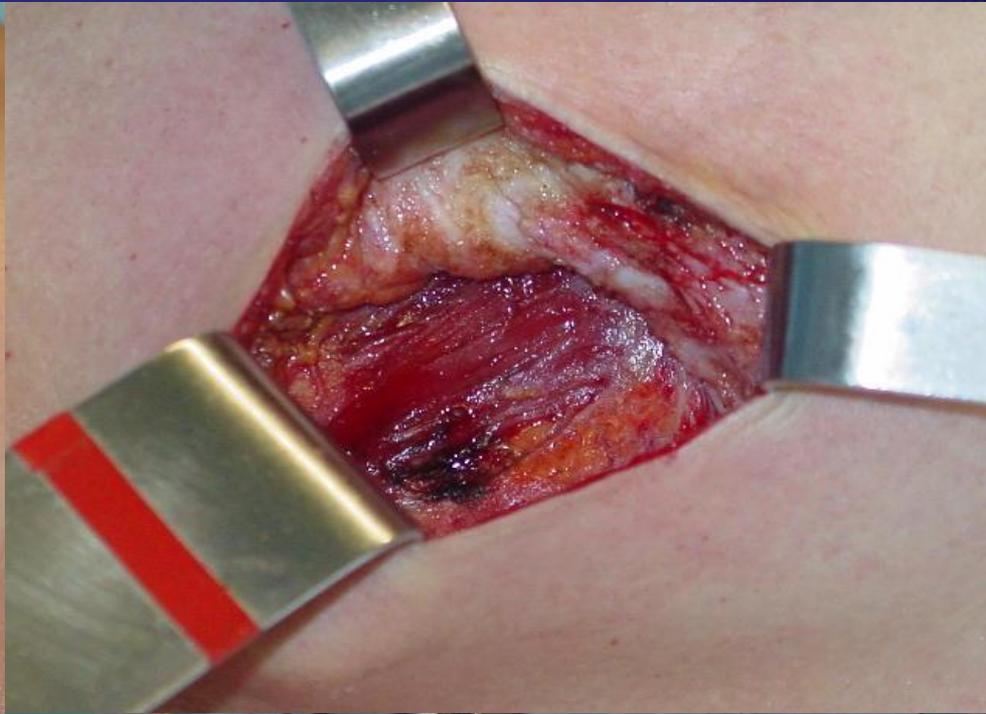
BREAST SIMMETRY

WITH...

PATIENT'S QUALITY OF  
LIFE

PATIENT'S GLOBAL  
HEALTH







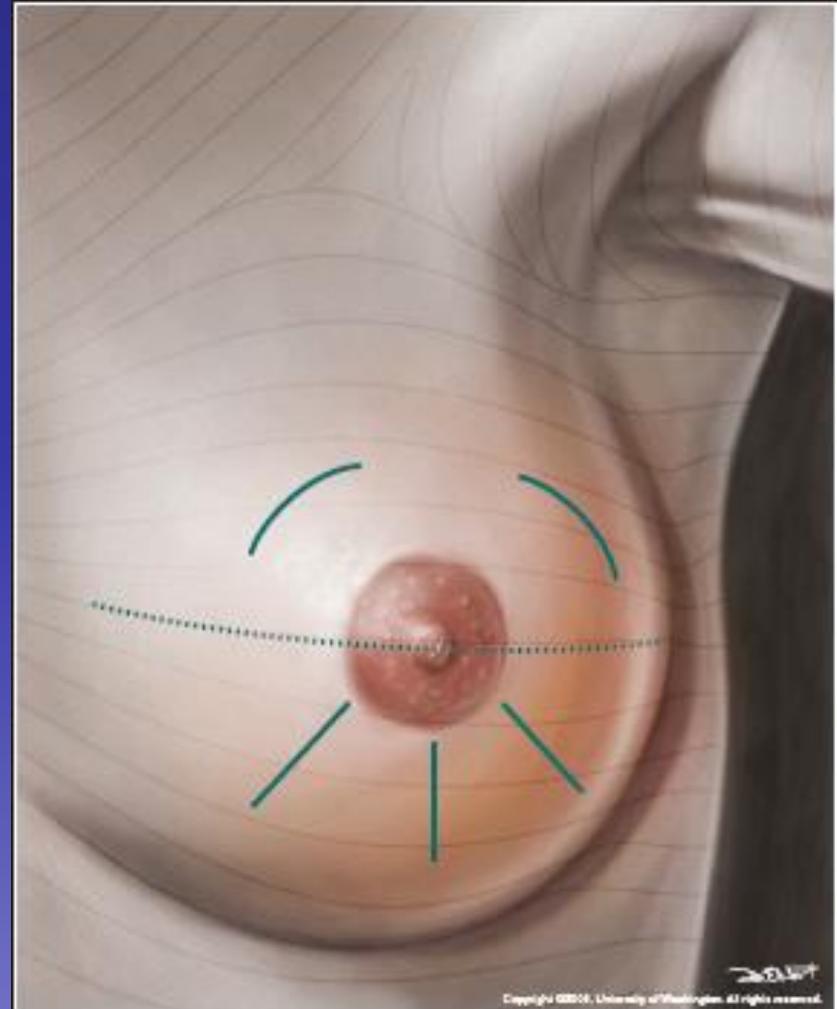
# ONCOPLASTIC SEQUENCE

- *Assess tissue to be resected*
- *Orient skin incision on breast*
- *Design skin island excision*
- *En bloc resection and closure*

# SKIN INCISION ORIENTATION

CIRCUMAREOLAR  
above nipple

RADIAL  
below nipple

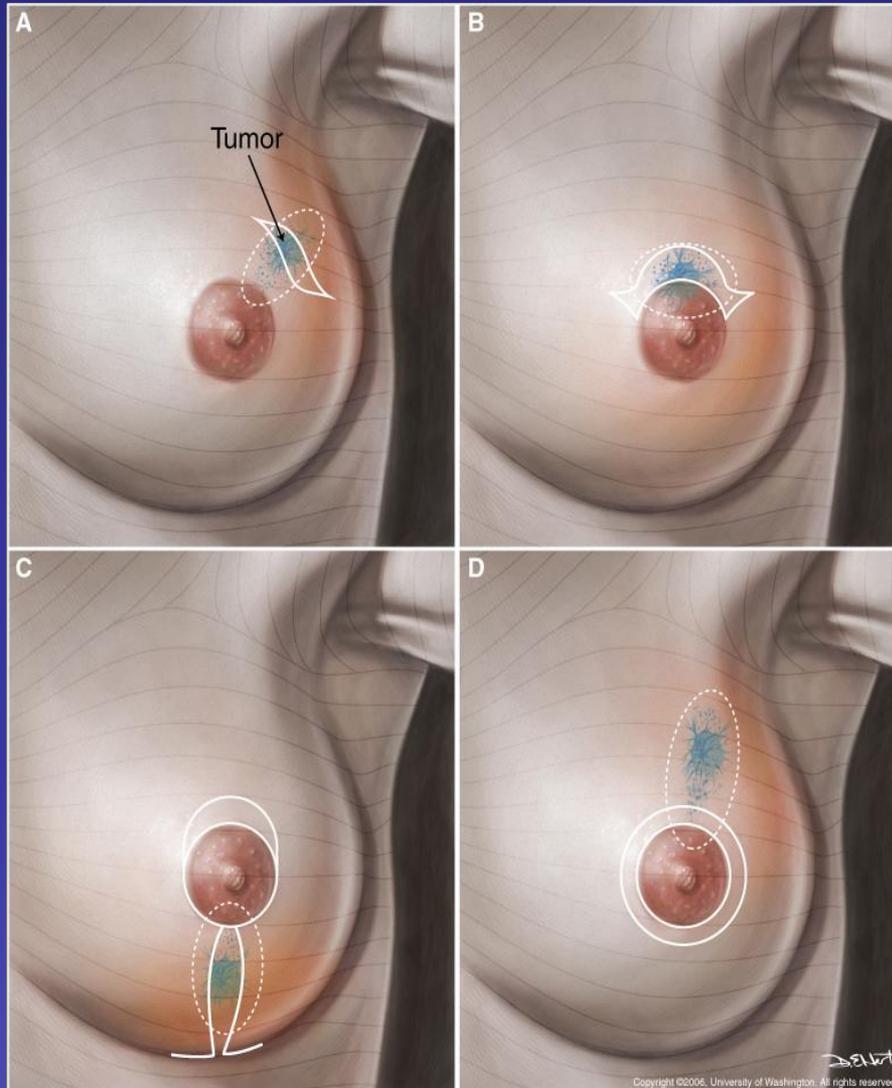


# ONCOPLASTIC RESECTIONS: Specimen Size and Margins

Retrospective review (European Institute of Oncology)

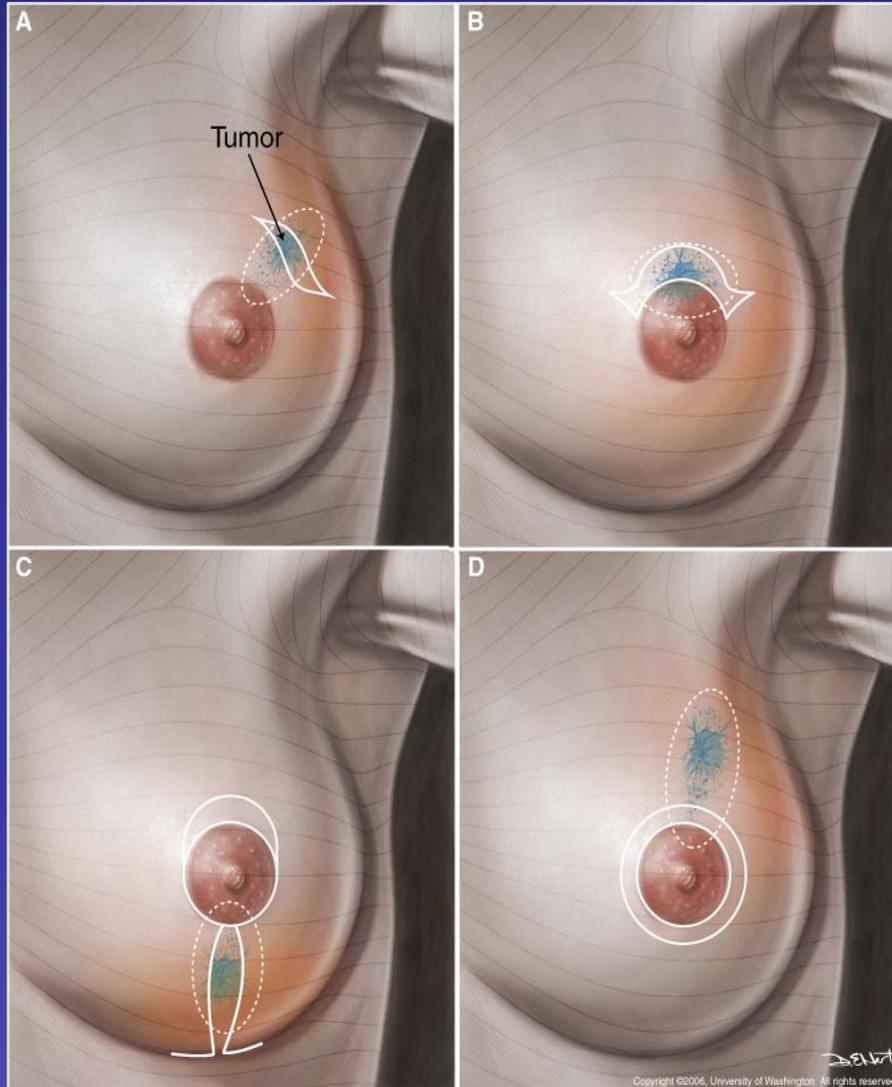
	Specimen Volume	Negative Margins	Margin Width
GROUP 1 (n=30) Oncoplastic Resection	200 cm <sup>3</sup>	25 / 30	8.5 mm
GROUP 2 (n=30) Standard Resection	118 cm <sup>3</sup>	17 / 30	6.5 mm

# ONCOPLASTIC LUMPECTOMY

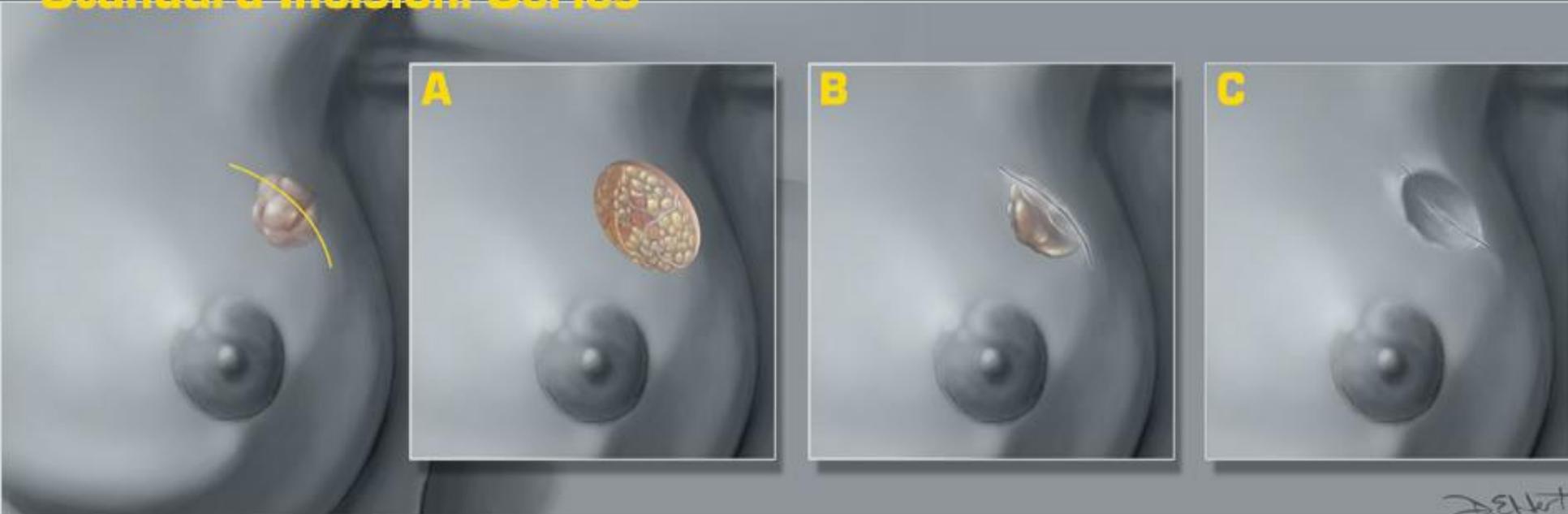


MASTOPEXY FLAP  
ADVANCEMENT

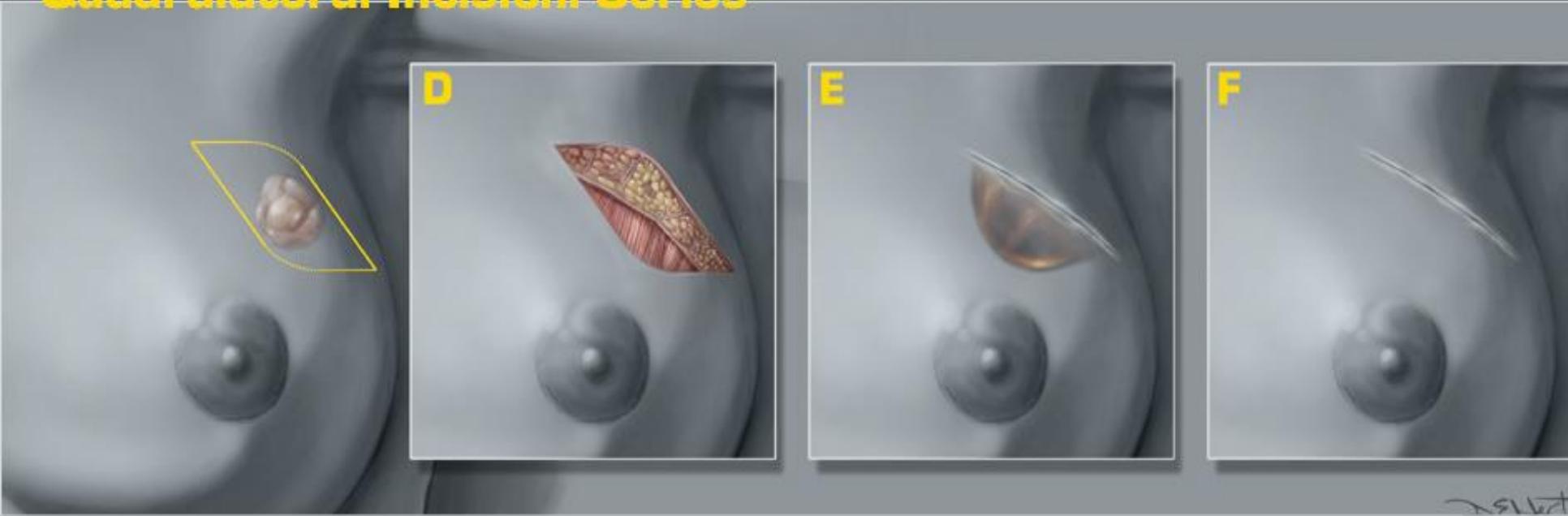
# LUMPECTOMY



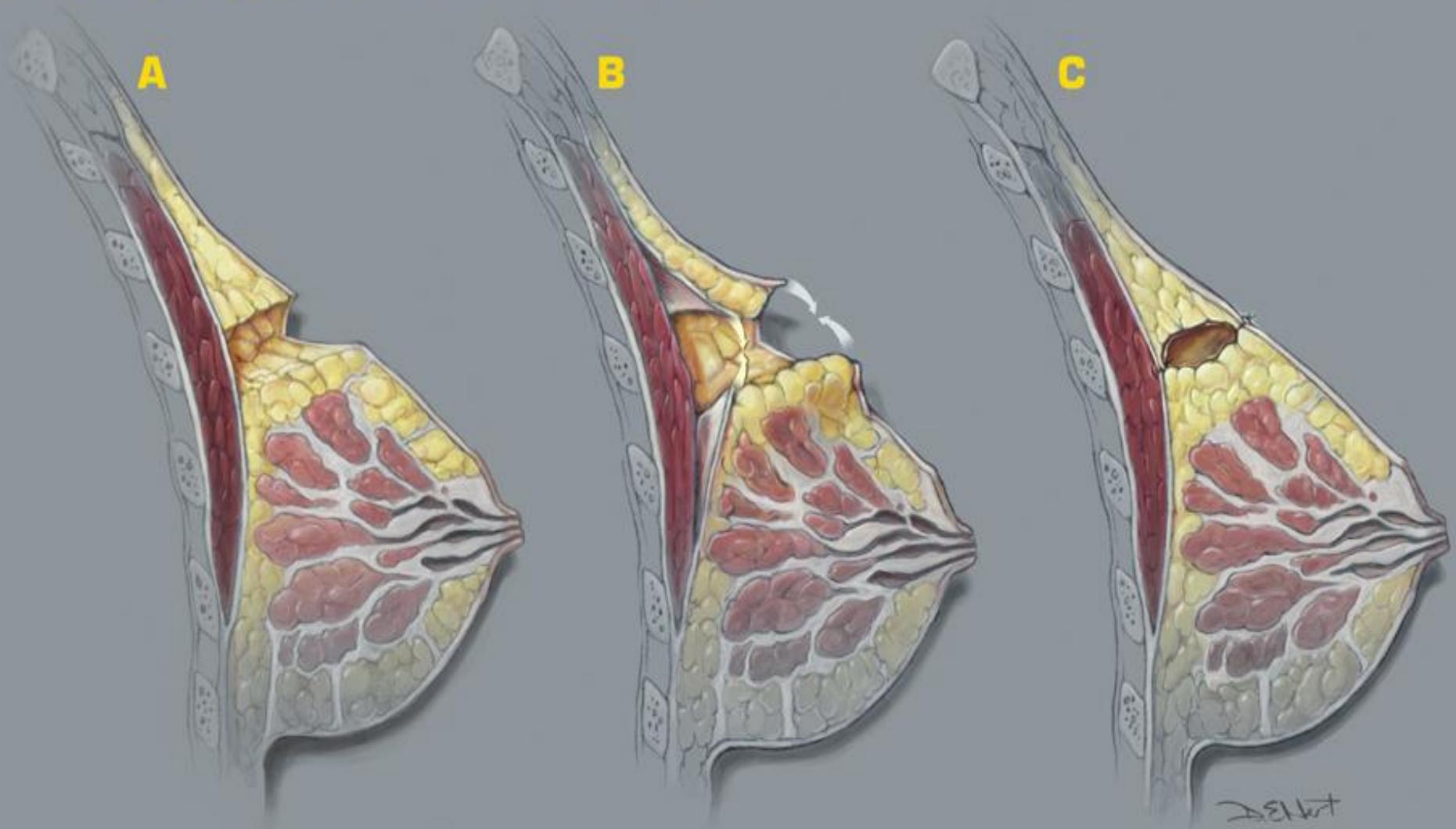
# Standard Incision: Series



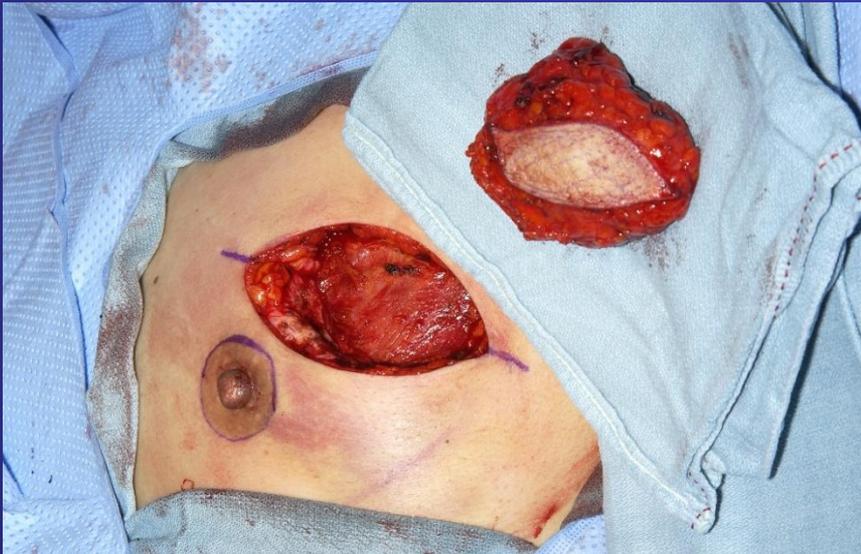
# Quadralateral Incision: Series



# Mastopexy Flap Advancement



# MASTOPEXY LUMPECTOMY



# ONCOPLASTIC BREAST SURGERY: Principles for the Partial Mastectomy

- *Cosmetic challenge of the lumpectomy*
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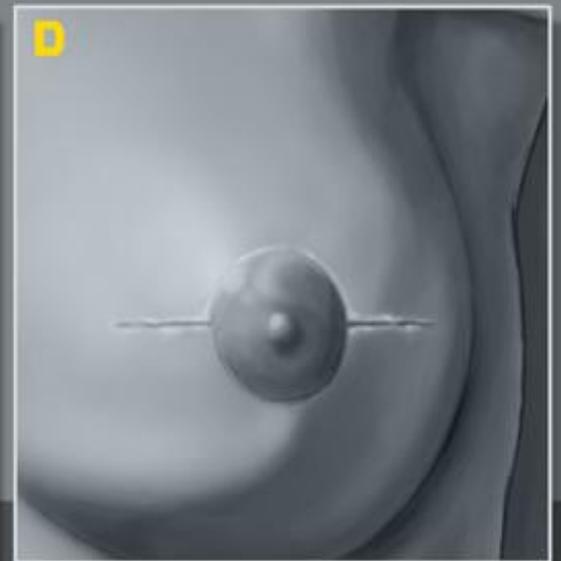
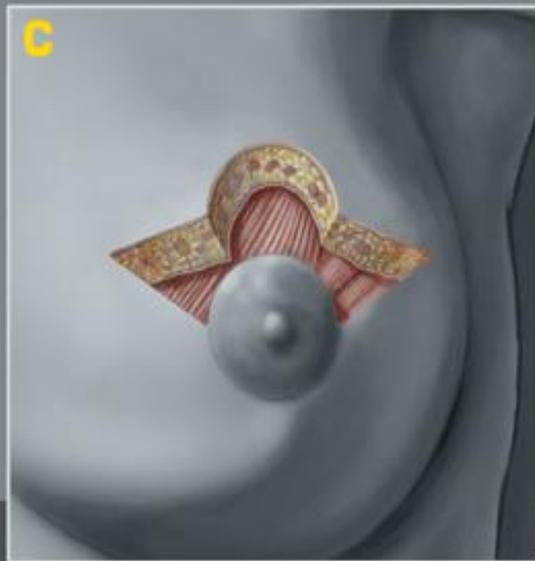
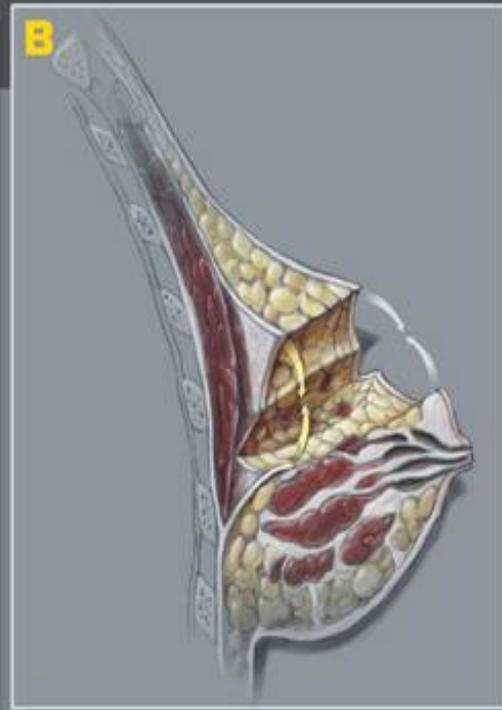
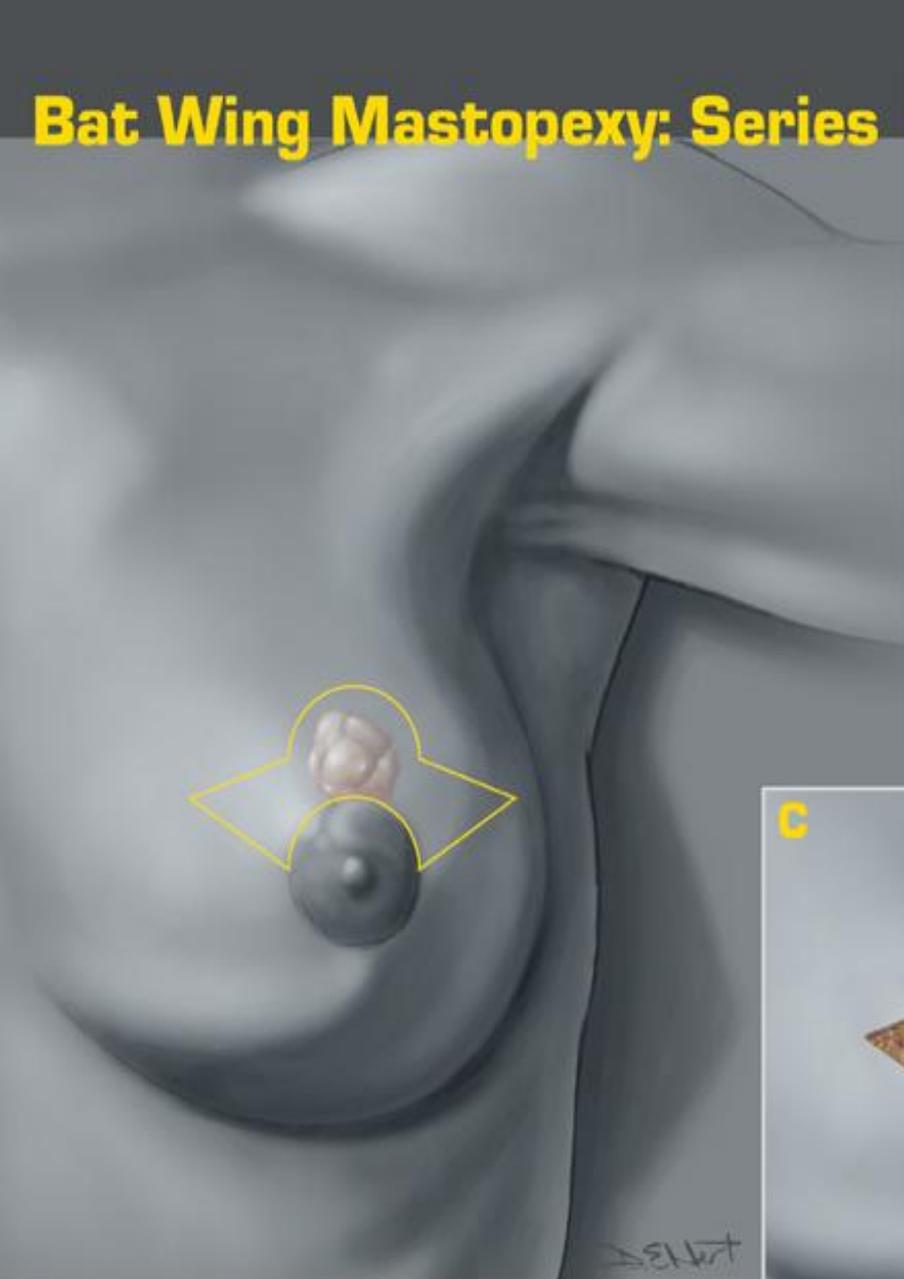
# CENTRAL CANCERS

*Batwing design*

*Partial or full thickness excision*

*Mastopexy closure*

# Bat Wing Mastopexy: Series



# BATWING MASTOPEXY



# CENTRAL LUMPECTOMY



# CENTRAL LUMPECTOMY



# CENTRAL LUMPECTOMY



# LOWER POLE CANCERS

*Breast reduction design*

*Full thickness excision*

*Mastopexy closure*

# Invasive Cancer at 6:00



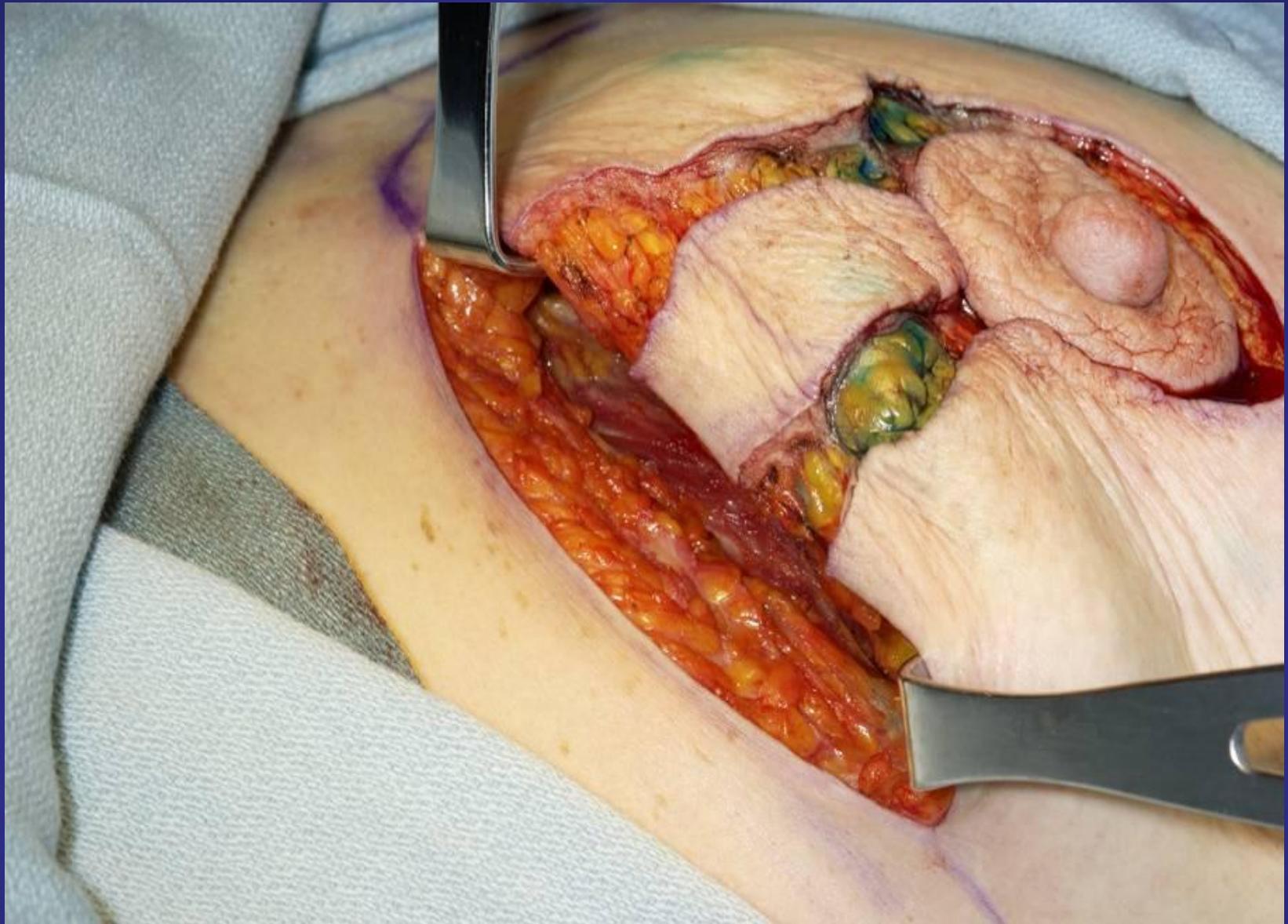
# Reduction Mastopexy Lumpectomy



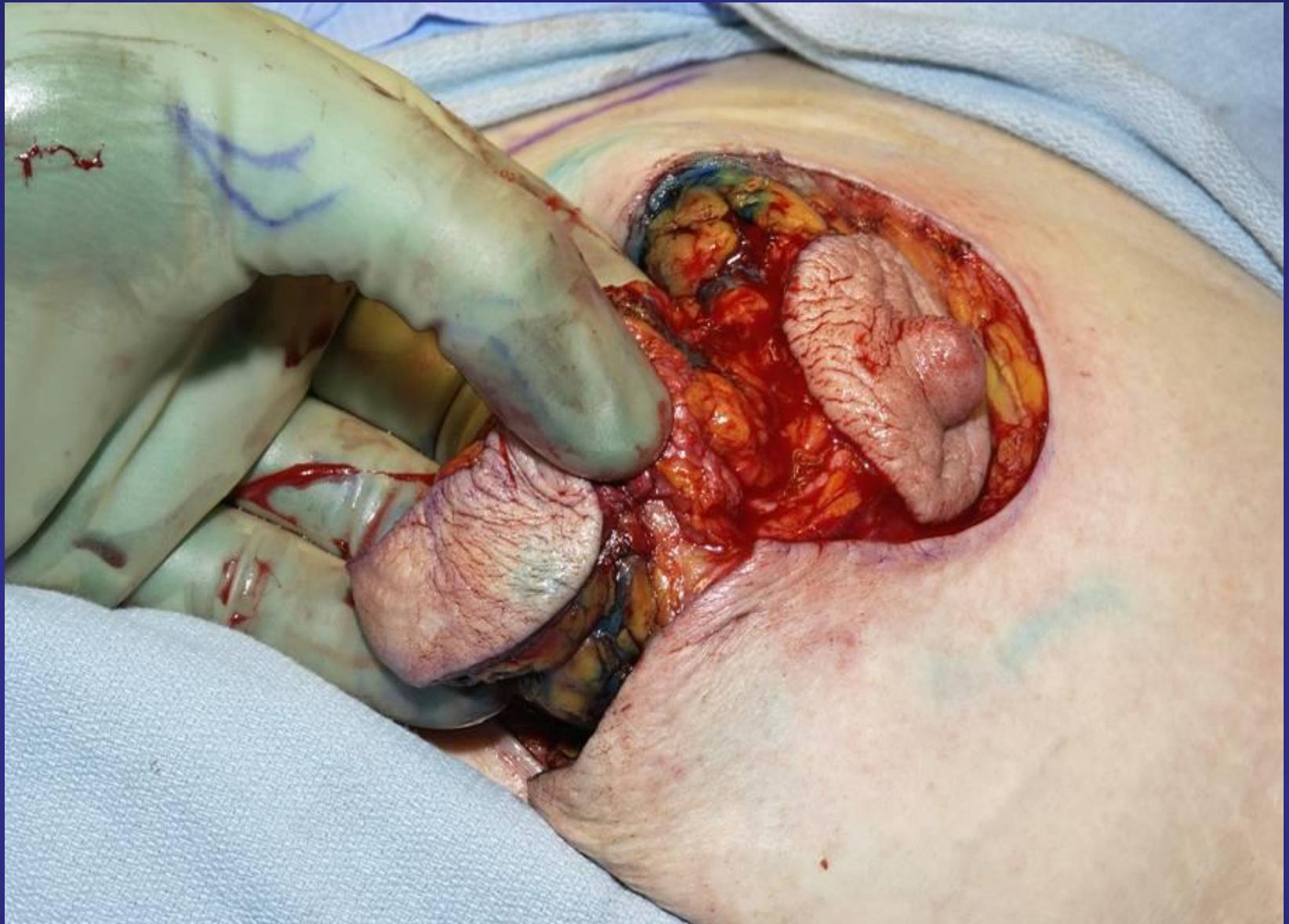
# Skin Incision



# Inferior Flap Development



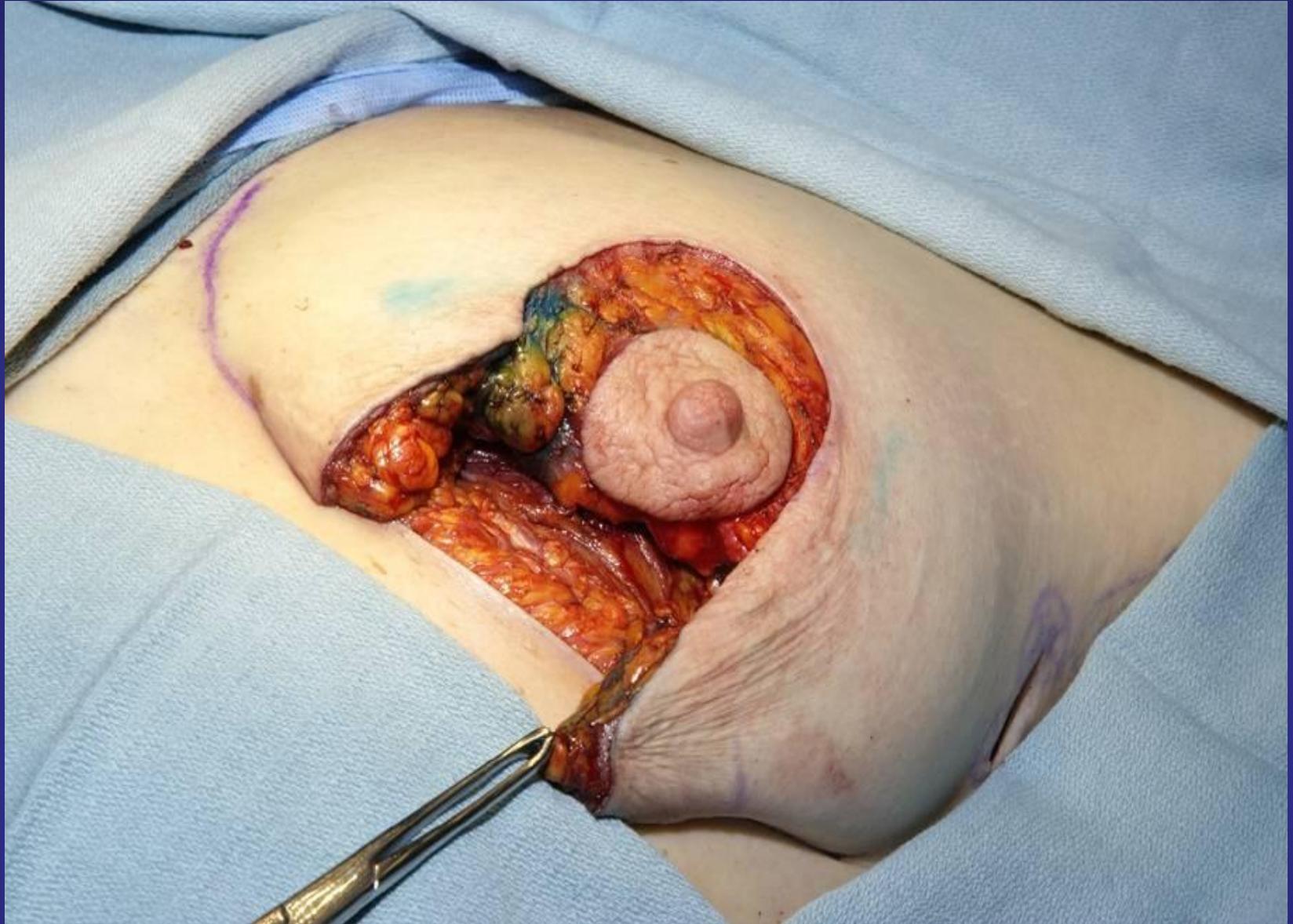
# Lateral Gland Transection



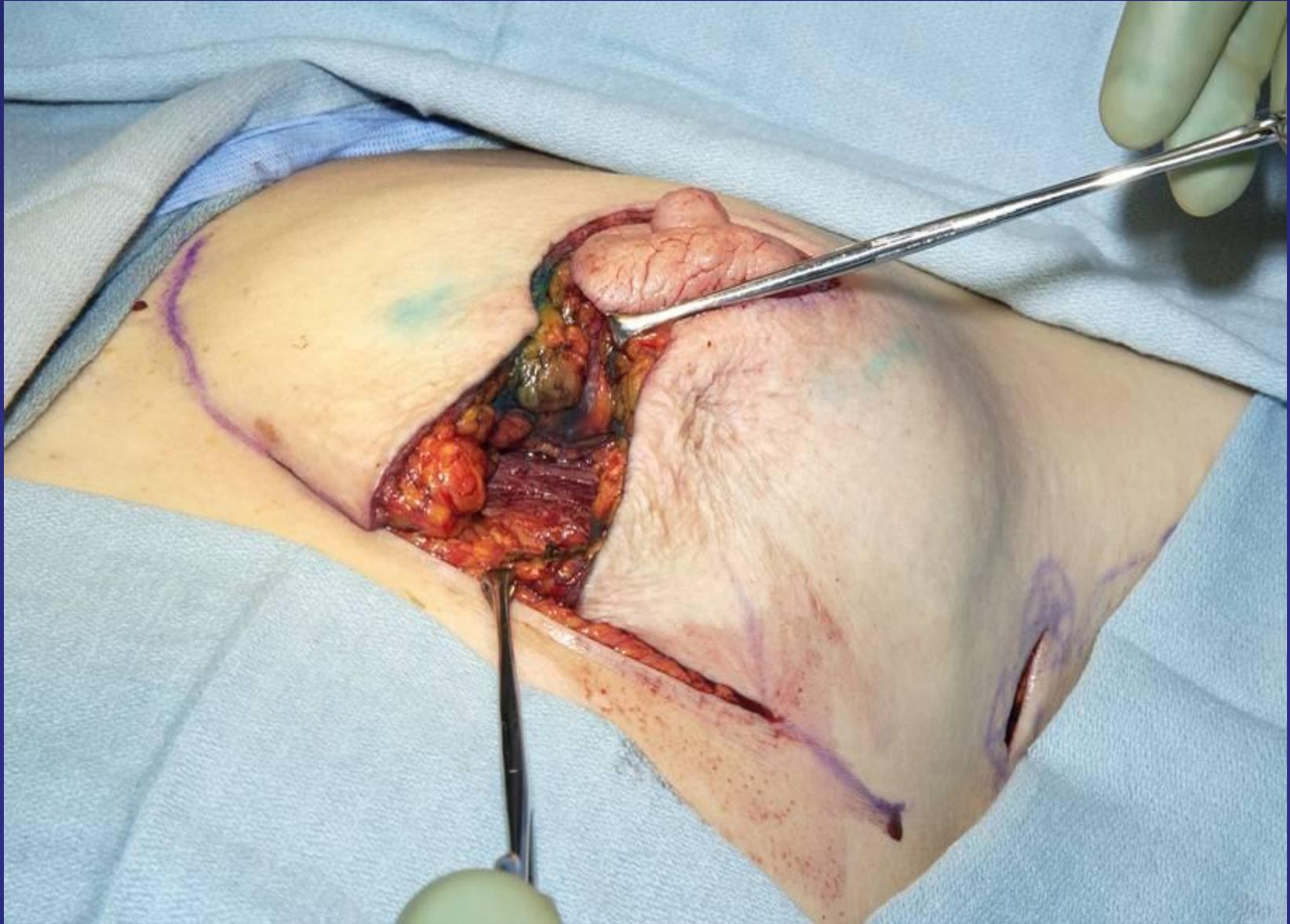
# Specimen Inking



# Lumpectomy Defect



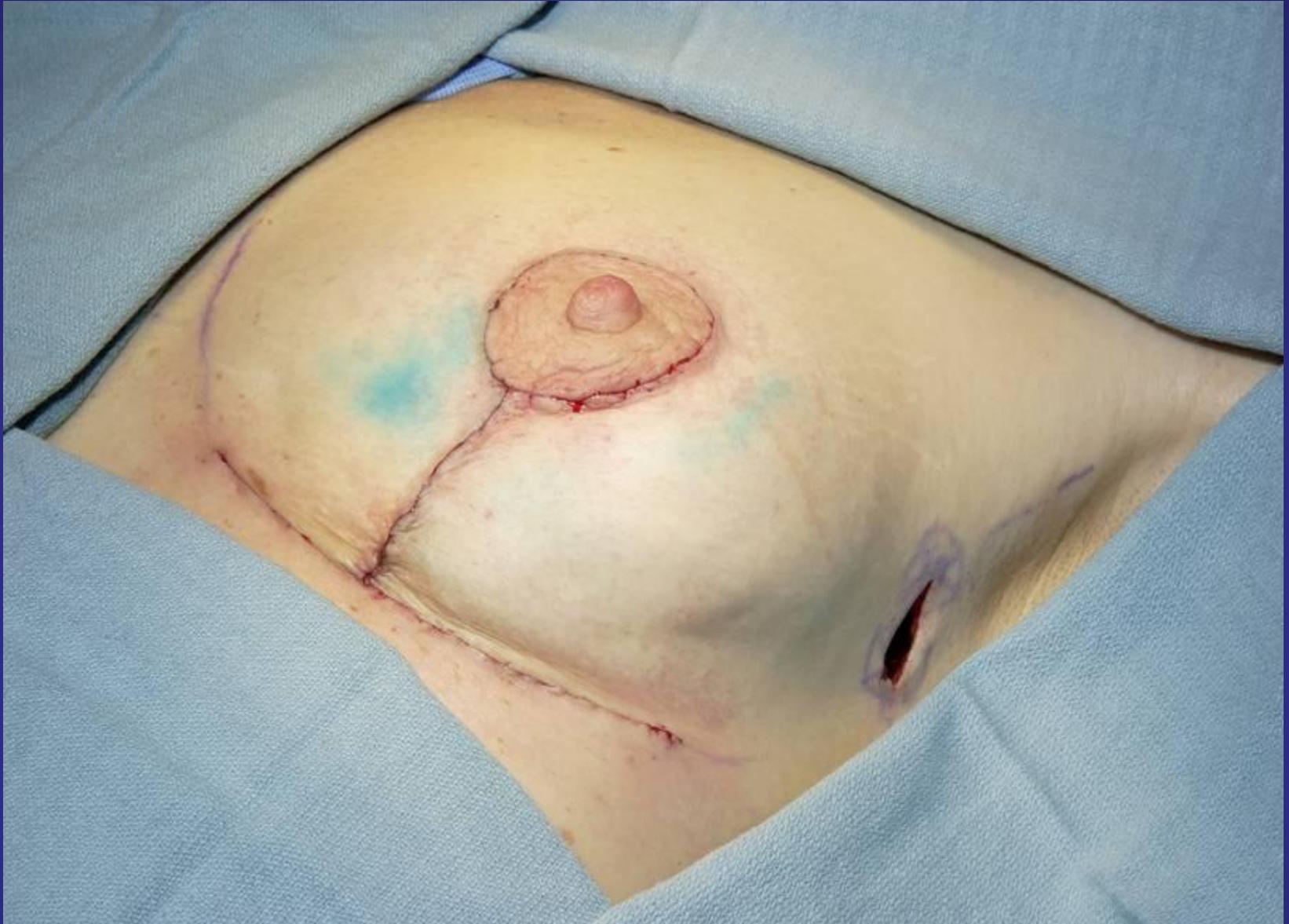
# Lumpectomy Flap Closure



# Lumpectomy Flap Closure



# Final Closure

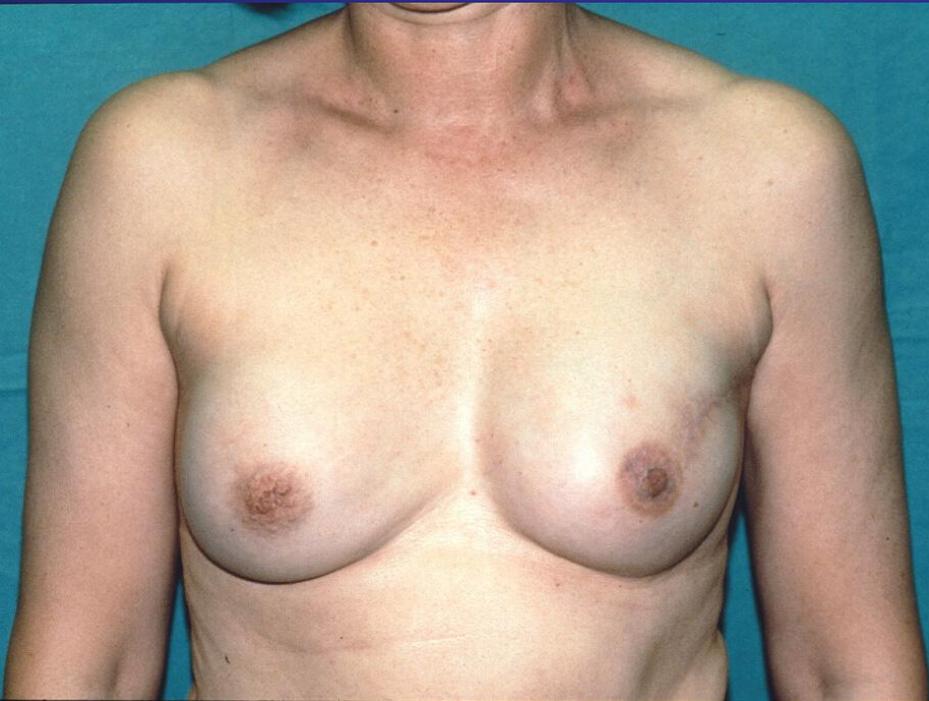


# EARLY COMPLICATIONS 2-10%

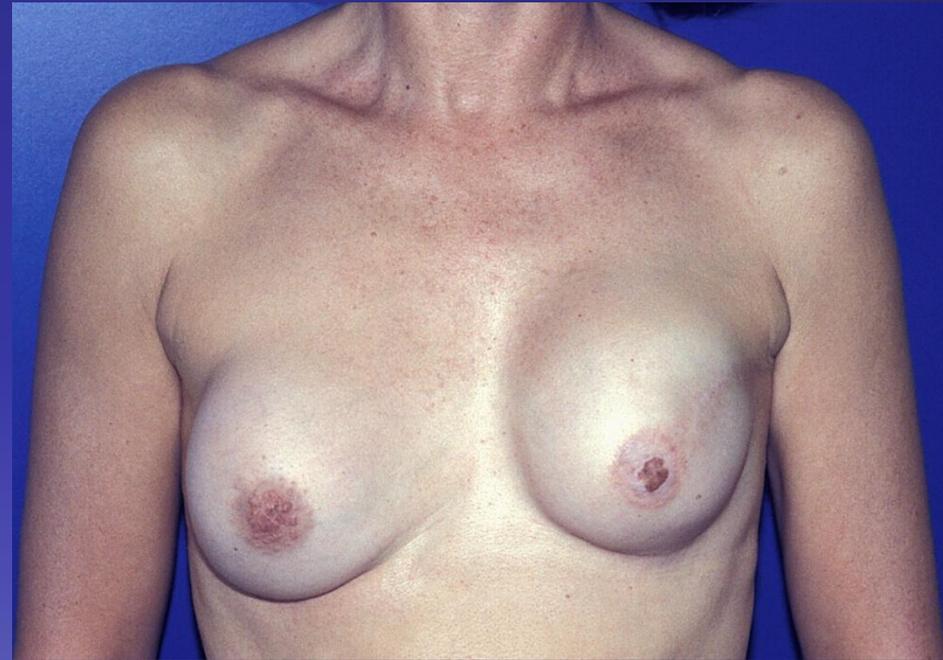


# CAPSULAR CONTRACTURE

15-25 %



1 yr postop



3yrs postop

Women who had breast reconstruction had more complications -- such as longer hospital stays and repeat surgeries -- than those who did not have breast reconstruction. However, overall complication rates after breast reconstruction were similar. About 7 percent of older women had complications, while slightly more than 5 percent of younger women did.

One exception was the risk of blood clot-related complications after breast reconstruction that used a patient's own tissue instead of implants. The risk of a type of blood clot called a venous thromboembolism (VTE) was nearly four times higher among women 65 and older who had reconstruction using their own tissue. For women between 70 and 75, the risk of venous thromboembolism was more than six times higher, according to the study

# SUMMARY

- *Breast preservation with good cosmesis is preferable to salvage reconstruction*
  - *Oncoplastic lumpectomy applies simple principles of breast cosmesis to cancer surgery*
- Operative approach based on the cancer's anatomic orientation in the breast*
- *Oncoplastic surgery requires thoughtful surgical planning more than complex technical application*

# Conclusions

- **Oncoplastic is a tool to help breast surgeons to treat better**
- **Training and learning curve are necessary**
- **Oncoplastic surgery is a way of thinking, more than a speciality**

Thanks



# 19th World Congress on Breast Healthcare

19<sup>th</sup> SIS World Congress  
On Breast Healthcare

Founded in 1966 in Strasbourg, France

SOCIÉTÉ INTERNATIONALE DE SENOLOGIE  SENOLOGIC INTERNATIONAL SOCIETY  POLSKIE TOWARZYSTWO DO BADAŃ WZDRAŻAJĄCE

**SAVE THE DATE**

May 5-8, 2016 | Warsaw, Poland

[www.sisbreast.org](http://www.sisbreast.org)

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