

# Explantation of failed acellular dermal graft and revision of left sided contralateral mastectomy using a 100% synthetic, long-term resorbable matrix.

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**Hilton Becker, MD** is a Board Certified Plastic Surgeon practicing Reconstructive & Cosmetic Surgery. Dr. Becker is located in Boca Raton, Florida.

Dr. Becker is the pioneer of the one stage breast reconstruction. This procedure is performed at the same time as the mastectomy. He is also the developer of the adjustable breast implant including the Mentor Becker implant, Spectrum® implant, and the new adjustable gel Spectra® implant.

<http://www.beckermd.com>

## History:

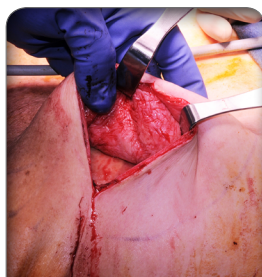
The patient is a 52 year old female who has undergone right sided mastectomy and left sided contralateral mastectomy with immediate expander reconstruction. Acellular dermis was used for the reconstructive procedure and she has developed inferior displacement of the left implant.



Patient following left mastectomy and reconstruction. Left breast shows excessive sagging.



At exploration failed acellular graft noted.



Capsule scored.



TIGR® Matrix is prepared for insertion.

## Procedure:

During the surgical procedure, total disruption of the acellular dermal graft was discovered, and the implant had herniated and bottomed-out.

The connective tissue capsule was scored in order to improve its integrating capacity, and the infra-mammary fold was elevated using Vicryl sutures.

A 10cm x15cm piece of TIGR® Matrix *Surgical Mesh* was folded in order to create a hammock, and it was sutured to the posterior capsule. The implant was then inserted. Several interrupted PDS sutures were attached to the anterior upper edge of the mesh and brought out through the superior portion of the flap. The patient was placed in the sitting position and the level of the infra-mammary fold was adjusted by placing tension on the PDS sutures. Once satisfactory, TIGR® Matrix was sutured to the anterior capsule using interrupted Vicryl sutures.

A drain was introduced through a long subcutaneous tunnel in order to decrease the risk for infections. It was removed after 5 days.



TIGR® Matrix inserted into breast pocket as a hammock to restore inframammary fold



TIGR® Matrix hammock fixated

## Post-operative course:

In this case TIGR® Matrix yielded a result that was pleasing both to the surgeon and to the patient. The end results are balanced and proportionate and the patient outcome has been both comfortable and aesthetically pleasing.

BEFORE EXPLANT AND REVISION MASTECTOMY



AFTER REVISION AND HAMMOCK FIXATION WITH TIGR® Matrix



**RX ONLY** – Before using TIGR® Matrix *Surgical Mesh* read the instructions for use which accompany the product for indications, contraindications, warnings and precautions.

### INDICATIONS FOR USE

TIGR® Matrix *Surgical Mesh* is intended for use in reinforcement of soft tissue where weakness exists.

### CONTRAINDICATIONS

Not suitable for reconstruction of cardiovascular defects. TIGR® Matrix *Surgical Mesh* must always be separated from the abdominal cavity by peritoneum. Not for use following planned intra-operative or accidental opening of the gastrointestinal tract. Use in these cases may result in contamination of the mesh, which may lead to infection.

**TIGR®**  
resorbable matrix



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