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Nationally and internationally recognized reconstructive surgery expert who has developed several medical patents

New Surgical Technique Provides Better Options for Breast Cancer Patients



A woman's first concern following the diagnosis of breast cancer is the treatment of the cancer. They are then further traumatized by the fact that they will lose a major symbol of their femininity.

Fortunately, today, it is often possible for surgeons to perform less radical mastectomies, in fact not only saving all the breast skin, but even the nipple areolar complex. By saving the breast skin, reconstruction of the breast is greatly facilitated. There is less need to bring in tissue from other parts of the body or even to expand the overlying skin.

The most common technique currently used to reconstruct the breasts is the placement of a tissue expander beneath the muscle. The expander is slowly filled with saline by inserting a needle through the skin into a valve on the expander, until the correct volume is obtained. At this stage, it is exchanged at a second procedure for a silicone gel breast implant. It is possible in certain patients to place a silicone gel breast implant directly at the first operation.

Although excellent results are obtained with this procedure, there are several remaining problems. The mastectomy is usually performed via a high horizontal incision. The muscle that is in this area protects the implant from the mastectomy incision. A horizontal incision scar carries the stigma of the mastectomy. Furthermore the sub muscular implant results in animation deformity, i.e. abnormal movement of the implant on muscle contraction.

The new technique described overcomes these problems:

1. A vertical incision is used to perform the mastectomy. The incision is similar to that of a breast lift. The lateral skin flap is prepared by removing the superficial layer of skin to enable it to be tucked beneath the medial flap. This protects the incision from the implant.
2. Instead of using a tissue expander, an adjustable implant is used.
3. The implant is placed above the muscle and secured in position with a dermal graft.
There are many advantages to this procedure:

1. The vertical incision not only eliminates the stigma of a mastectomy but improves the shape of the reconstructed breast by elevating it. It now resembles that of a breast lift.
2. The adjustable implant is filled after the surgery, once circulation is assured. The risk of the incision not healing properly is reduced, and the implant can be filled to the desired volume at leisure. In certain cases the adjustable implant can remain as the final implant. However, if the skin flaps are thin it may be necessary to replace the adjustable saline implant with a silicone gel implant.
3. By placing the adjustable implant above the muscle, animation deformity is eliminated. Since the muscle is not elevated, no new tissue planes are opened. In fact, following the mastectomy there is very little further invasive surgery that is needed. The reconstruction consists of insertion of the implant, acellular dermal graft support and closure. Hence, the term minimally invasive breast reconstruction.

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