


Oncoplastic Surgery:
“What every team member should know”
Session #94

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What is Oncoplastic Surgery
(“Onc  asty”)

Oncoplastic Surgery = Breast Surgery

- Surgical Oncology + Symmetry/Aesthetics
- Locoregional Control + Optimal Cosmetic Result
- Blending of “Science & Art”

Cancer = Mastectomy = Horrible & Negative



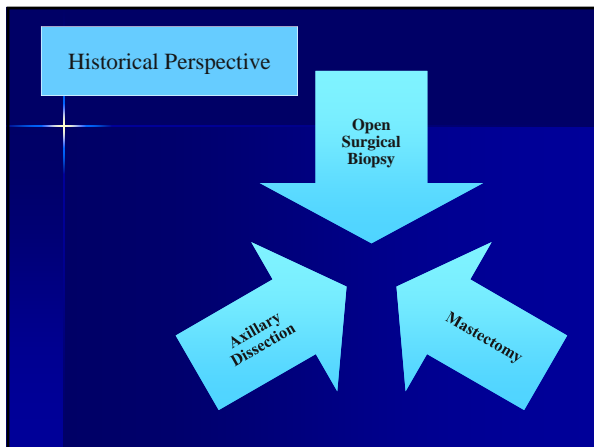
Oncoplastic Surgery is not just about Cancer.....
Negative  Positive

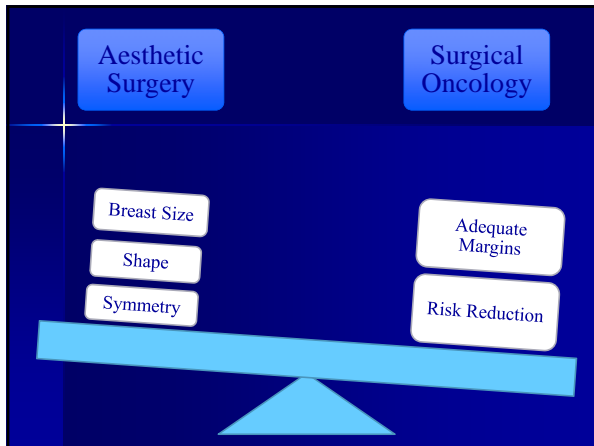


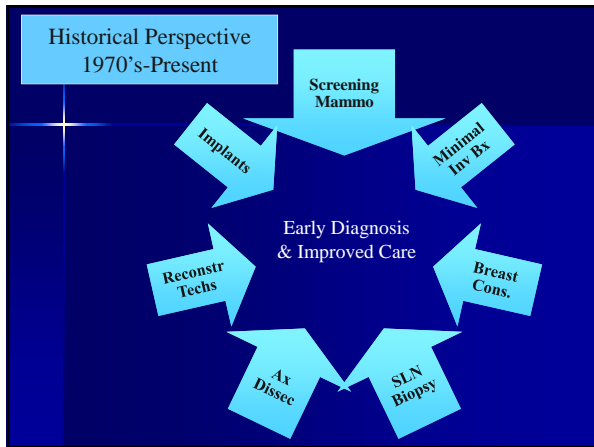
What is the role of the Oncoplastic Surgeon?

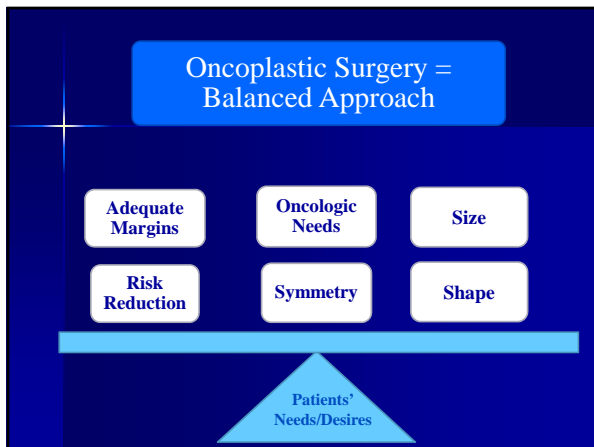
- Complete Assessment
- Pre-op Evaluation
- Multidisciplinary Planning
- Risk Assessment, diagnosis, treatment, survivorship

Either as an individual surgeon, as a team or as a “virtual team”









Evolution of “Breast Surgeon” (in US)



- Diagnostic Biopsies
- Lumpectomy
- Sentinel Node Biopsy
- Mastectomy
- Axillary Dissection

Breast Surgeon → Oncoplastic Surgeon

<ul style="list-style-type: none">• Diagnostic Biopsies• Lumpectomy• Sentinel Node Biopsy• Mastectomy• Axillary Dissection	<ul style="list-style-type: none">• Augmentation• Reduction• Reconstruction• Breast Lift• Asymmetry• Implant Problems• Revision Reconstructions• Nipple Construction
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Political (“TURF”) Battles

- Surgeons MUST meet needs & desires of the patient
- Surgeons MUST protect standard of care/principles
- Establish & nurture strong working relationships
- Establish training & educational programs



Must Overcome Resistance to Achieve Excellence

- Mastectomy rates are increasing
- 80% of women having mastectomy are not having reconstruction
- Plastic surgeons not interested
- General surgeons are not trained/interested

Breast Conservation



Unbalanced Approach = Unacceptable Results



The Multidisciplinary Approach Improves Patient Outcomes

- Mammography
- Correlate pathology
- Surgical planning
- Breast conservation vs mastectomy
- Options for Breast Reconstruction
- Establish Relationships



Prof Umberto Veronesi

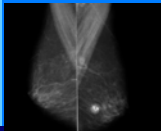
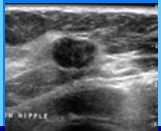



Dr. Laszlo Tabar



Drs. Leal & Costa

Breast Imaging

BREAST IMAGING MODALITIES	X-RAY Mammography	ULTRASOUND	MRI
	2-dimensional	2-dimensional	3-D
			



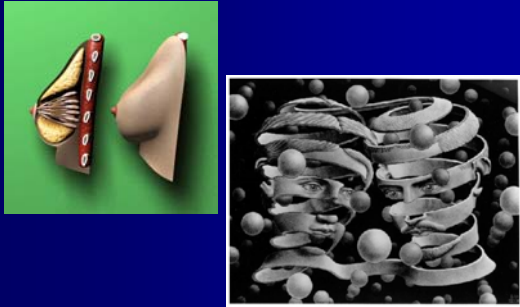
ASBD
www.asbd.org

Multidisciplinary Approach

Dr. Gail Lebovic Dr. Jennifer Engels



2 Dimensional vs. 3 Dimensional Imaging



Benefits of MRI Pre-op

- Helps define extent of tumor
- Identifies lesion(s) in contralateral breast
- Defines resection in 3-D
- Helps refine surgical approach

Oncoplastic Surgery = Breast Surgery


- Appropriate Patient
 - Small Tumor
 - Good location
 - Large Breast
 - Wide Margins
 - Impact of radiation?



Mastectomy

vs.

Mastectomy + Reconstruction



“Even after 30 years of being just fine...”

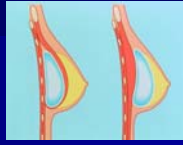
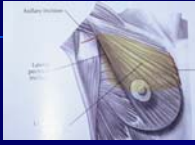


“...it’s really nice to feel normal.”



Oncoplastic Surgery
&
The Petite Breast

Augmentation Mammoplasty

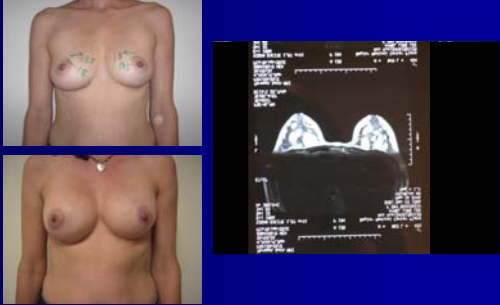


Augmentation 10 years post-op





Subcutaneous Mastectomy with Reconstruction



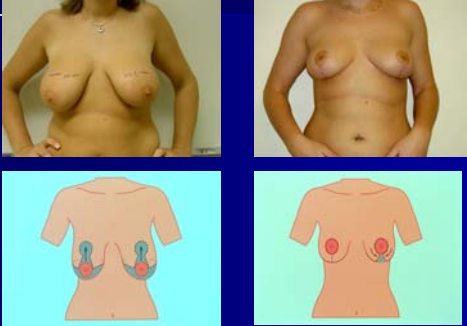
This slide illustrates the subcutaneous mastectomy with reconstruction procedure. It features two photographs of a patient's chest: the top one shows the pre-operative state with visible breast tissue, and the bottom one shows the post-operative result with reconstructed breasts. To the right is a mammogram image showing the internal structure of the breasts.

Skin Sparing Mastectomy + Augmentation (Reconstruction)

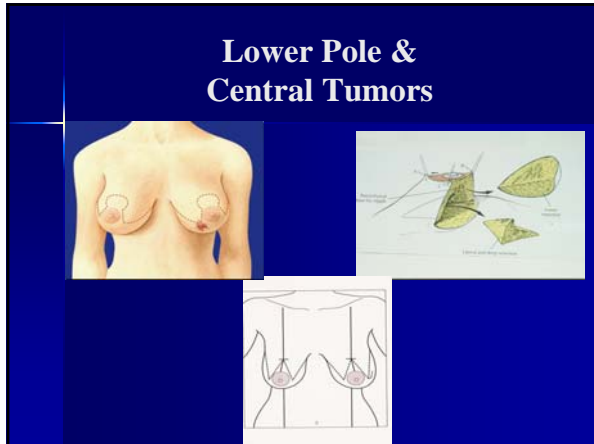


This slide illustrates the skin-sparing mastectomy with reconstruction and augmentation procedure. It features three photographs of a patient's chest: the top one shows the pre-operative state, the middle one shows the chest after mastectomy with the skin envelope preserved, and the bottom one shows the final result after reconstruction with breast augmentation.

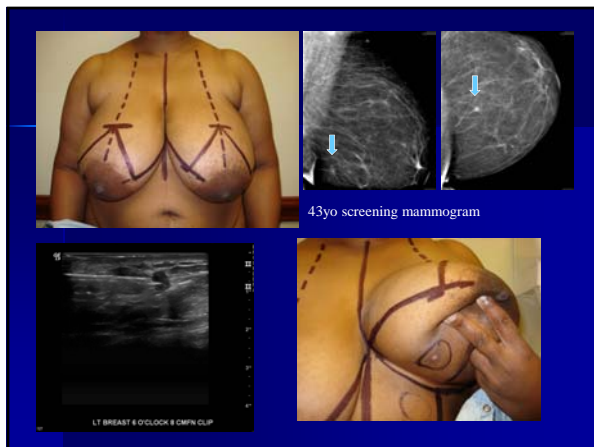
Reduction Mammoplasty "Superior Pedicle"

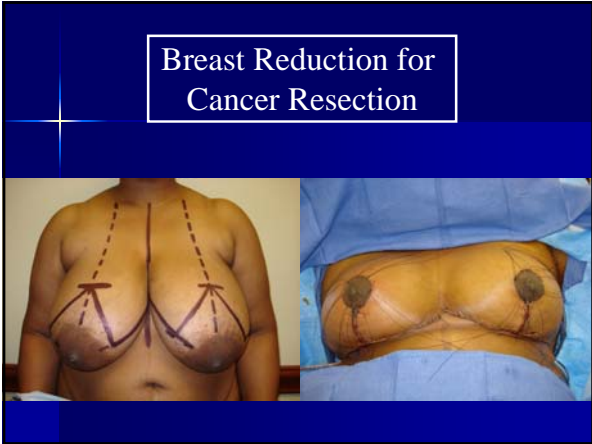


This slide illustrates the reduction mammoplasty using the superior pedicle technique. It features two photographs of a patient's chest: the top left shows the pre-operative state with large breasts, and the top right shows the post-operative result with reduced breast size. Below the photographs are two diagrams: the left one shows the pre-operative breast with the superior pedicle marked, and the right one shows the post-operative result with the superior pedicle preserved.

















Who is interested & who is qualified

Goal is to be able to care for
Congenital & Acquired Breast Issues

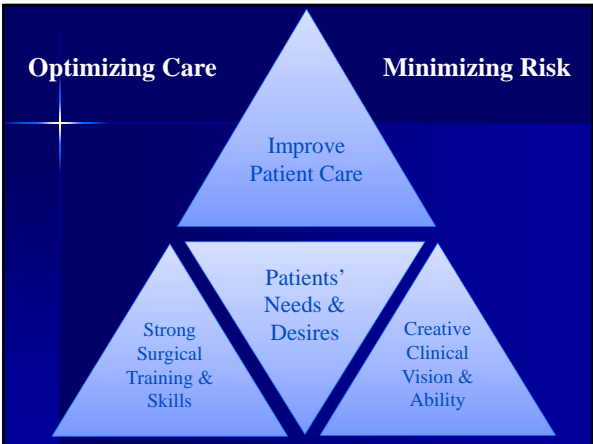
Where/how do we start?

No current Standardized Training Program

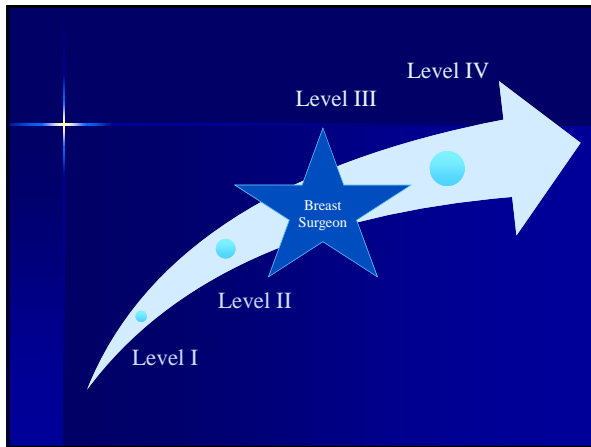
- Surgeons MUST know their own limitations & abilities
- International Steering Committee to Develop Guidelines & assist with educational programs
- Independent Programs to teach techniques geared toward excellence in patient outcomes

Establish training programs for residents & practicing surgeons

- American Society of Breast Disease (ASBD) hosted International Steering Committee NYC - April 2010
- All disciplines represented from 7 different countries
- All agreed eligible candidates include:
 - Surgeons, Ob/Gyns, & Plastic - Reconstructive surgeons



Guidelines for Standardized Training In Oncoplastic Surgery	
LEVEL I	Risk Assessment using Multidisciplinary Model Aesthetic Principles, evaluation & techniques Comprehensive surgical plan Diagnosis, Rx, Follow-up Aesthetic approach to incisions Large resections with breast conservation Reconstructions with local flaps
LEVEL II	Perform skin/nipple sparing mastectomy Perform breast reduction with/without nipple transfer Perform mastopexy
LEVEL III	Perform augmentation mammoplasty Perform mastopexy with implants Perform skin/nipple sparing mastectomy + reconstruction Perform reconstruction with implants/expanders Perform nipple reconstruction with skin flaps
LEVEL IV	Specialty training to include myocutaneous flaps



Globalization & Consolidation of Breast Healthcare

- Economics are driving changes
- Commitment to preserve quality of care
- Interaction between specialties
- Interaction between countries

Oncoplastic Surgery is an essential factor in maintaining quality of care