



KABUL-JUNE 2019



CONTENT

- Types of breast cancer surgery.
- Indications of each type of breast ca. surgery.
- Mastectomy and type of mastectomies.
- Standard Breast conserving Surgery(BCS).
- Oncoplastic breast conserving surgery.
- Axillary surgical staging



TYPE OF BREAST SURGERY

- Mastectomy(Mx)
 1. Simple mastectomy
 2. Radical mastectomy
 3. Skin sparing MX
 4. Skin reducing Mx
 5. Nipple /areola sparing mastectomy
- Breast conserving surgery(BCS)
 1. Standard Wide local excision (lumpectomy)
 2. Oncoplastic breast conserving surgery



INDICATION FOR MX

- Tumor size and breast volume ratio
- Extensive DCIS
- Inflammatory breast cancer
- Recurrence of ca. in previous BCS+radiotherapy
- Breast Sarcoma
- Patient choice



TYPES OF MASTECTOMY

Simple or total mastectomy	Removal of breast tissue, nipple-areola complex, skin.
Extended simple mastectomy	Removal of breast tissue, nipple-areola complex, skin & level I axillary nodes.
Modified radical mastectomy	Removal of breast tissue, nipple-areola complex, skin & level I, II axillary LNs.
Halstead's radical mastectomy	Removal of breast tissue, nipple-areola complex, skin, pectoralis major & minor & level I, II, III axillary LNs.
Extended radical mastectomy	Radical mastectomy + removal of internal mammary LNs.
Super radical mastectomy	Radical mastectomy + removal of internal mammary LNs, mediastinal & supraclavicular LNs.



BREAST CONSERVING SURGERY(BCS)

What is breast conserving surgery?

- Resection of breast tumour with clear margins
- Preserving the healthy breast tissue
- BCS followed by radiation therapy with tumor-free edges is standard procedure in treatment of T1 and small T2 breast cancers.
- It is safe and preferred therapeutic procedure in all early detected breast cancers
- It provides the same level of overall survival as mastectomy.



ABSOLUTE CONTRAINDICATIONS FOR BCS

- Locally widespread disease
- Diffuse (malignant) micro calcifications
- In pregnancy I or II trimester;
- Patients with mutations on BR-CA1 and 2 genes.
- Already irradiated thoracic wall.



RELATIVE CONTRAINDICATIONS FOR BCS;

- Invasive lobular carcinoma (ILC)
- Lobular carcinoma in situ (LCIS)
- Positive family history (“burden”)
- Collagen sclerodermia and LE (not RA) –due to poor irradiation tolerance.

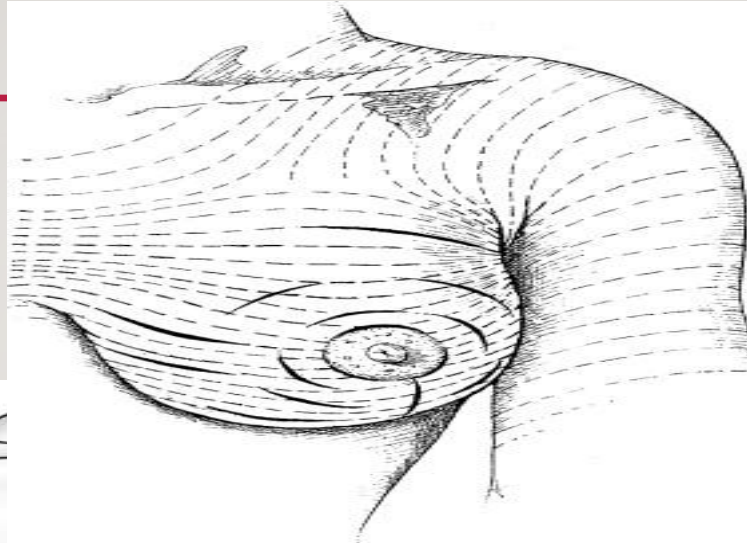


WHY GOOD COSMETIC RESULTS IN BCS? WHY RECONSTRUCTION?

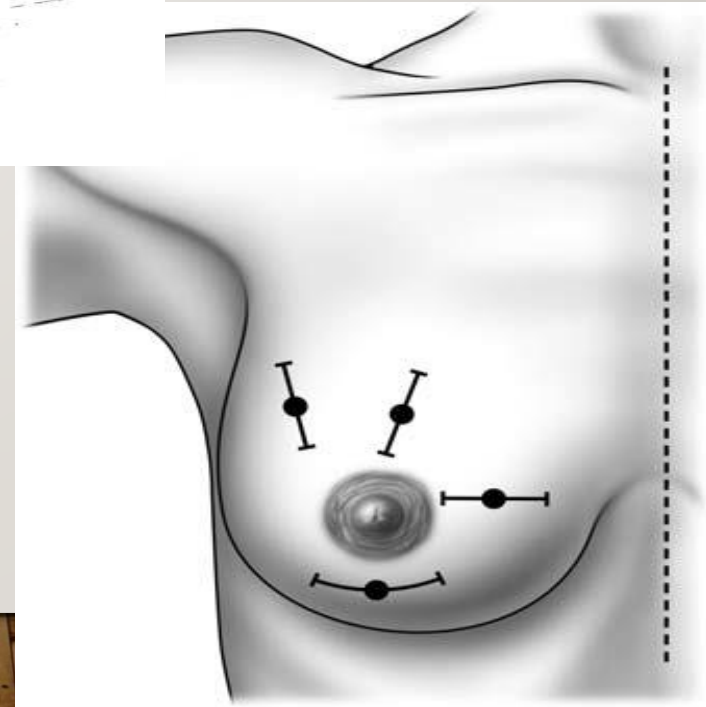
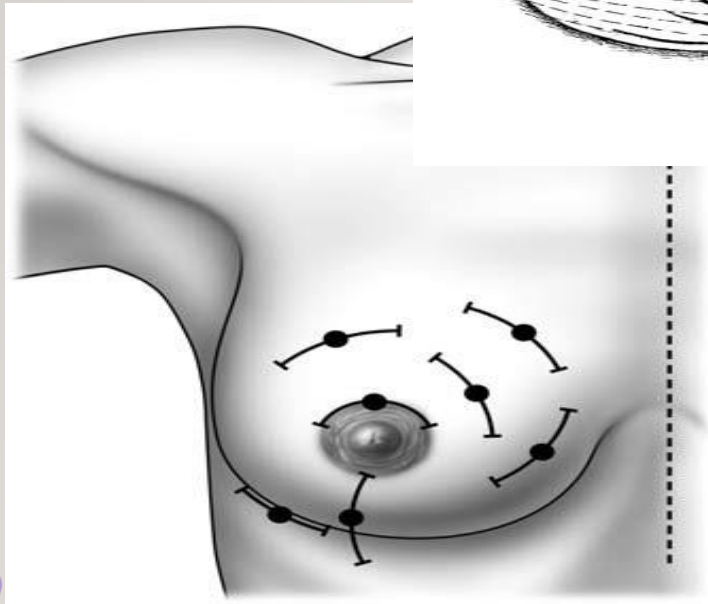
- **Significant emotional morbidity associated with mastectomy.**
- **Psychological complications:**
 - *Depression*
 - *Mood disturbances*
 - *Loss of sexual interest*
 - *Negative body image & self consciousness*
 - *Loss of femininity*

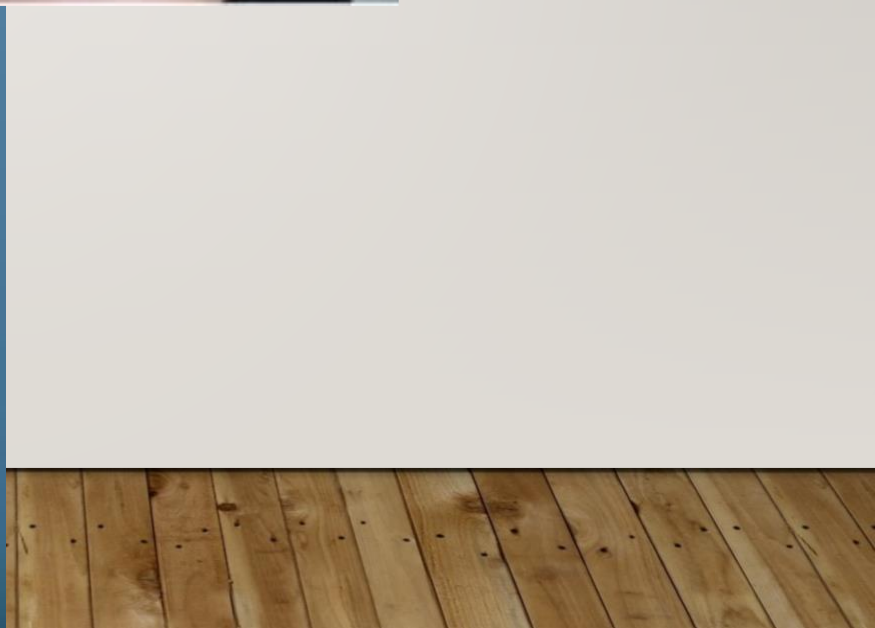
INCISION FOR STANDARD BCS

Recommended



Not recommended







ONCOPLASTIC BREAST SURGERY

OPS is the “third pathway” between standard BCS and mastectomy.

Principles of OBS:

1. Oncological principle of resection to achieve wide tumour –free margins
 - OPS reducing both mastectomy and re-excision rates, while avoiding breast deformities
2. Principle of plastic,
 - use of plastic surgery techniques and incisions
 - superior cosmetic results ,
 - To optimize the cosmetic out comes and minimize the complications
 - Remodeling - Retain shape and contour



OBS

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- Term coined by Werner Audretch - 2001

- Adequate / appropriate cancer resection

Tumor : Breast volume ratio

- Increases chances of Breast Conservation
- Allows more generous resections

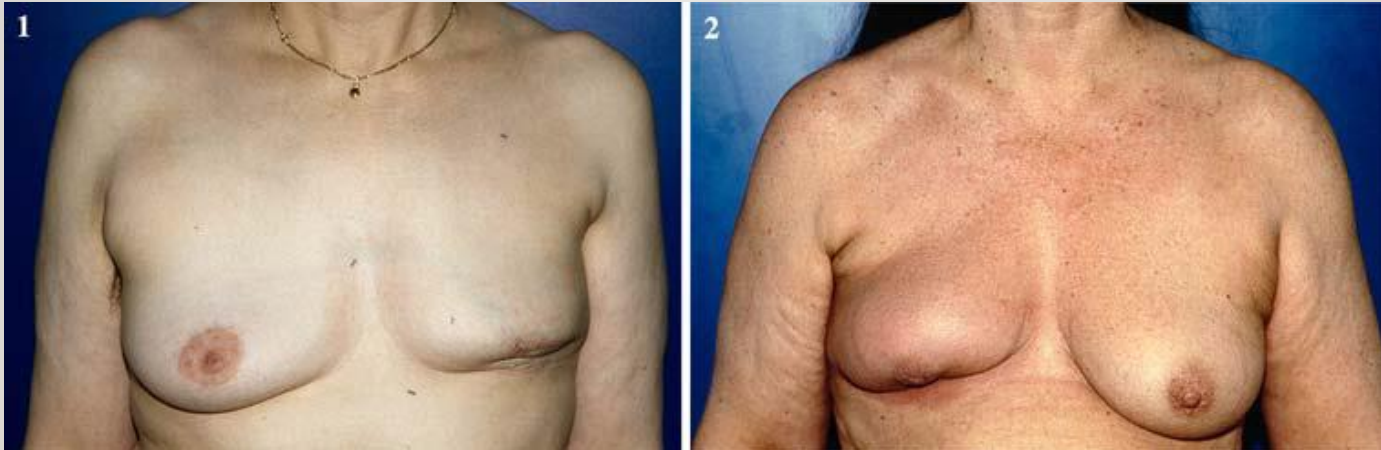


DEFORMITY

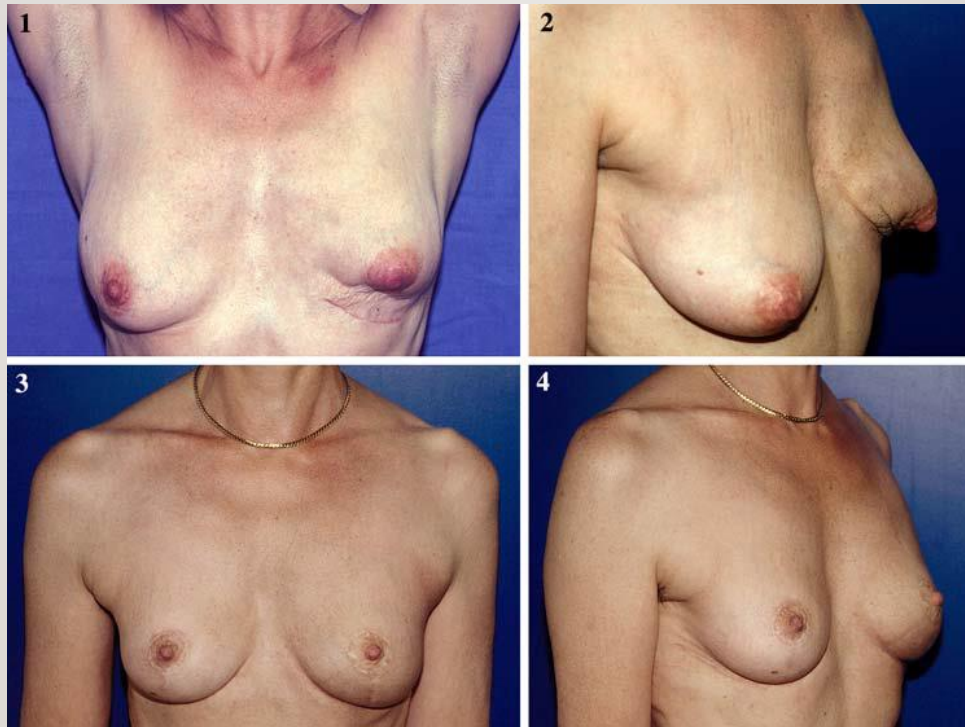
The first element, excision volume and potential for breast deformity.

- By excision of 20% of the breast volume , there is a clear risk of deformity.
- The average specimen from BCS weighs 20–40 g; as a general rule
- 80 g of breast tissue is the maximum weight that can be removed from a medium-sized breast without resulting in deformity.

DEFORMITY IN BCS



STANDARD BCS VS OPS





CLASSIFICATION OF OPS

Oncoplastic techniques for breast conservation

- OPS level(I) simple reshaping and mobilization of breast tissue
- OPS level (II) Advanced mammoplasty techniques that allow resection of up to 50% of the breast volume.



CLASSIFICATION

Bi-level Classification

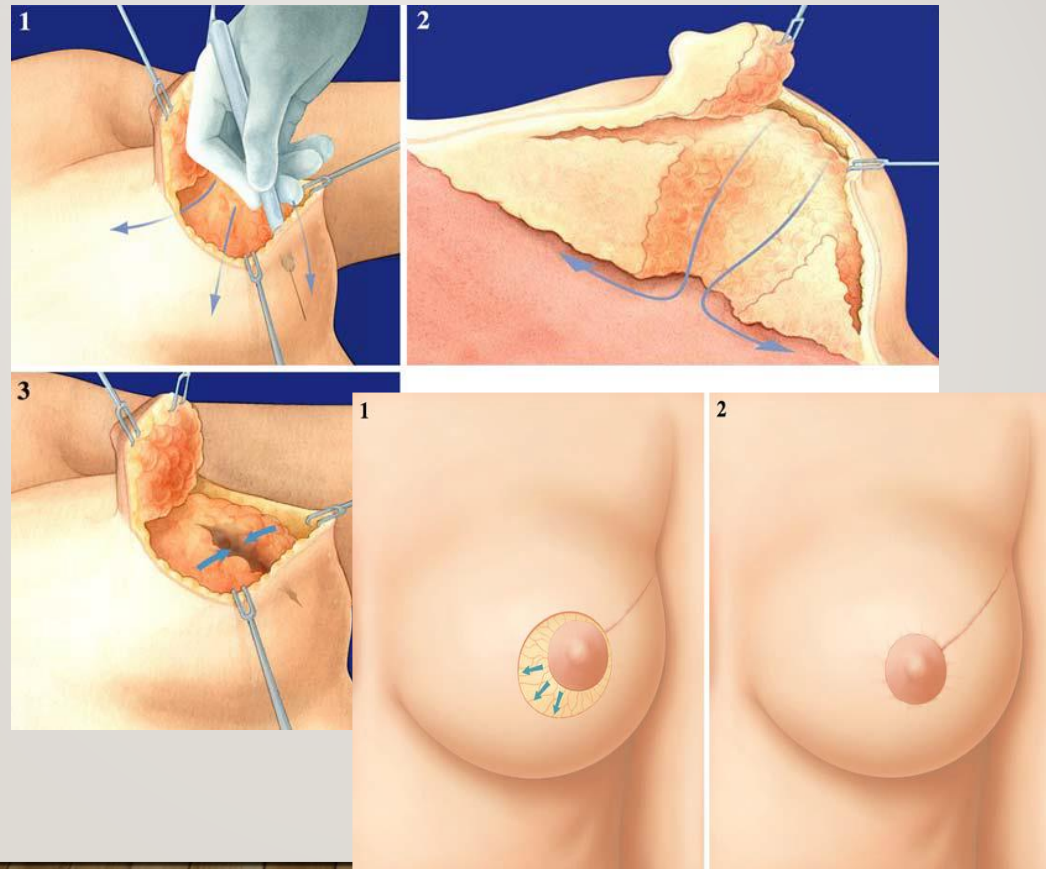
- surgical planning.

Level I: If less than 20% of the breast volume is excised, a level- I procedure is often adequate. These procedures can be

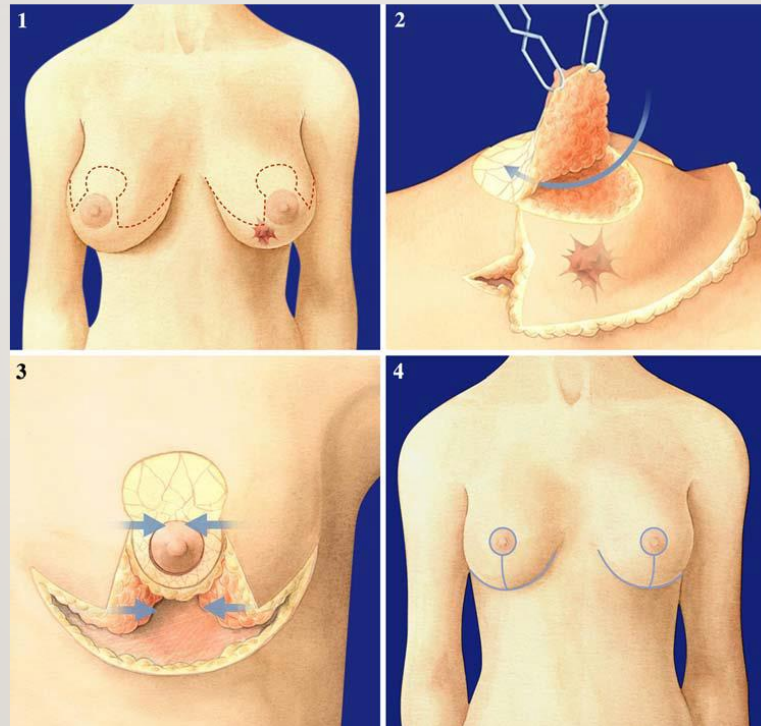
performed by all breast surgeons without specific training in plastic surgery , but need to expert supervision.

Level II: Anticipation of 20–50% breast volume excision will require a level II procedure with excision of excess skin to reshape the breast.They are based upon mammoplasty techniques and require specific training in OPS.

LEVEL I



LEVEL II OPS





SURGICAL STAGING OF AXILLARY LYMPH NODE

- Sentinel node biopsy

Intraoperative analysis

-Touch Imprint Cytology(TIC)

-One Stop Nucleic Acid Amplification(OSNA)

- Sentinel node sampling for histology
- Axillary nodes clearance level I/II/III













