

7th WORLD CONGRESS ON BREAST CANCER

May 10-11, 2018 | Frankfurt, Germany

Immediate breast reconstruction with laparoscopic harvested omental flap after breast cancer surgery

P Sandbichler

Hospital St. Vinzenz Zams, Austria

Introduction: We present here a rarely used technique for breast reconstruction after complete or subtotal subcutaneous mastectomy for breast cancer utilizing a laparoscopically harvested omental flap.

Indication: The procedure was performed in selected patients with multicentric carcinomas, large, central tumors (also post treatment with neoadjuvant chemotherapy), tumors with extensive intraductal component, diffuse ductal carcinoma *in situ* (DCIS), and in patients desiring the procedure. To date, 58 procedures (37 complete and 21 partial mastectomies) have been performed.

Surgical Procedure: After the sentinel node biopsy, laparoscopy was performed in order to estimate the size of the omentum. The omentum was dissected, preserving the right gastroepiploic vessels as the pedicle of the omental flap. After performing the subcutaneous mastectomy through an inframammary incision, a subcutaneous tunnel was created, and the omentum pulled out through a 2 to 3 cm paraxiphoidal incision, and placed within the breast defect.

Results: The cosmetic result was excellent to satisfactory in the majority of cases. There was one loss of the omental flap due to fat necrosis, and one gastric perforation was managed laparoscopically. In five patients an additional augmentation with lipofilling became necessary. Small skin necroses could be conservatively treated. Postoperative irradiation in patients with positive lymph nodes and subtotal mastectomy was performed without complications. There was no local recurrence to date.

Summary: In selected patients, this technique produces good results creating a breast with a natural, soft consistency, and with minimal donor site morbidity. It provides an esthetically appealing supplement to the established methods. Difficulties include preoperative estimation of the size of the omentum, however initially inadequate volume frequently increases within the first 6 months. The technique can only be applied for unilateral reconstruction.

Biography

P Sandbichler has completed Medical studies and Doctorate at the Medical University of Innsbruck from 1975–1981. He completed his Surgical residency at the University Hospital Innsbruck, Department for Visceral and Transplant Surgery from 1982–1990. He is a Managing Senior Physician for Surgery at the Hospital Hall near Innsbruck from 1990-2000. He is a Professor of Surgery, 1997. He is the Head of the Surgical Department in the Hospital St. Vinzenz, Zams since January 2000. His focus is on oncologic and laparoscopic surgery.

peter.sandbichler@krankenhaus-zams.at

Notes: