



Tricks in breast cancer surgery

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Abstract

Breast Cancer (BC) is the most common cancer in women accounting for about 30% of all female cancers. The average age of incidence varies among countries. While it is 62 years in the US, it is 48 years in the Arab countries. According to a recent statistics by me in Syria for example, 20% of cases occurred below the age of 40 (vs. 8% in the US). This has an important implication. A significant percentage of our BC cases occur at fertile age with high level of estrogen especially in pregnancy resulting in aggressive cancer. In dealing with breast cancer, we should be thinking of its biology. It is a slow growing cancer. By the time it is discovered mammo graphically (5 mm), it is 5 years old. Survival depends on the following five factors: 1. Size of lesion, 2. Grade, 3. Lymph node status, 4. Hormone receptor status, 5. Age of patient.

Introduction

Tricks:

1. Tricks in Technique:

If excisional biopsy is performed, the incision for that should be made with intent to be included within the elliptical incision of the mastectomy or CS in case lesion turns malignant.

We usually make horizontal incision except for upper or lower locations lesions where we make perpendicular incision.

- In CS, I prefer Quadrantectomy rather than Lumpectomy in order to be sure we achieve negative margins in addition to extend excision along path of ducts toward the nipple.
- In CS, I do meticulous hemostasis and don't use drain.
- In CS, I follow oncoplastic principles.
- In CS, I don't close the cavity. I leave it to be filled with sero sanguinous fluid in order to keep the shape of the normal breast.
- In CS I close up on the cavity with interrupted 3/0 Vicryl sutures for the sub-cutaneous layer then continuous subcuticular 4/0 monocryl absorbable suture.
- In SLN Bx, it is recommended to excise at least 3-4 nodes and send all of them for pathology.
- If SLN is negative on pathology, in 98% of cases, the rest of ALN's would be negative.
- If SLN is positive, in 96% of cases the rest of SLN's are positive.
- In SLN Bx, it is better to do separate incision at lower axillae except when the lesion is in the UOQ near axilla where the SLN's are reached thru the same incision of the Quadrantectomy.
- In either CS or MRM, before suturing the skin, it is advisable to cut the skin edges till bleeding level reached. This will prevent possible skin necrosis at wound suture line and promotes rapid healing.
- In MRM, the skin flaps should be thin enough and uniform in thickness.
- In doing Radical Axillary Dissection (RAD), we should do the dissection in a neat way taking care not to disrupt the lymphatic vessels which are better tied off individually. In this way we reduce the incidence of post op arm lymphedema.
- In RAD, axillary level III dissection can be avoided if no grossly enlarged LN's are evident.
- In MRM, attention is made to make the upper flap wide enough in order to be sure that it will cover the axillary cavity adequately.
- In all cases of MRM, two Hemovac 18 drains are inserted, one extending into axilla and the other under flaps. One important step I innovated, that after closing the skin flaps, I inject about 100 ml of sterile saline in each of the hemovac drains to fill all dead space. Then activate the hemovac suction. While the saline is sucked out, gauze pressure is applied on the flaps. In this way, the axillary cavity which was filled with saline that prevents air being trapped. Once the saline is sucked out, the skin flap will collapse and gets stuck to underlying tissues over the cavity of the axilla. The adhered flap to the axillary cavity will be maintained by pressured fluffed gauze for 3-5 day (depending on amount of drainage) then drains are removed in the first clinic visit after operation.

2. Tricks in postop management:

Breast surgery is considered clean operation and does not need more than one prophylactic dose of antibiotics at time of anaesthesia induction.

The patient can have regular diet at evening meal of same day of surgery.

She can be discharged next day with instructions how to take care of hemovacdrains.

She is given an appointment on the 3rd-5th PostOp day or whenever the drainage is below 30 ml/ day.

She is instructed to move her affected arm and her shoulder joint in a circular manner to avoid stiffness of the shoulder joint.

The drains are pulled out on her first clinic visit and skin sutures removed on the 10th PostOp day. If a collection (Seroma) is noticed, it has to be emptied either

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by aspiration or rarely by putting a small soft rubber drain and kept under gauze pressure for four days.

Overall management of the case: Once the skin sutures are out and wound already healed, the pathology report should be already out.

By then we should know FOUR main features:

1. Size of lesion
2. Histology grade
3. Auxiliary Lymph node status
4. Hormonal status, ER, PR, HER2, Ki67

Post-operative management and prognosis greatly depends on those four factors plus AGE of patient:

Adjuvant chemotherapy: It is indicated whenever primary lesion is above 1.5 cm and/or presence of positive ALN's. It should be started in the 3rd or maximum in the 4th PostOp week.

Radiotherapy: It is indicated for big primary lesion (> 3 cm) and more than 3 positive ALN's. It is usually started after finishing the chemotherapy.

Hormonal therapy: It is given for at least five years if the receptors are positive and usually started after chemotherapy ends.

Herceptin: If HER2 is positive, Herceptin is usually given during chemotherapy course.

Biography

Suheil Simaan got his MD from the American University of Beirut in 1963. He got his general surgical training at the Cleveland Metro Gen Hospital and the Mayo Clinic. He got his cancer surgery training at the Memorial Sloan Kettering Cancer Center NYC (1967-1970). He was professor and chairman of surgery at Damascus University from 1983 till 2002. He became adjunct professor of surgery at the Lebanese American University (2013 -2020) .He is an author of a surgical textbook for medical students. He founded and presided the Syrian Surgical Association in 1994. He founded and presided the Syrian Society of Breast Diseases in 2009. He wrote many articles on cancer. He served editor in chief of the journal "Advances of Medical Science" (1997-2002).

