

Nipple-Sparing Mastectomy: Tips & Tricks

Connie Chiu, MD, FRCSC

Surgical Oncology and General Surgery

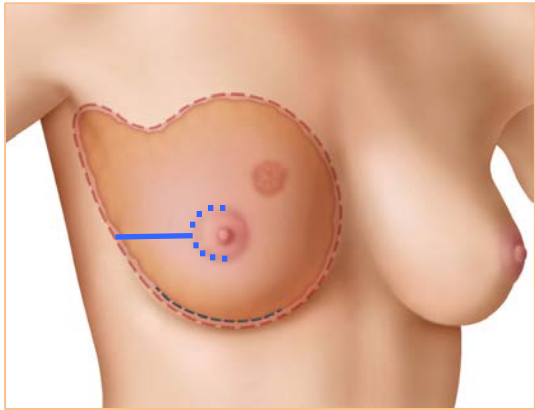
No disclosures

Team and Equipment

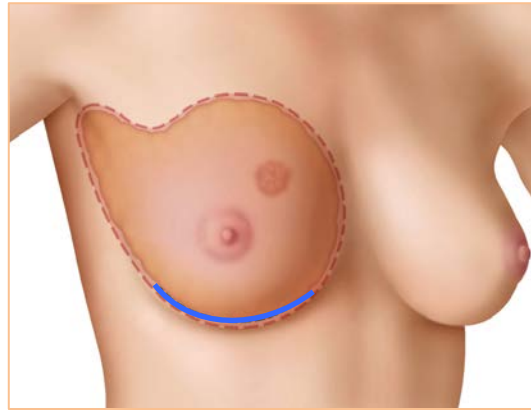
- Head-light
- Skin hooks, rakes, Kelley retractor, Deaver
- Lighted retractor
- Cautery, extended cautery, bendable tip
- Scalpel, long-handle scalpel, extra blades
- Long forceps
- *Tumescent, thin liposuction catheter*
- *SPY intra-operative ICG fluorescence angiography*



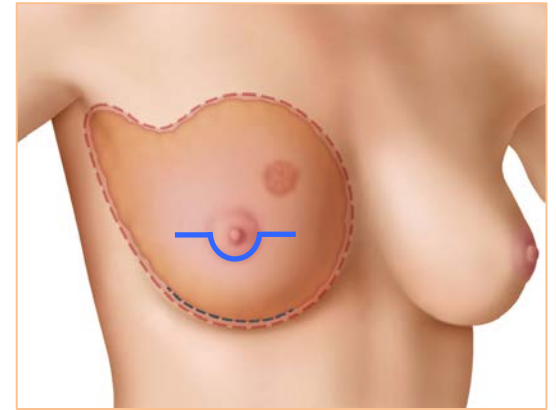
Planning the Incision



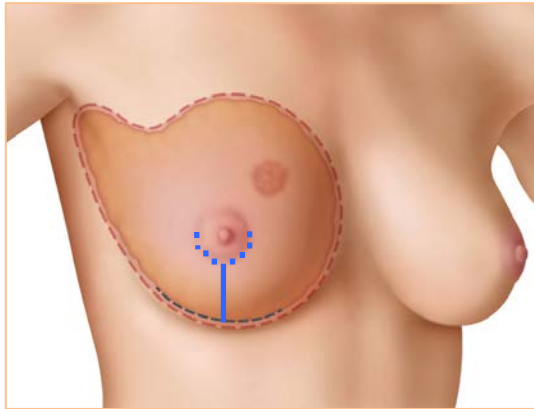
lateral



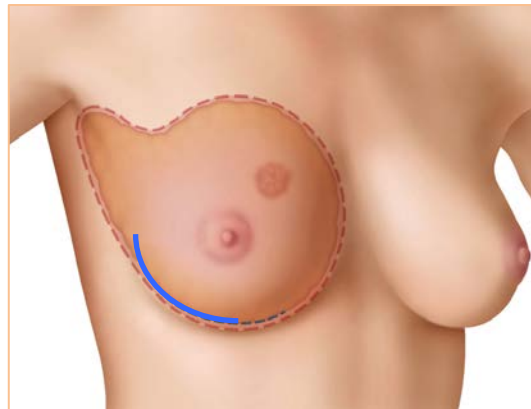
infra-mammary



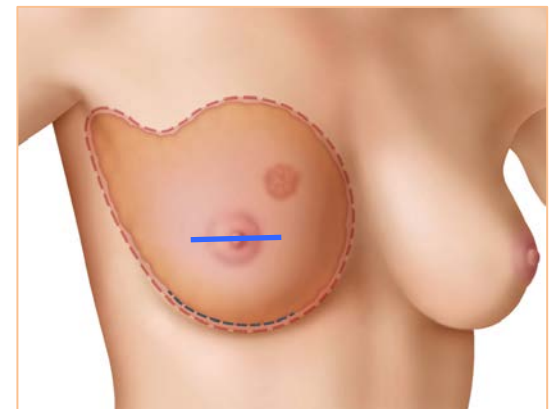
omega



vertical

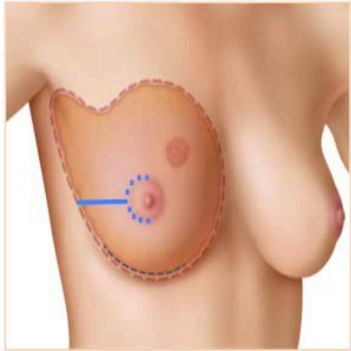


side infra-mammary

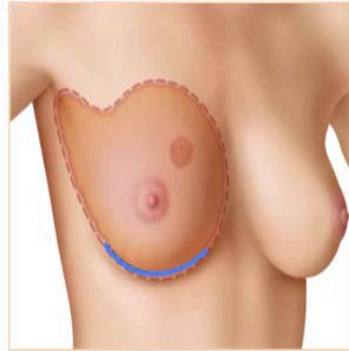


trans-areolar

Incision: Arterial Supply



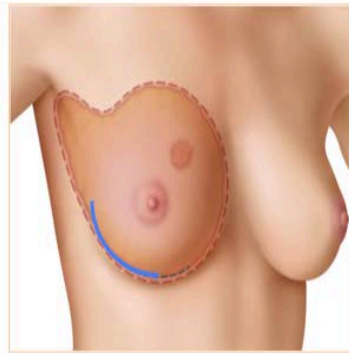
lateral



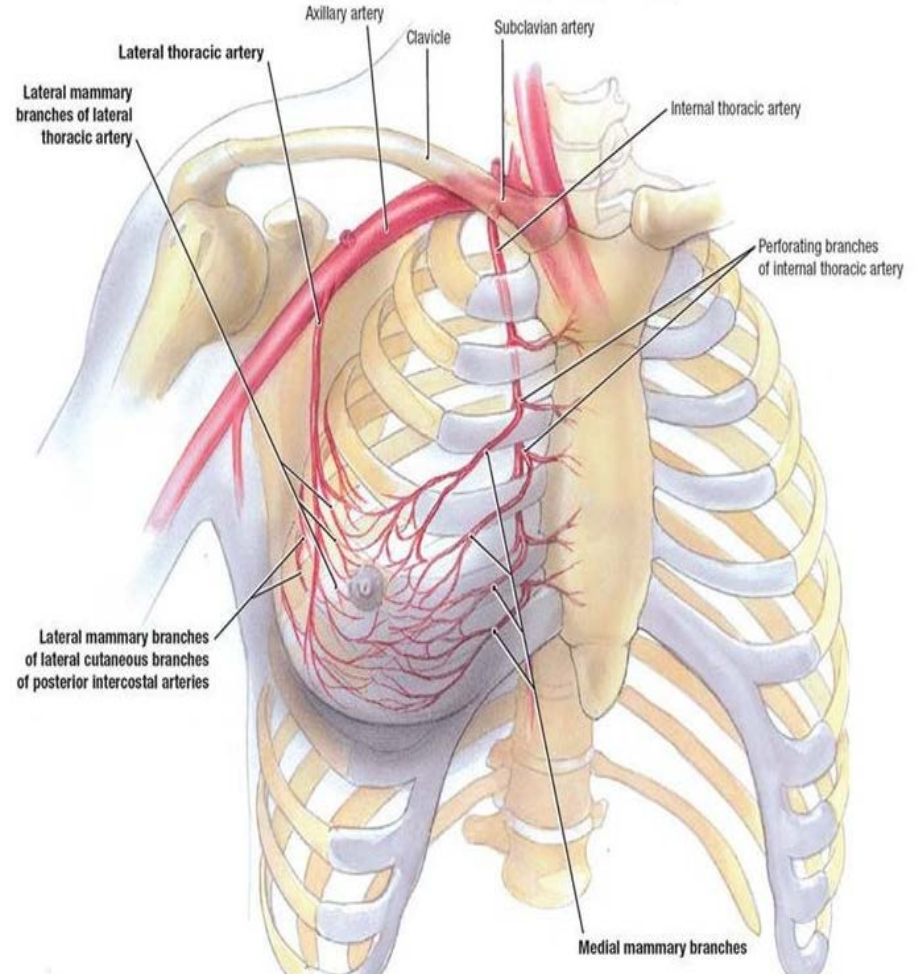
infra-mammary



vertical

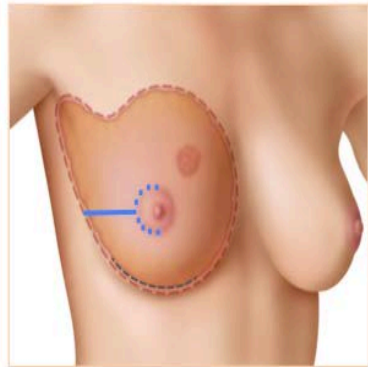


side infra-mammary

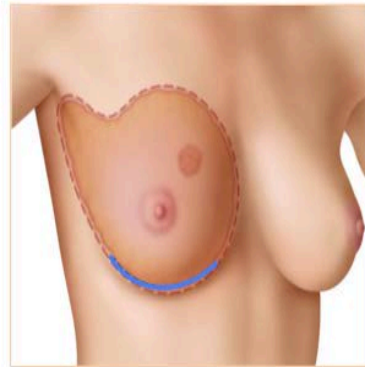


Incision:

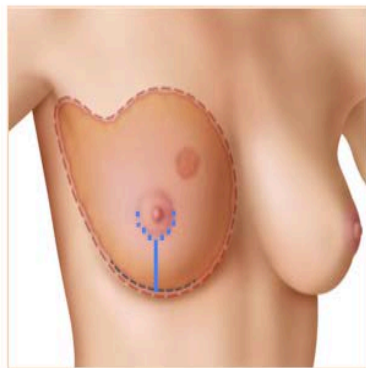
Anatomy and Surgical Technique



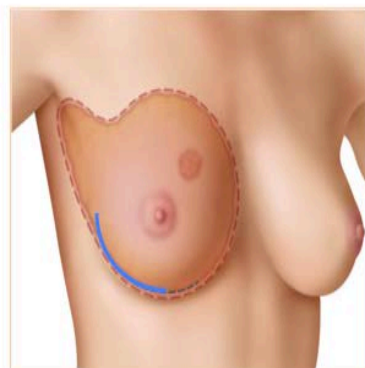
lateral



infra-mammary



vertical

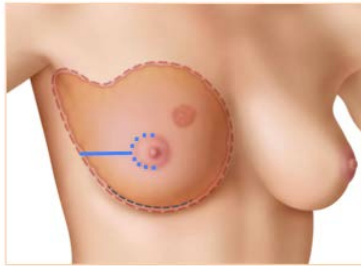


side infra-mammary

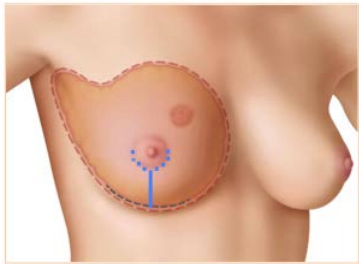
Considerations

- Access to upper outer quadrant and axillary tail
- Sentinel lymph node: axillary counter-incision vs mastectomy incision
- Dissection technique: cautery vs tumescent
- Reduced traction on flaps
- Completion lymph node dissection required
- Positive nipple-areolar pathology

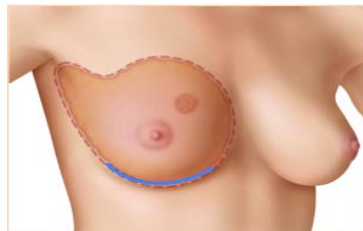
Incision: Cosmesis



lateral



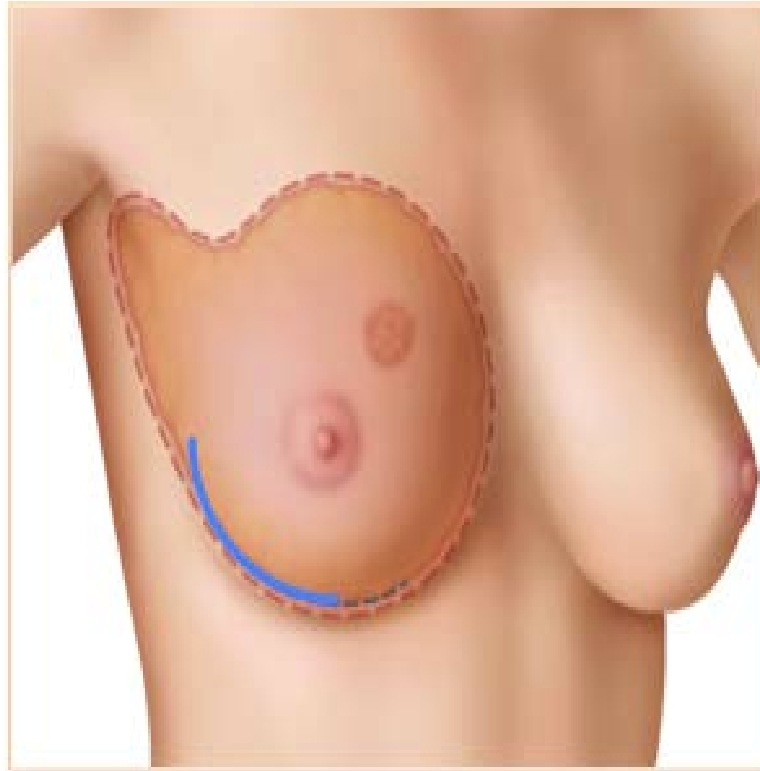
vertical



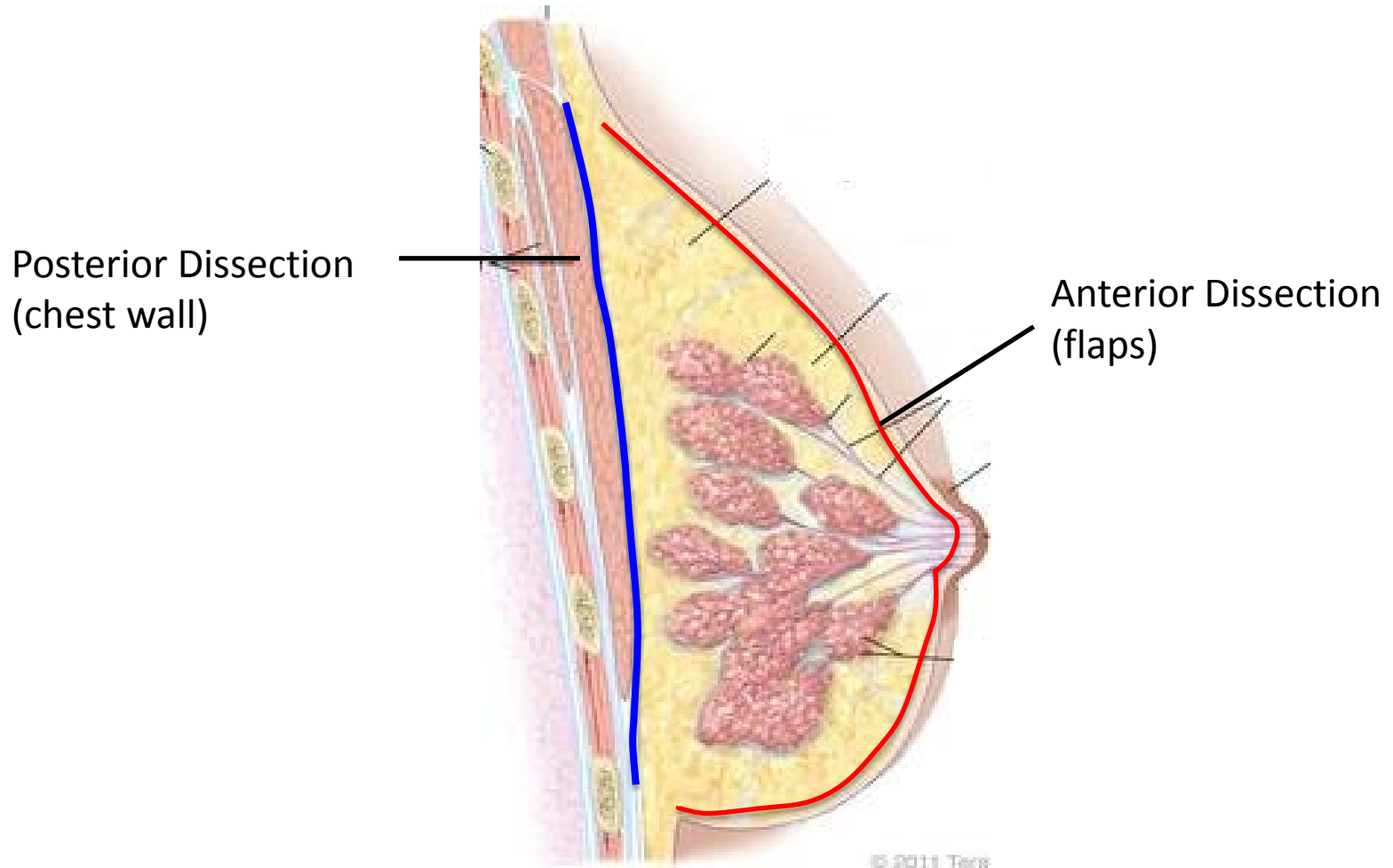
infra-mammary



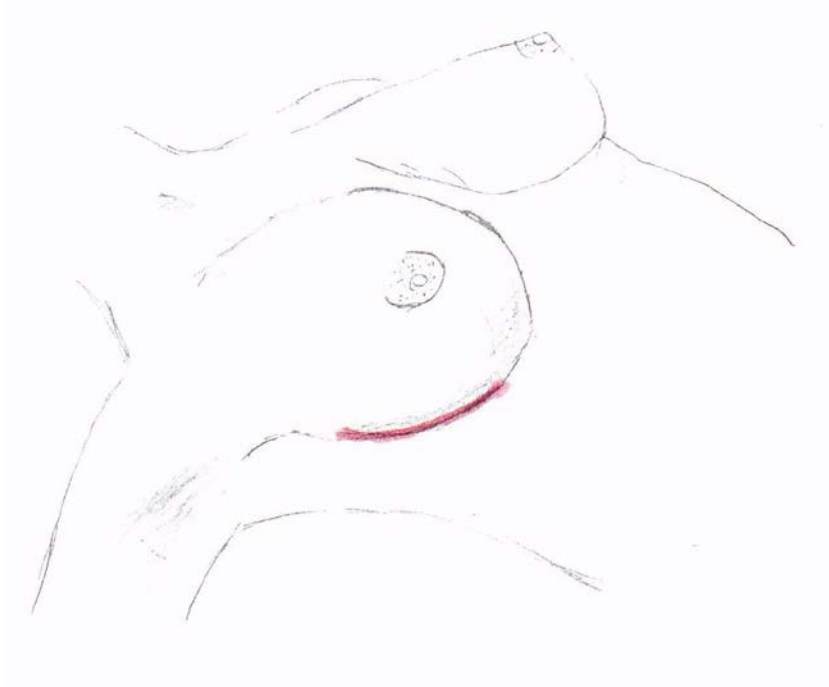
Technique: Side Infra-mammary Incision



Technique: Dissection

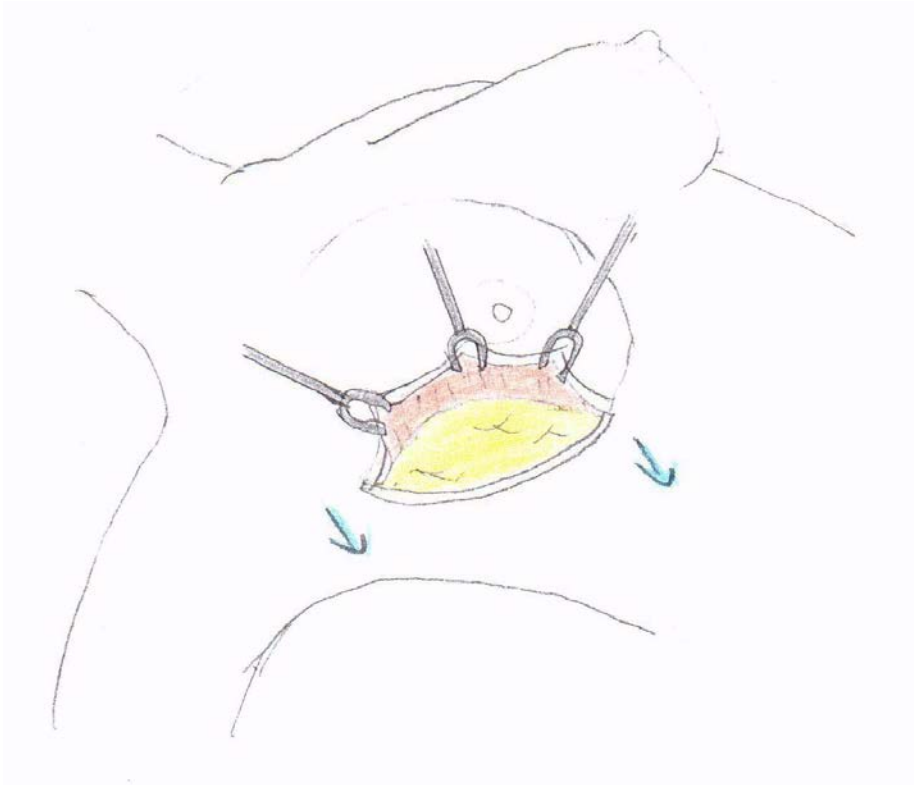


Technique: Skin Incision



Side infra-mammary incision

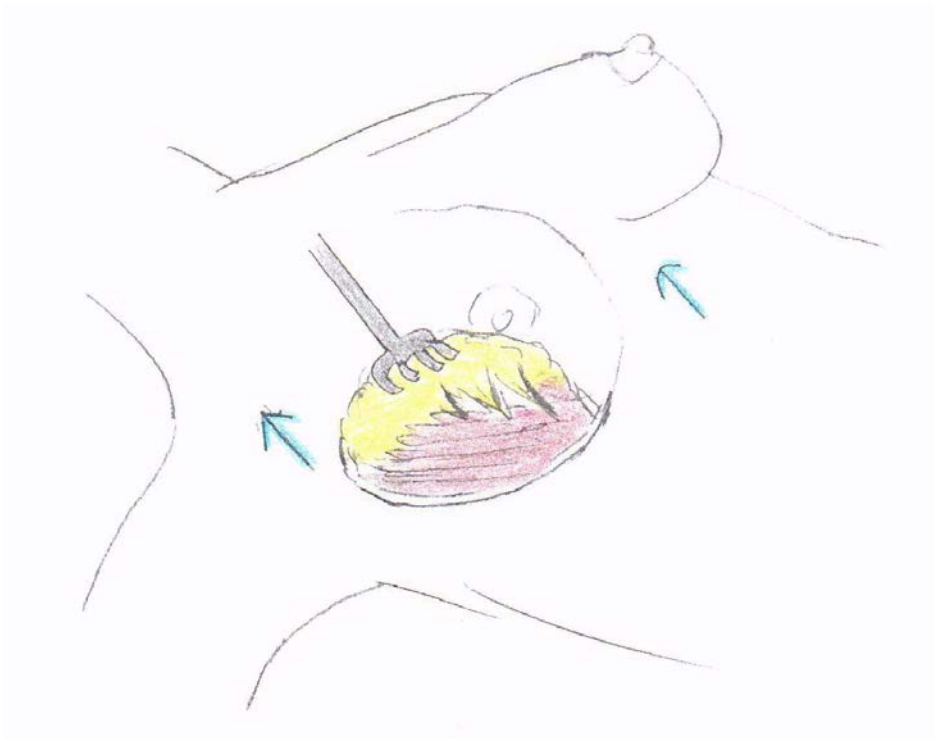
Technique: Flap Dissection



Create skin flaps at
lower outer quadrant

Tools: Cautery

Technique: Posterior Dissection

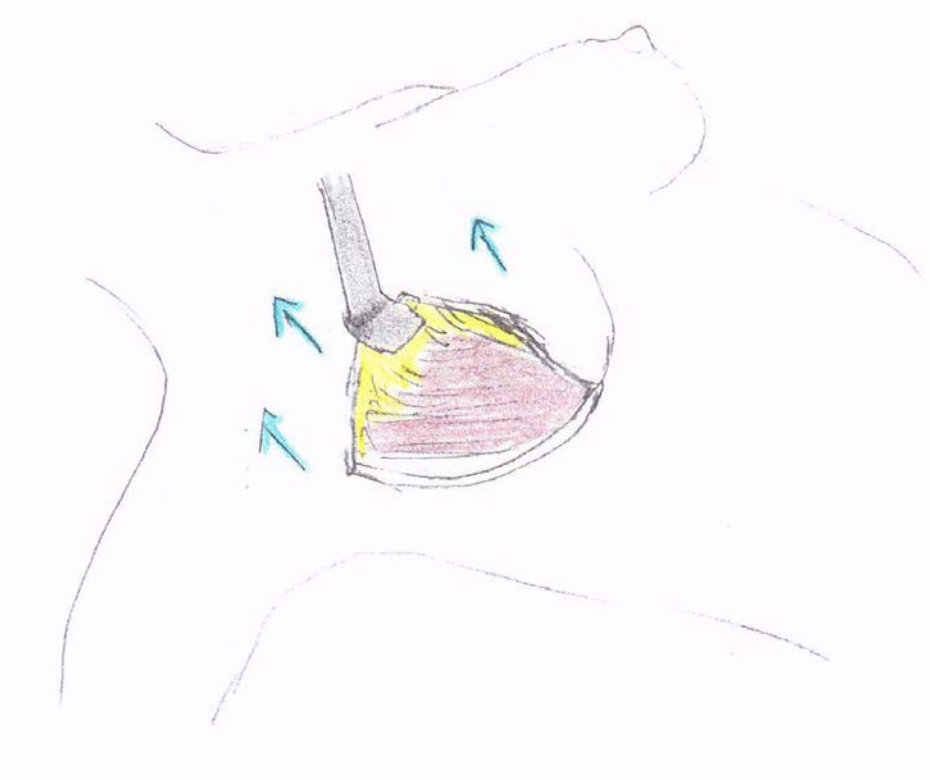


Mobilize breast tissue
from chest wall

Tools:

- *head-light*
- *rakes -> Kelly retractor -> Deaver -> lighted retractor*

Technique: Posterior Dissection



Continue mobilization of breast tissue from chest wall as far as possible

Tools:

- *head-light*
- *rakes -> Kelly retractor -> Deaver -> lighted retractor*

Technique: Flap Dissection



Dissection of skin flaps circumferentially

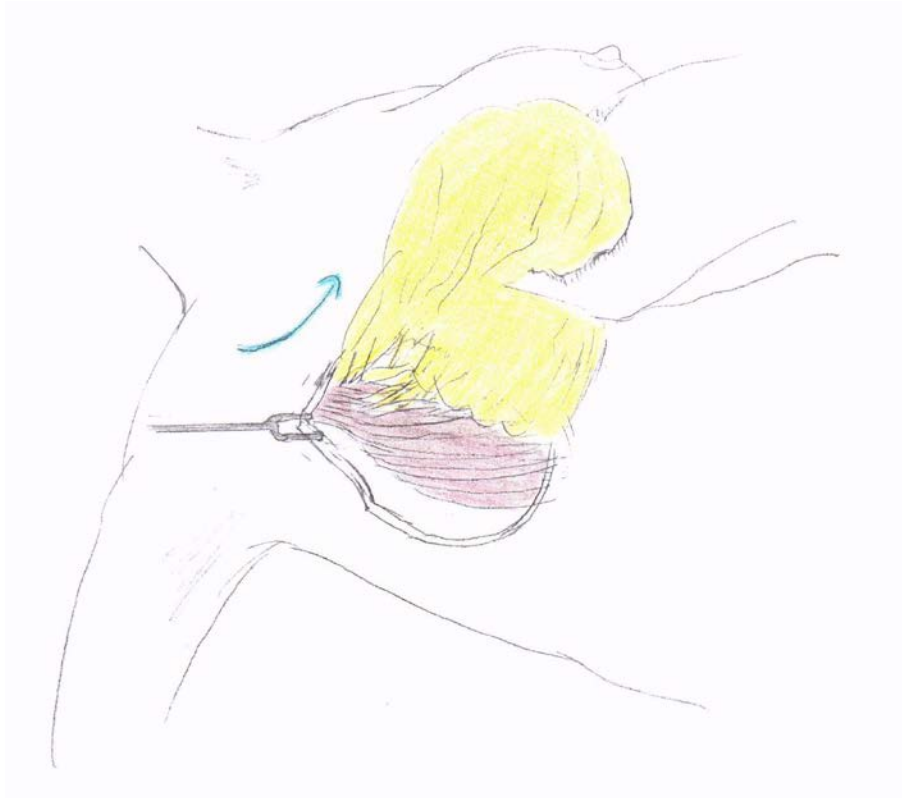
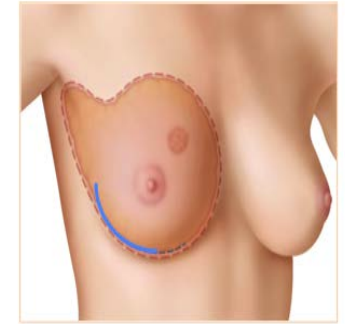
- Deliver breast tissue through incision
- Downward retraction to bring upper inner skin flap into view

Technique

- *Cautery*
- *Tumescent: scalpel, metzebaum*

Rest flaps q 5 minutes

Technique: Axillary Tail

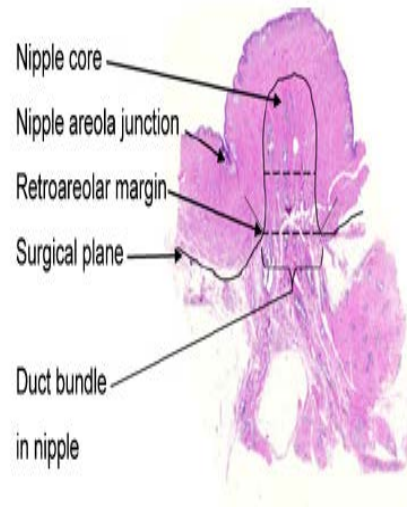


Dissection of axillary tail

- Posterior dissection using pectoralis muscle as a guide
- Followed by completion of flap dissection anteriorly

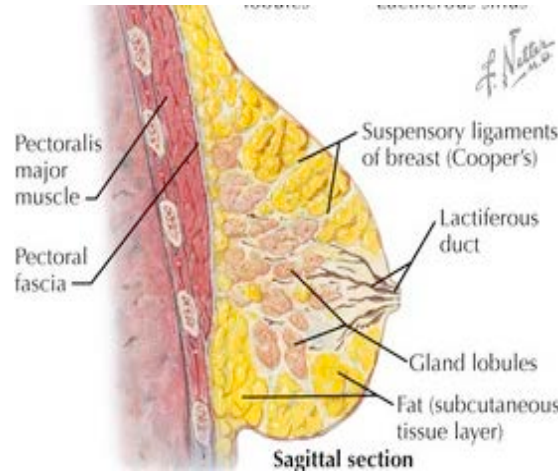
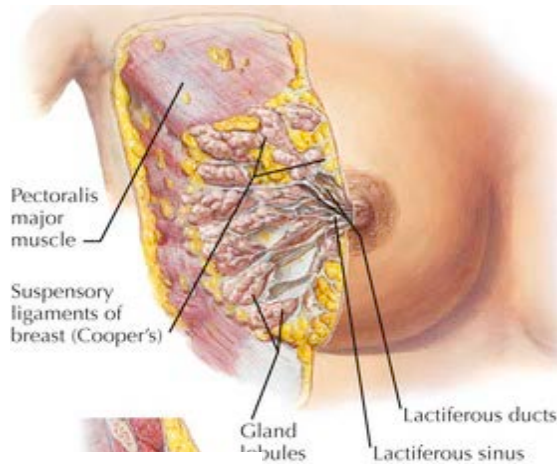
Sentinel lymph node dissection

Nipple-Areolar Complex



- Eversion of the nipple
- Retraction of the nipple using an atraumatic grasper
- Sharp transection using scalpel
- Pathologic analysis of nipple core and retro-areolar tissue

Rusby 2007, 2008.



Terminal duct/lobular unit (TDLU)

- Cancer arise in the TDLU
- Virtually no TDLU at the nipple (Stolier 2008)

Cancerization of the lactiferous duct

- Patient selection

Nipple-Sparing Mastectomy



pre-op



post-op



post-op



post-op



**BREAST
RECONSTRUCTION
AWARENESS DAY**
FRASER VALLEY

Education • Awareness • Access



A Program of
**Canadian
Breast Cancer
Foundation**



Tuesday, October 25, 2016
5:30 -8:30 p.m.

Sky Helicopter Hanger
18799 Airport Way
Pitt Meadows, BC

An Evening of Education & Awareness

*Q&A
Speakers
Fashion Show
Show & Tell Lounge*

Seating is limited - please register online

TO REGISTER:
BRA-DAY.COM / FRASERVALLEY
#BRADay2016