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Surgical updates in breast cancer treatment

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ACKNOWLEDGEMENTS

- BREAST MULTIDISCIPLINARY TEAM
- Association of Breast Surgery (ABS)
- Royal College of Surgeons of England – International Surgical Training Programme
- Mr Magara
- Professor G I MUGUTI

INTRODUCTION

- Understanding tumour biology
- Advanced radiological diagnostic and localisation capabilities
- New chemotherapeutic agents
- Multi-disciplinary approach
- Technological gadgets in breast surgery

- **Patient expectations and individualised care**

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SURGICAL ADVANCES

- **Breast surgery**
- Axillary surgery -less is more
- -sentinel node biopsy
- (four node sampling, blue & radioactive dye, megtrace/sentimag, Indocyanine green ICG)
- -Targeted Axillary Dissection
- (clipped/tattoo/seed localisation)

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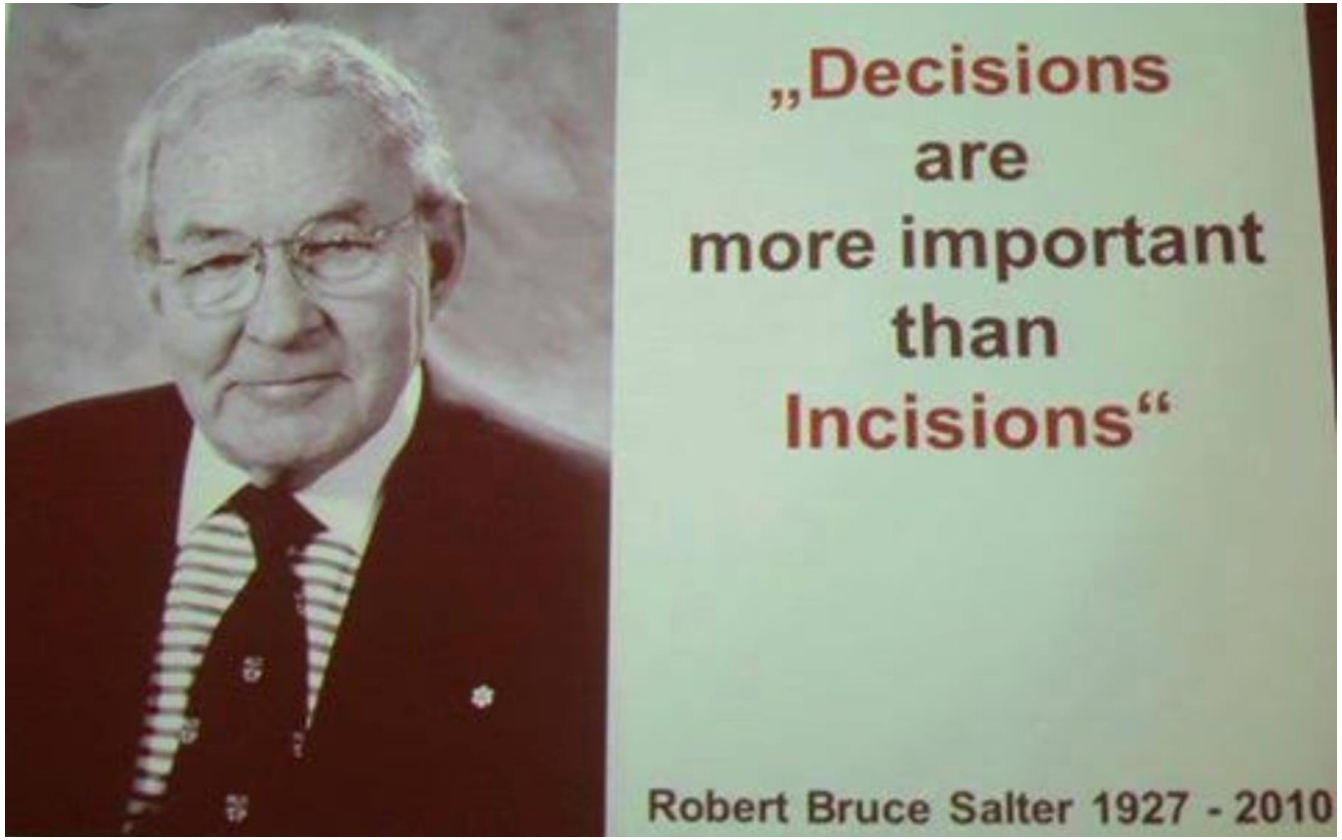
SURGERY TO THE BREAST:

PRINCIPLES

- Oncological goal CANCER FREE
- Aesthetic is a secondary goal
- Minimise post op complications to allow early recovery and timely adjuvant treatment
- (DAY CASE SURGERY!)



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Is BCS safe?

- YES IT
- The Early Breast Cancer Trialists Collaborative Group (search date 1995) analysed data from six randomised controlled trials that compared BCT with mastectomy.
- A meta-analysis of data from five of these six trials involving 3006 women found no significant difference in the risk of death at 10 years (odds ratio 0.91, 95% CI 0.78–1.05).

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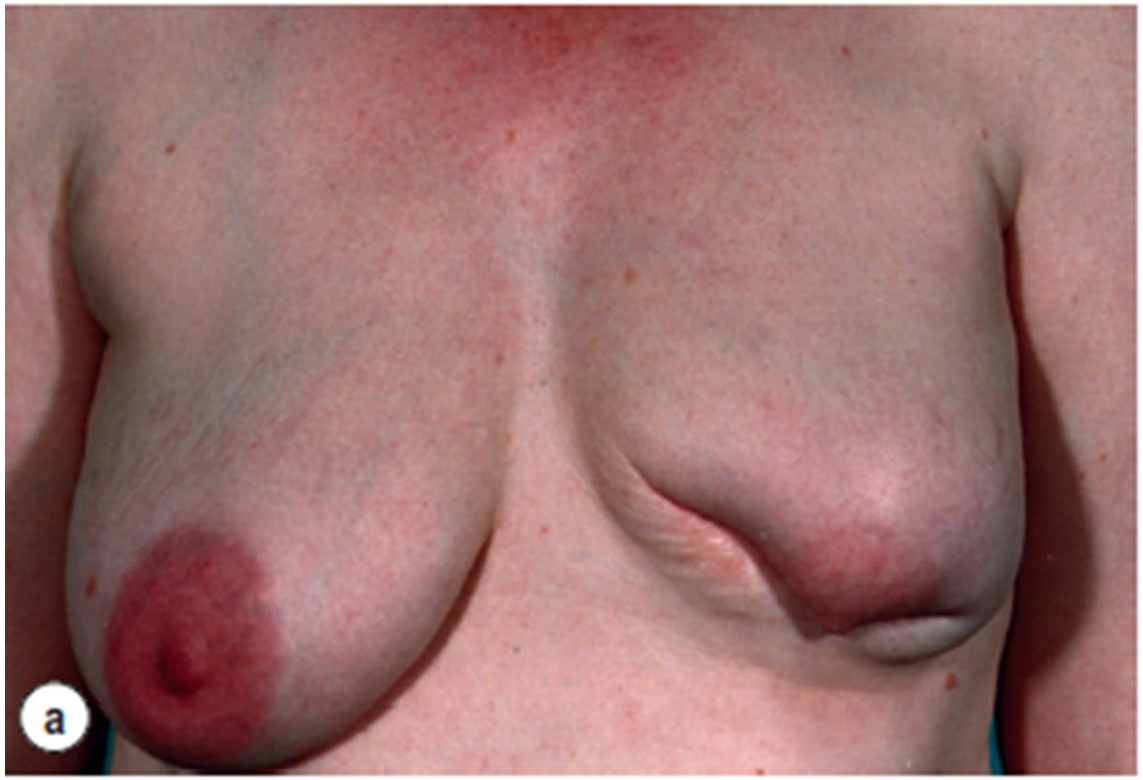
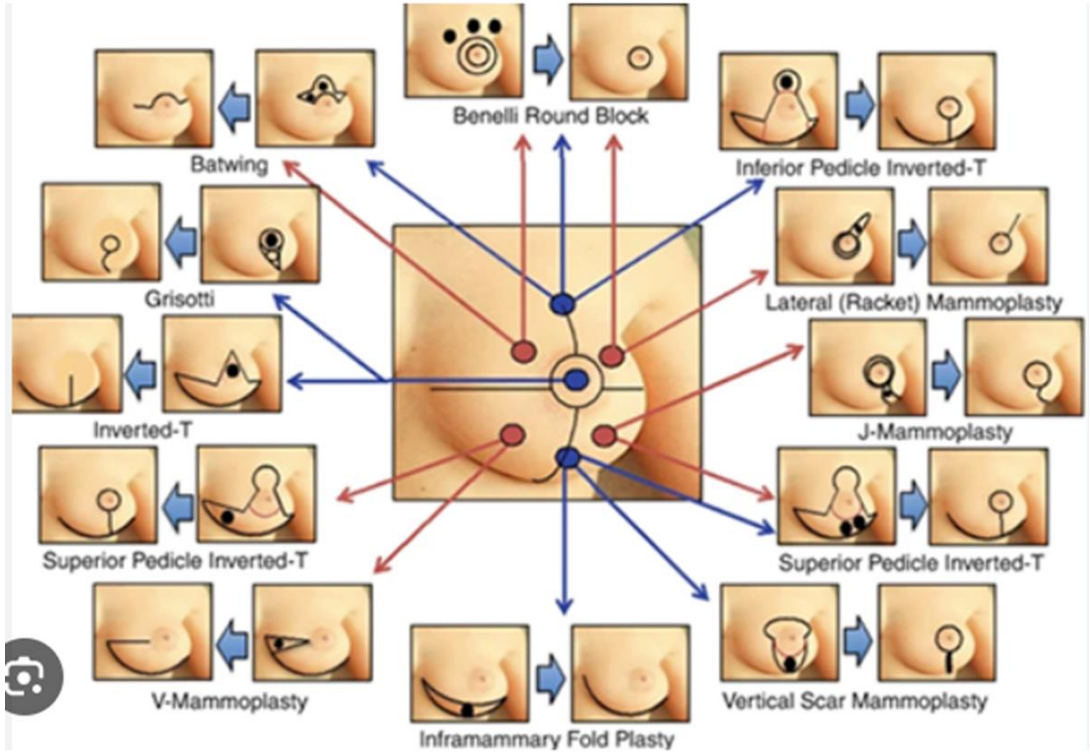
LIMITATIONS OF BCS



ONCOPLASTIC BREAST SURGERY



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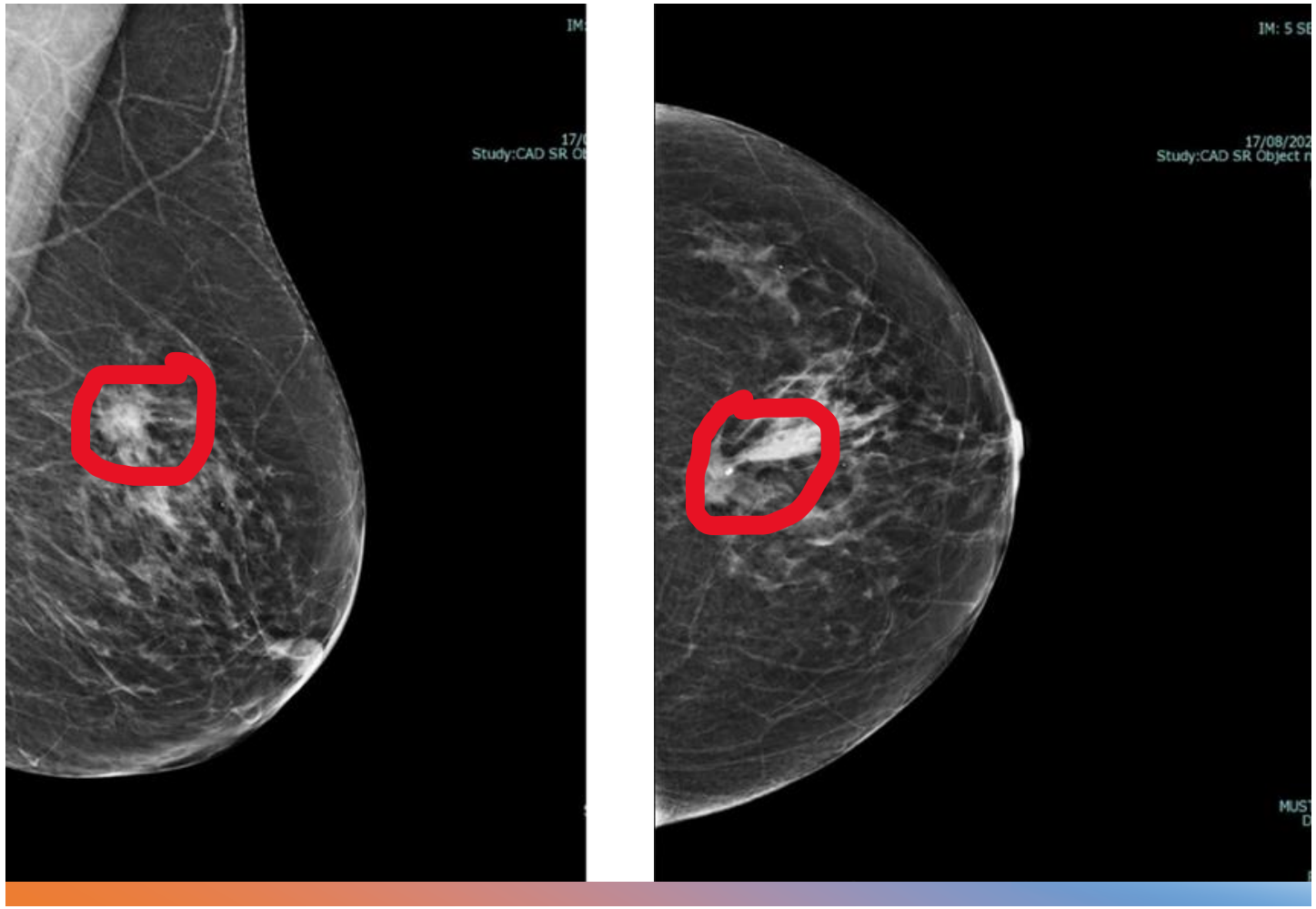
Case presentation 1

- 69 yr old, fit and well,
- DM on meds
- 2 cm lump at the 12 o'clock position (mammo and uss) in the left breast core bx ER/PR POS/Her 2 Ki 67 <5% negative G2 invasive lobular with ass DCIS, left axilla was normal on ultrasound scan. Right breast is normal. MRI breast solitary 2cm lesion. Lumpectomy and sentinel node biopsy with use of the sentimag



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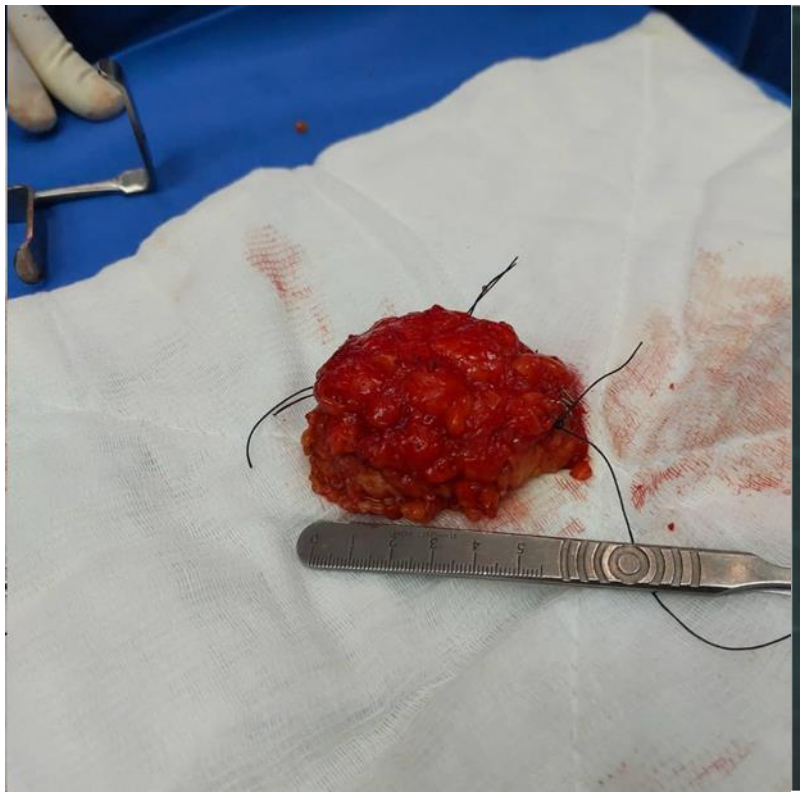
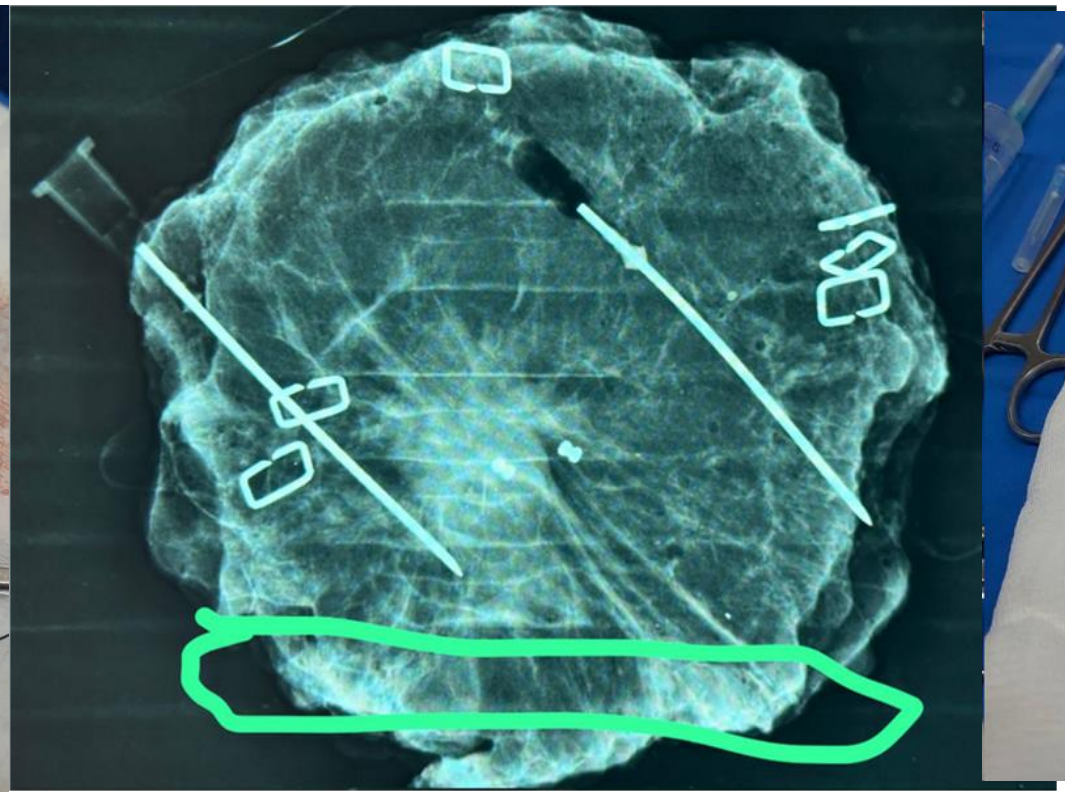
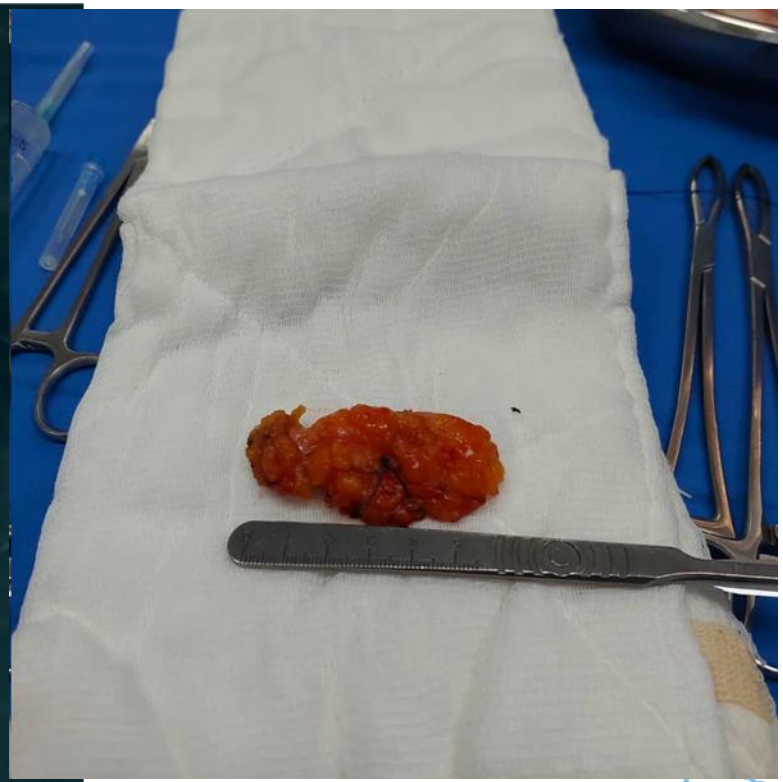
Case 1







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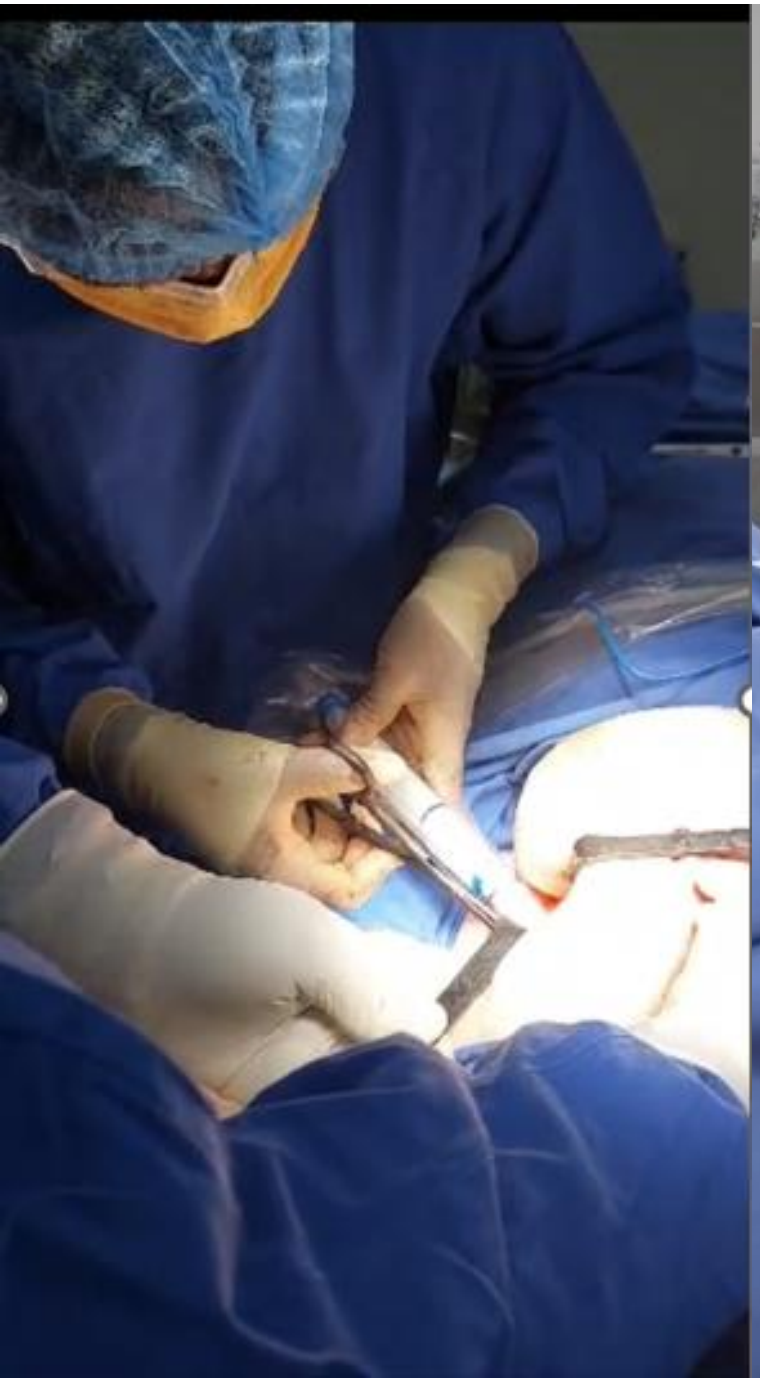
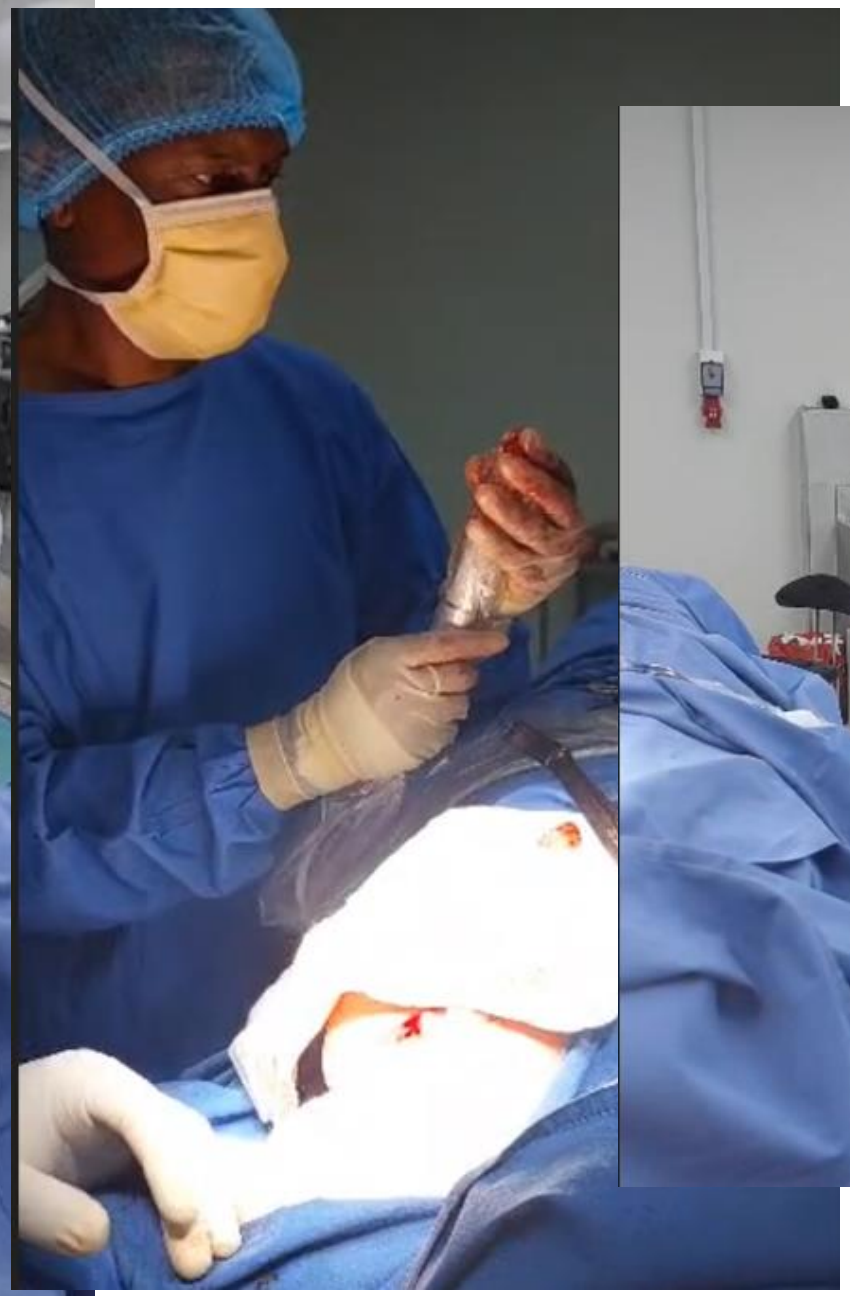
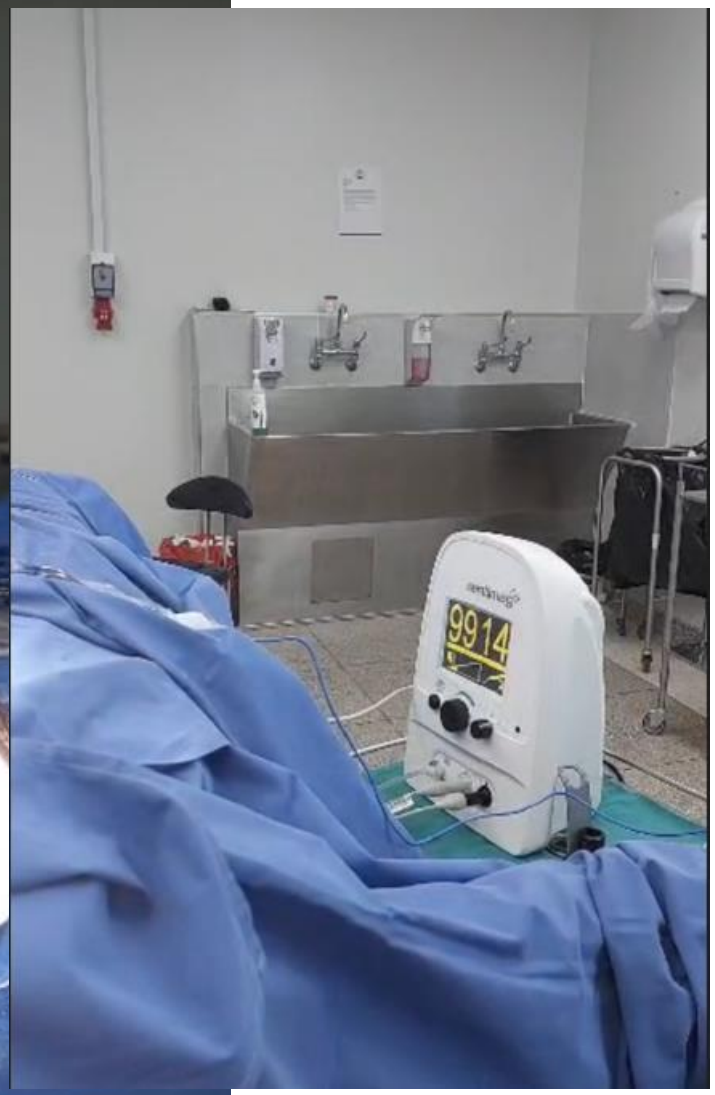
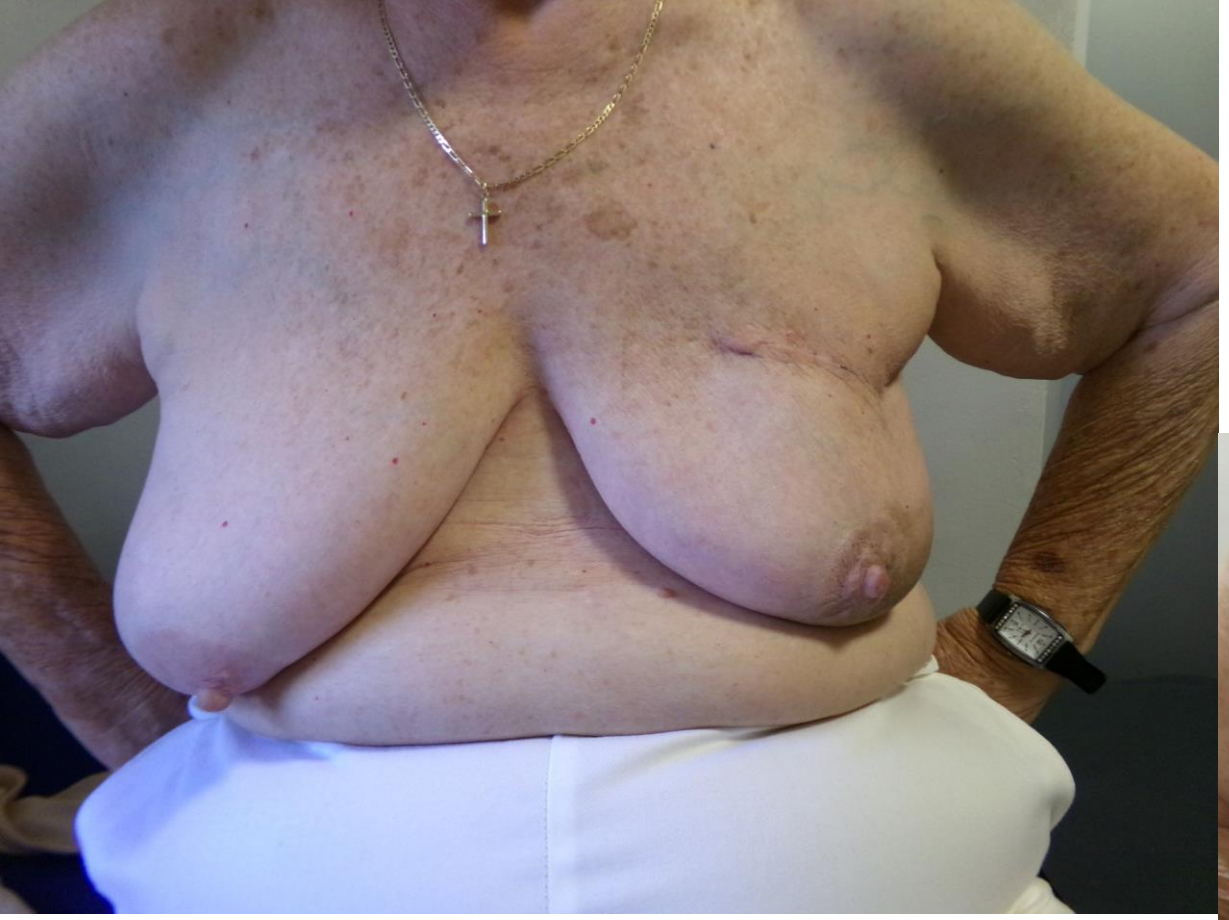
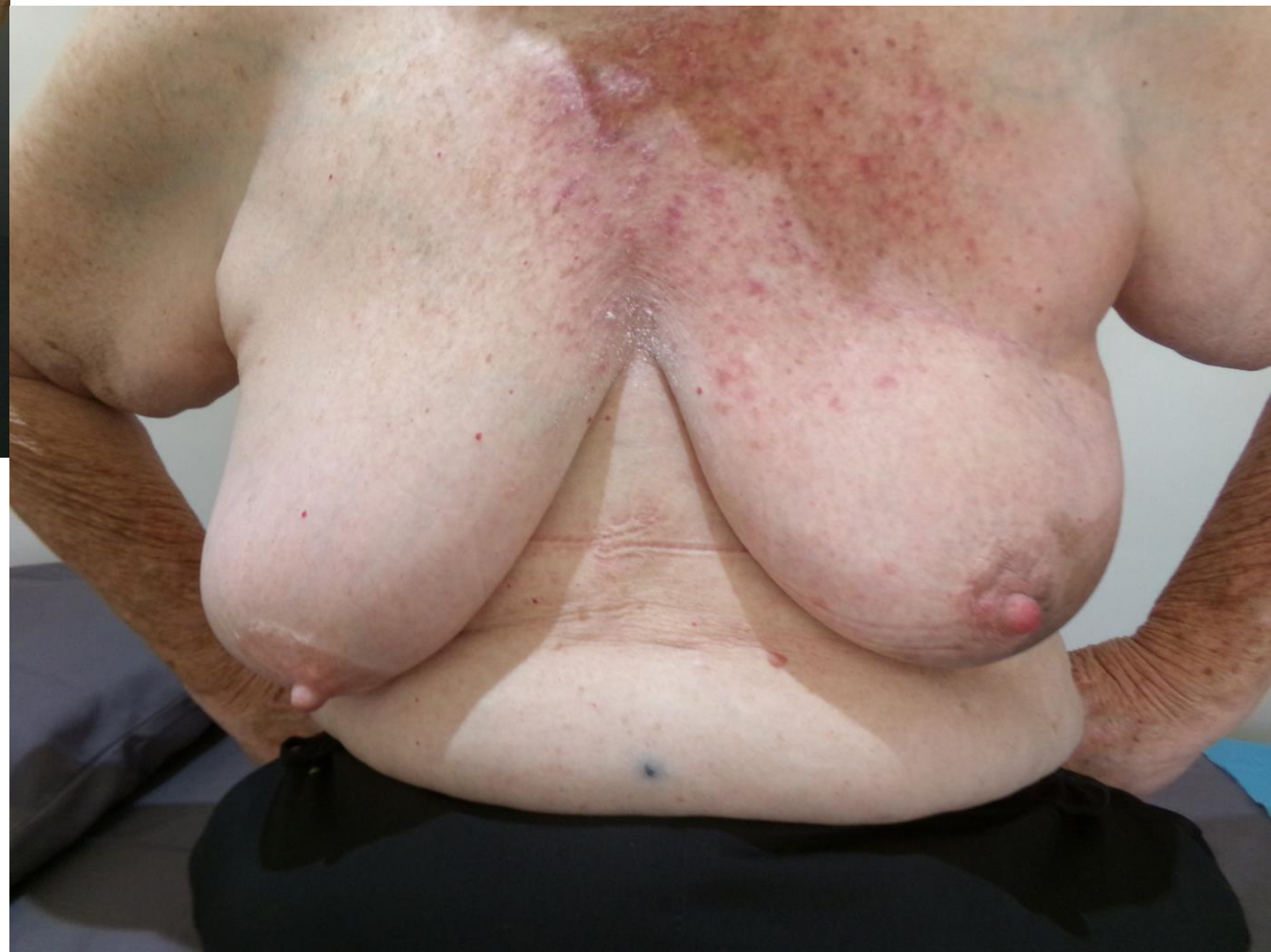
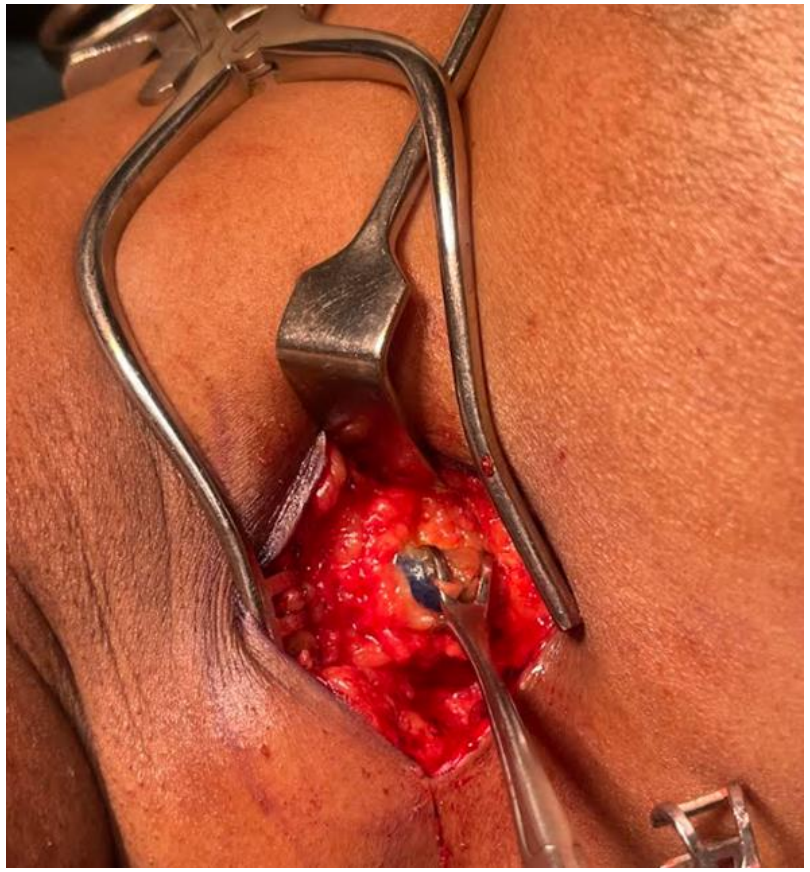


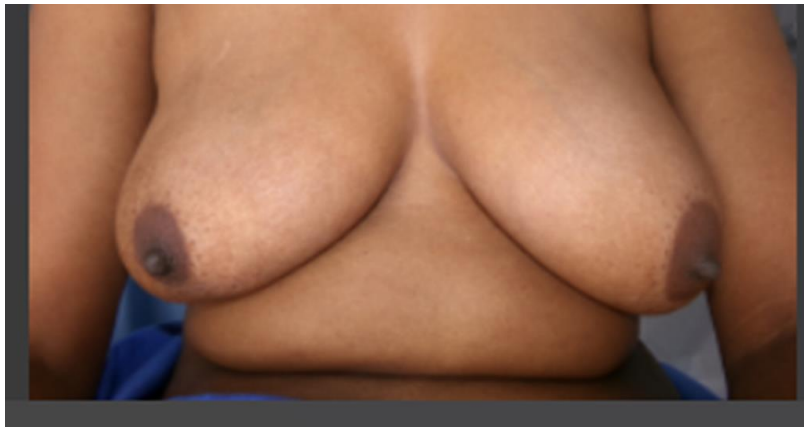



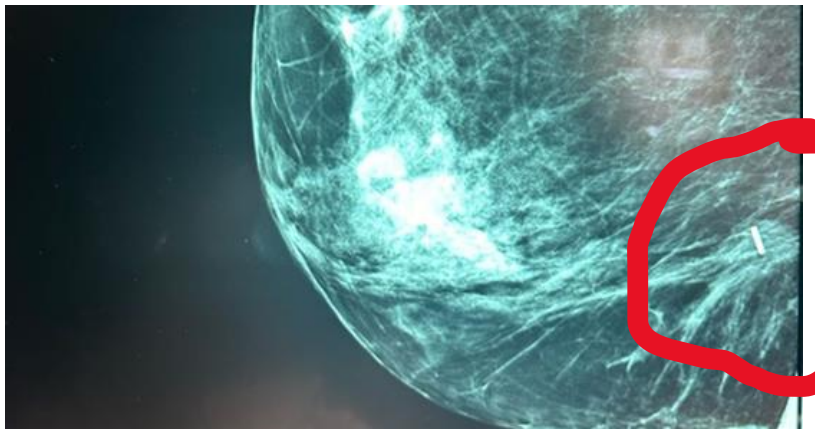


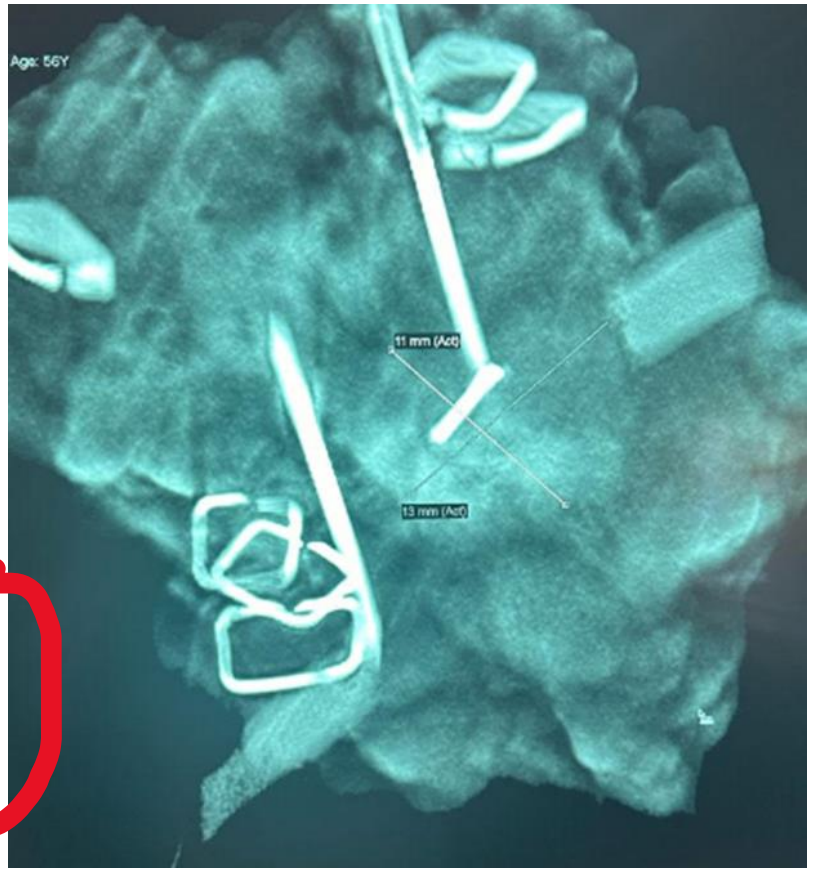
POST OP PHOTOS

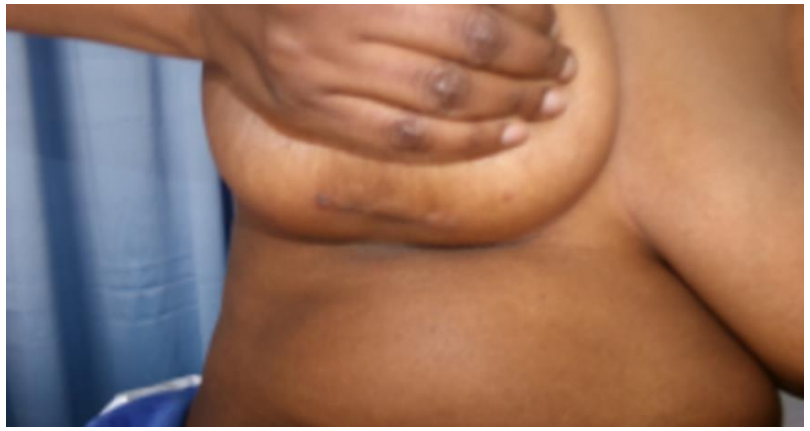




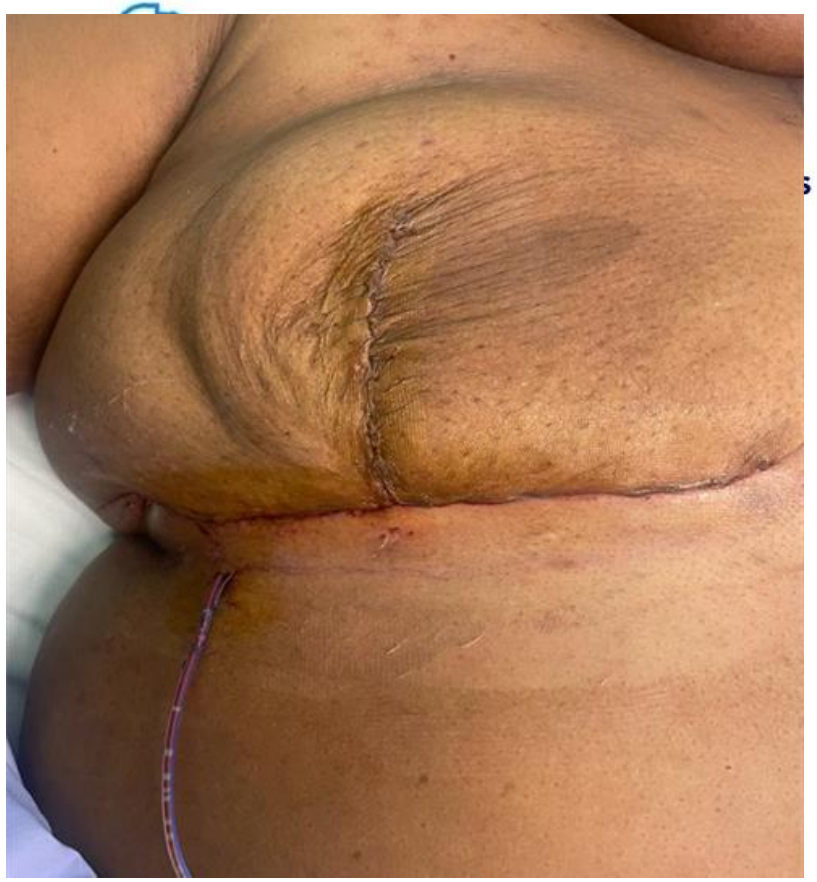


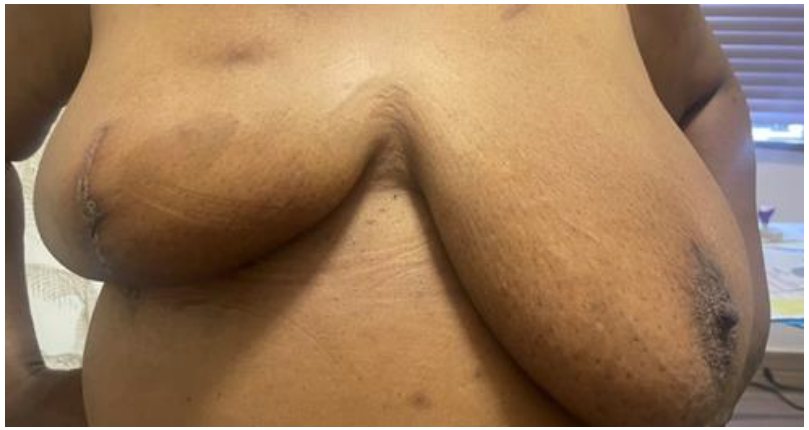


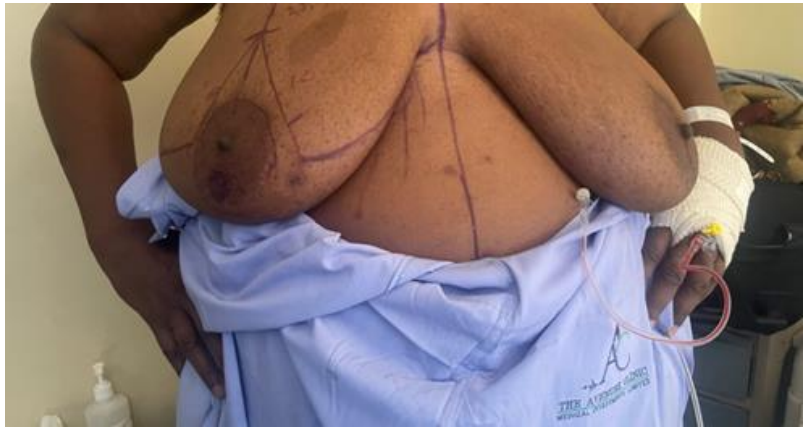


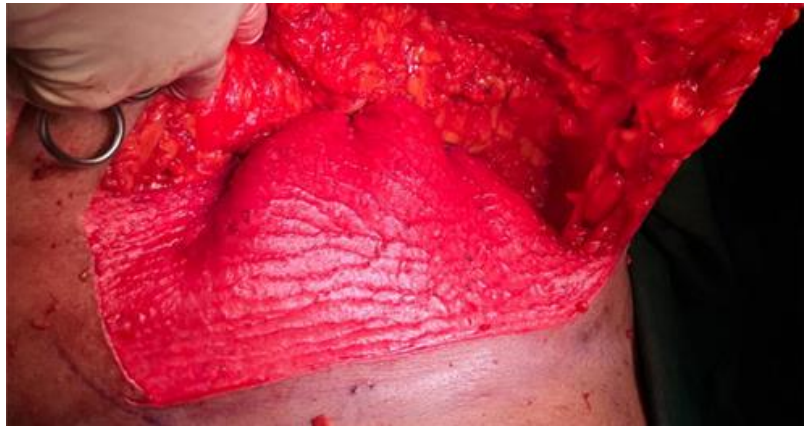


Case 2:MAG SEED GUIDED WLE & SNB









CASE 3: GOLDILOCKS MASTECTOMY

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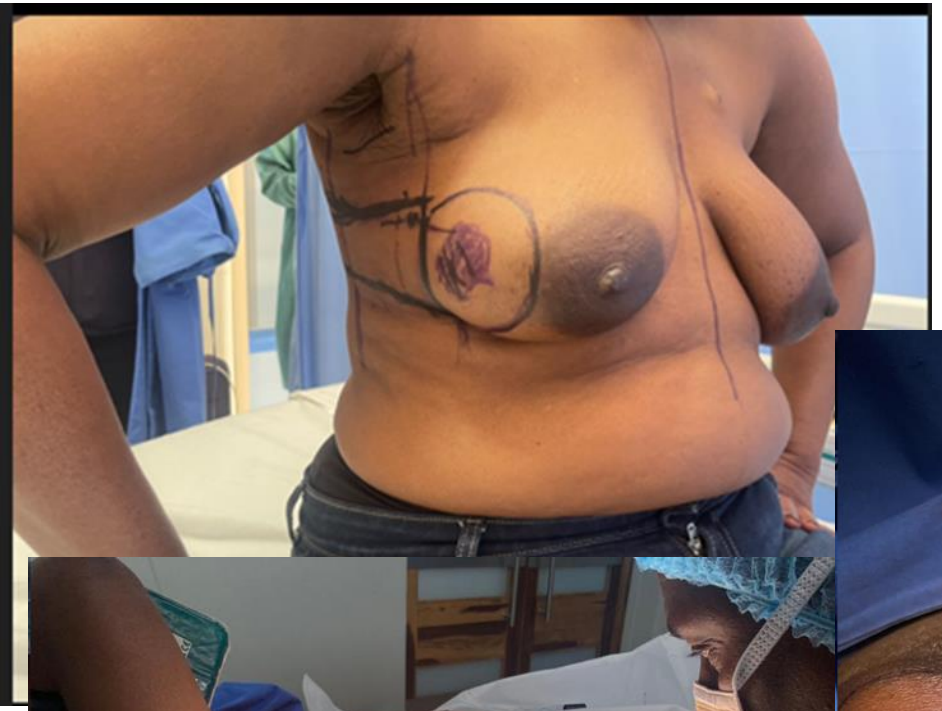
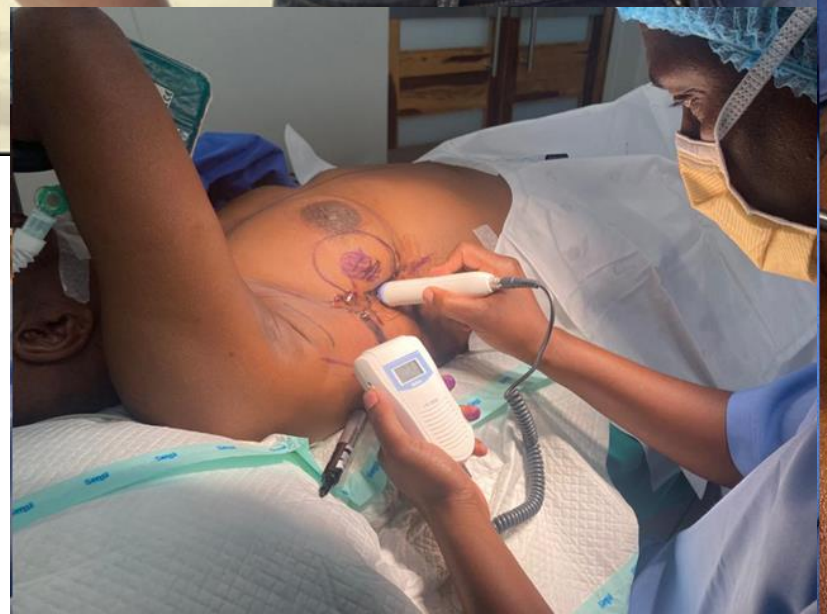
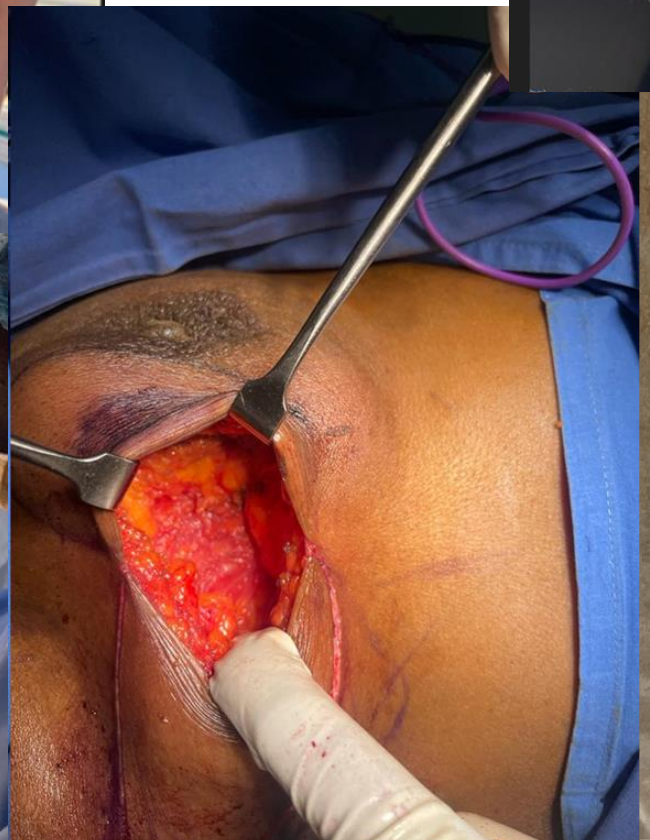
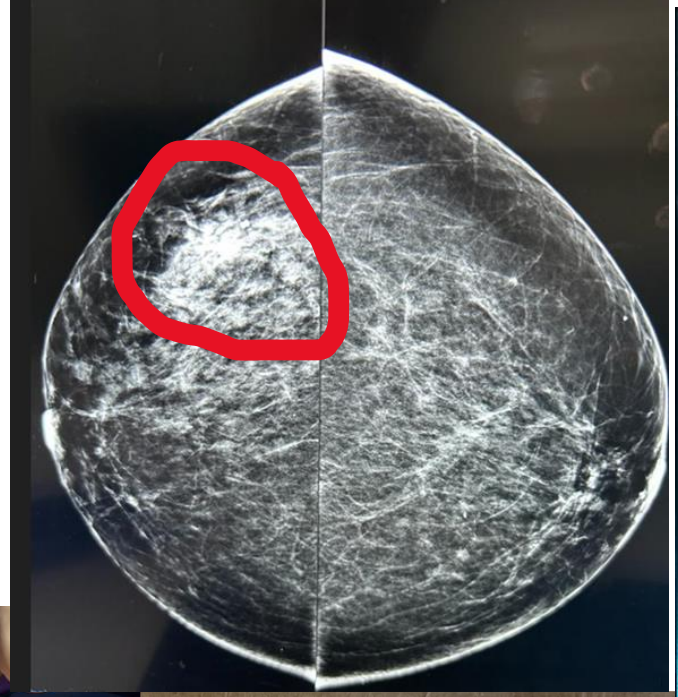
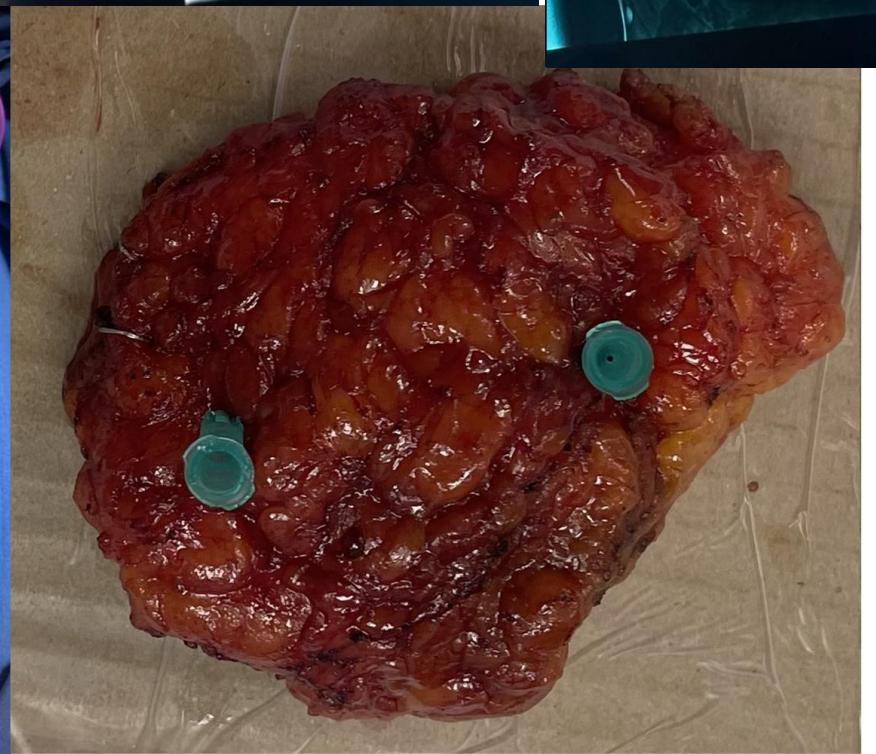
CASE 4

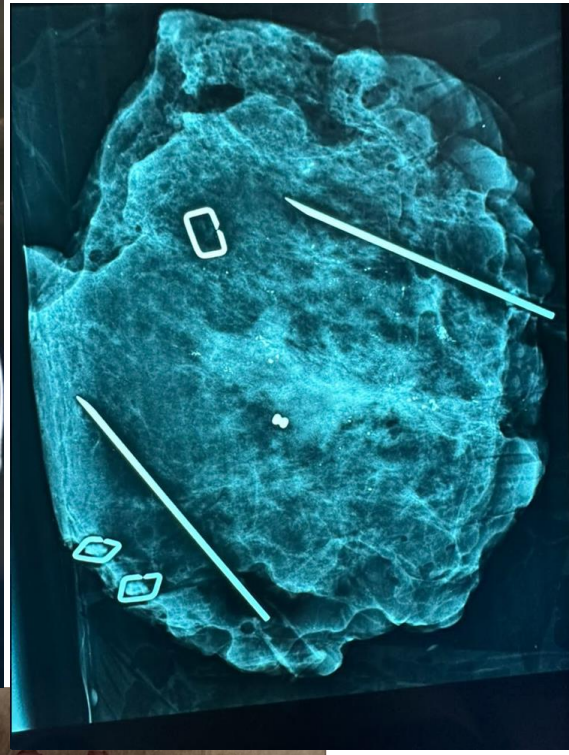












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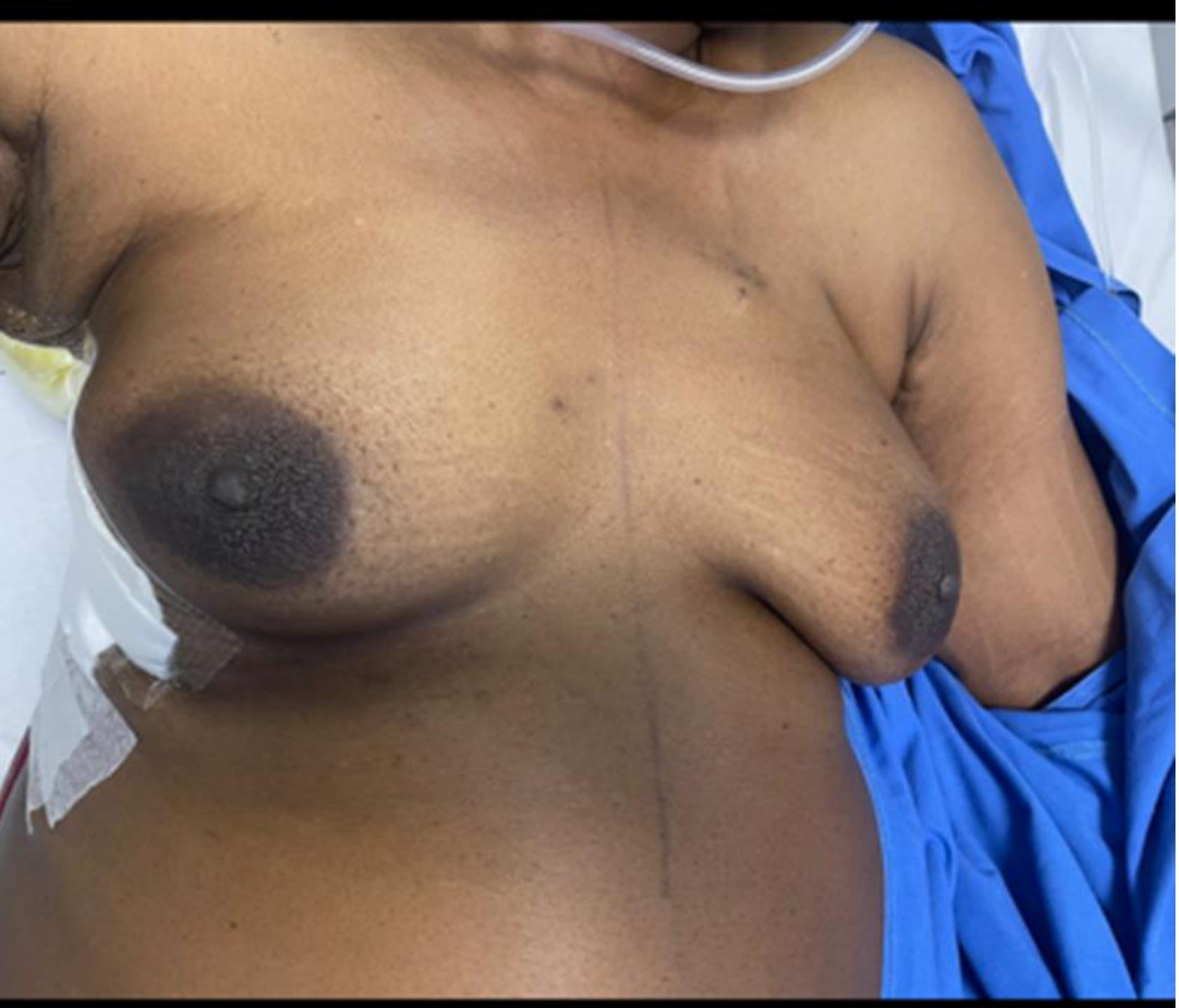

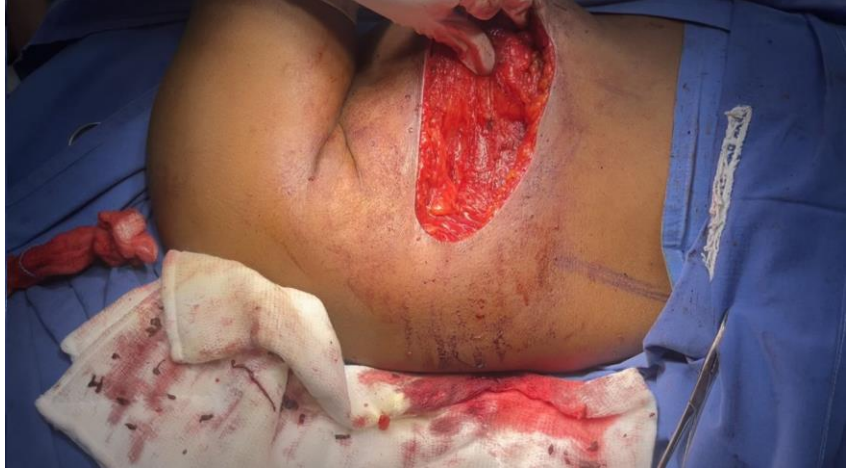

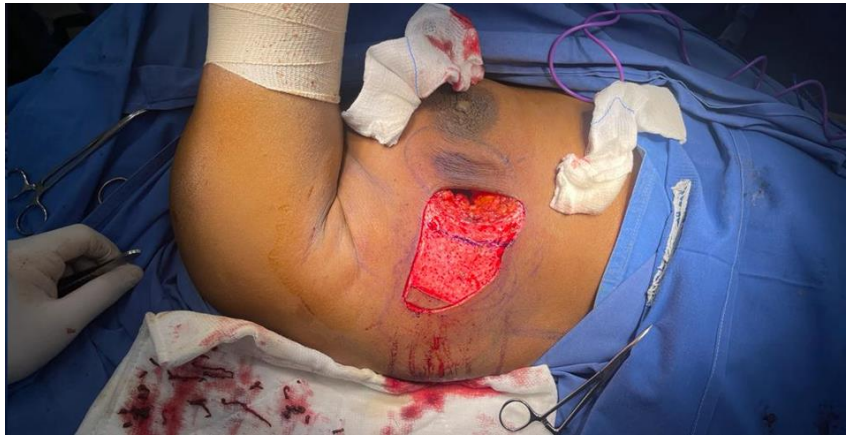

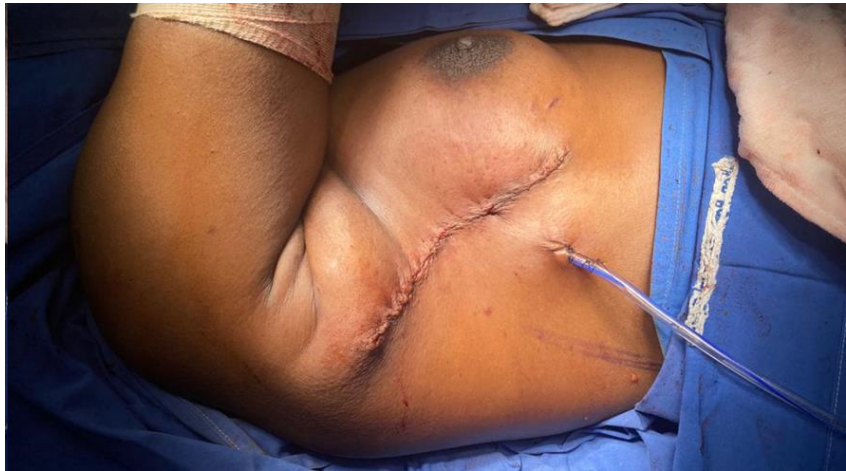

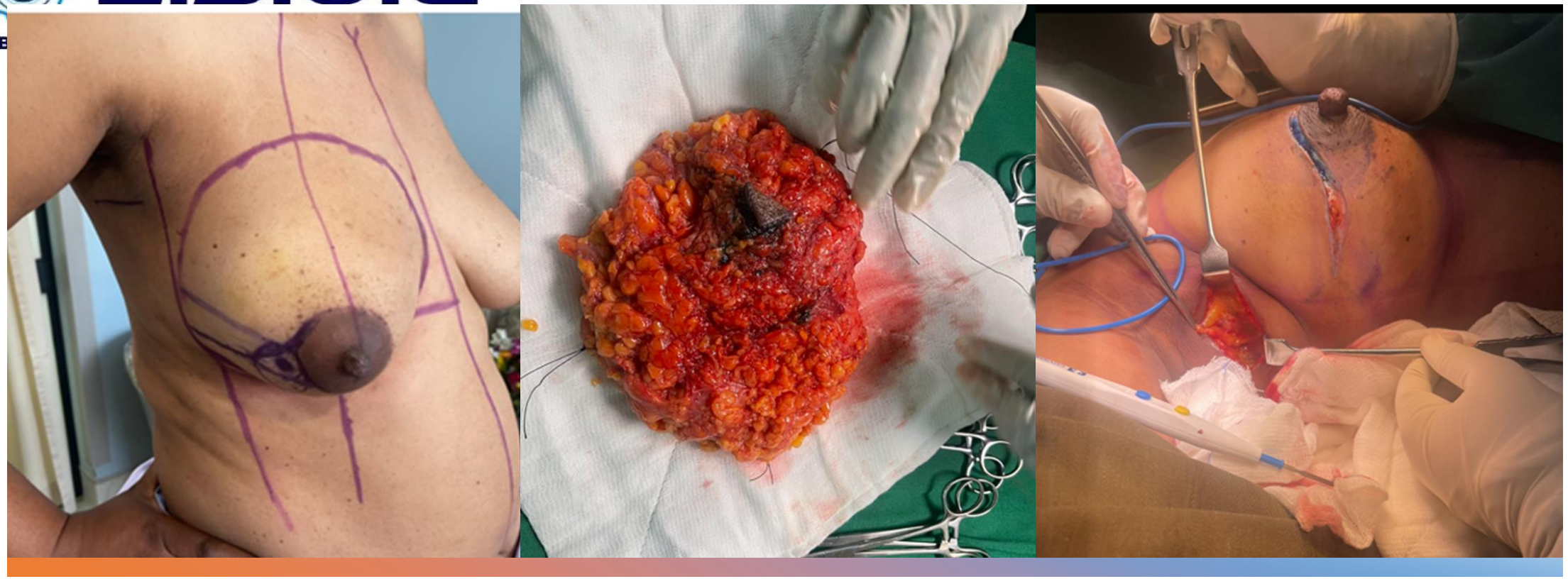

CASE 5: NIPPLE AND SKIN SPARING MASTECTOMY AND EXPANDER RECONSTRUCTION

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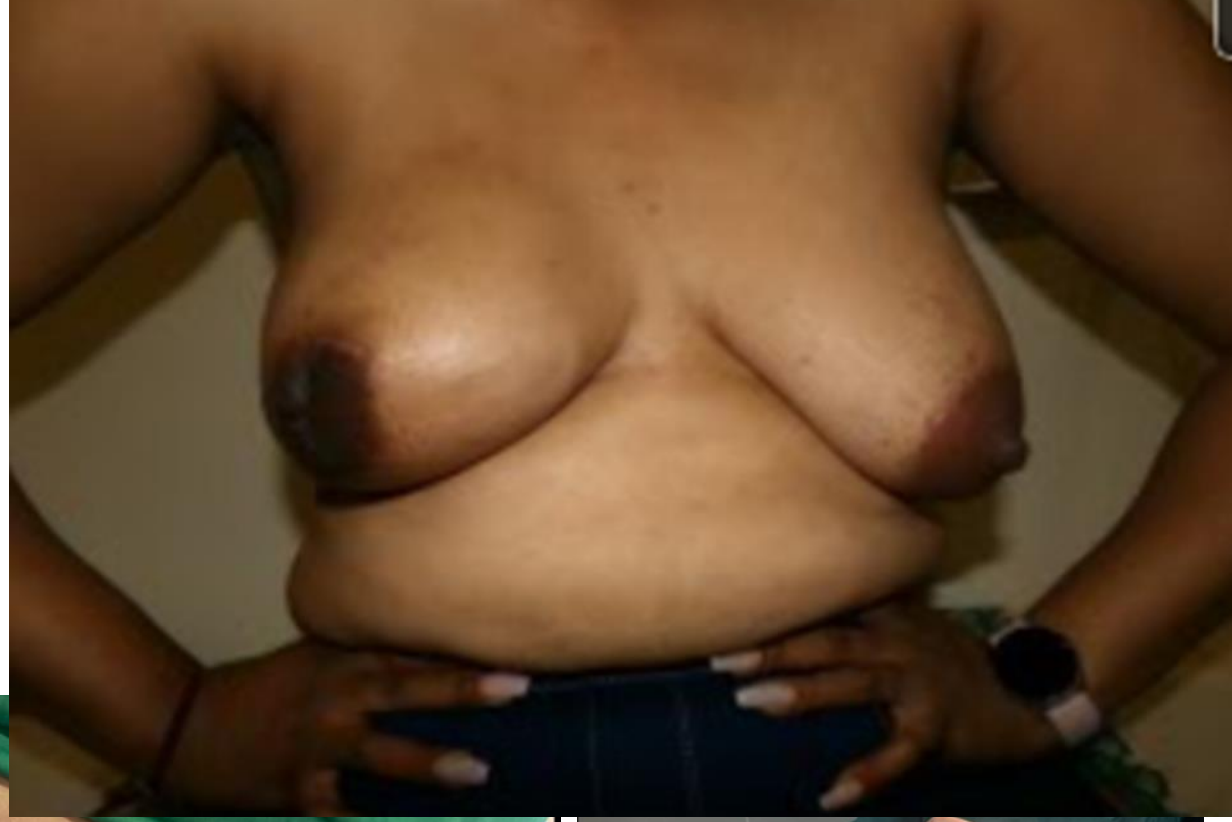

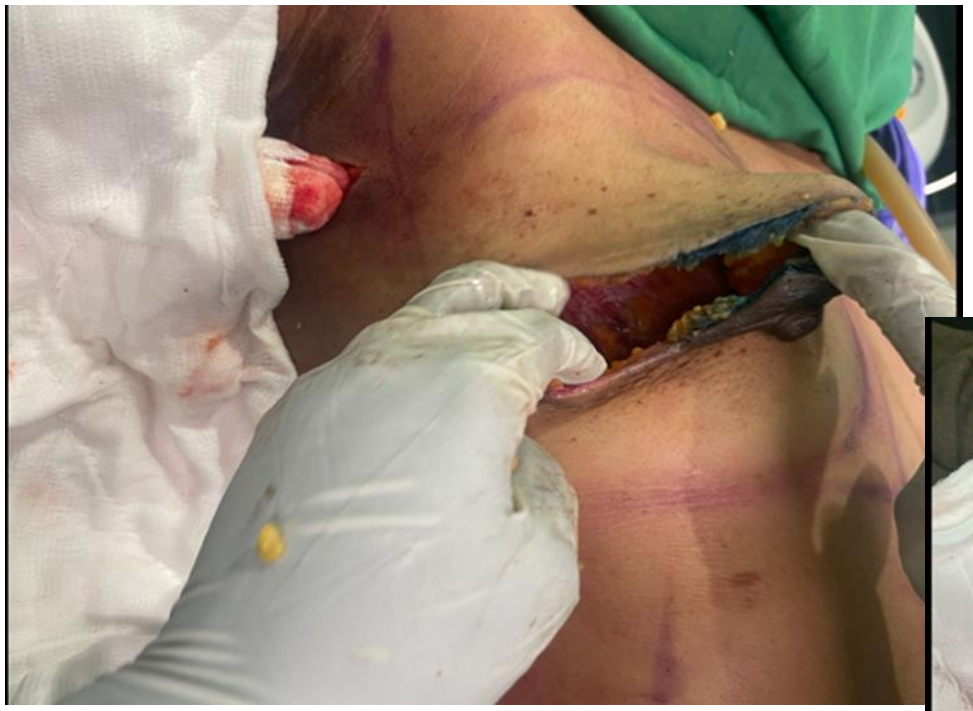

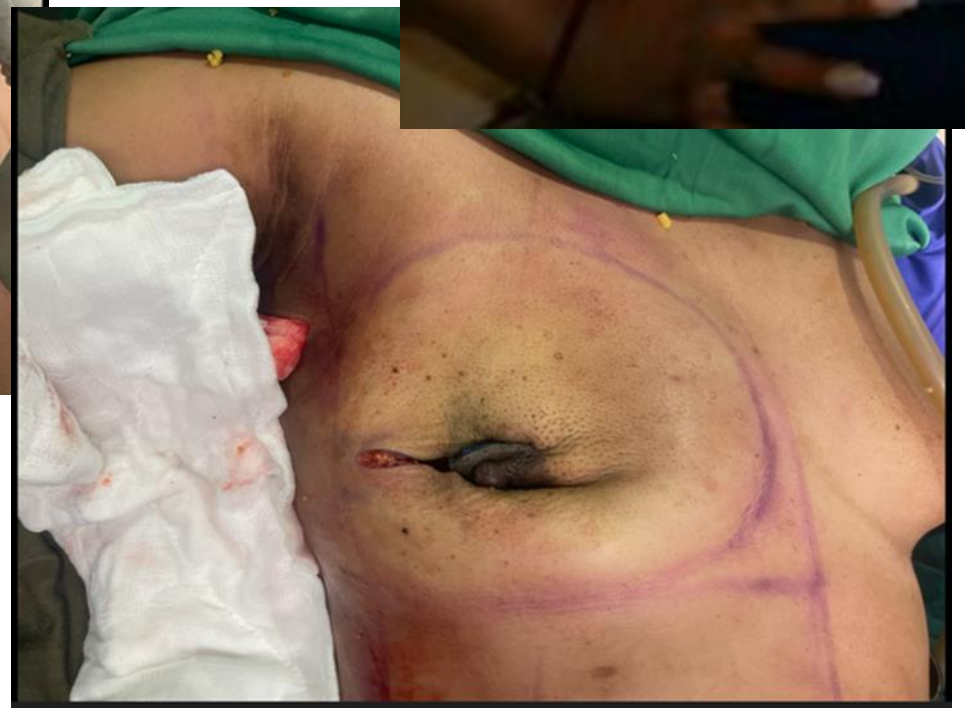

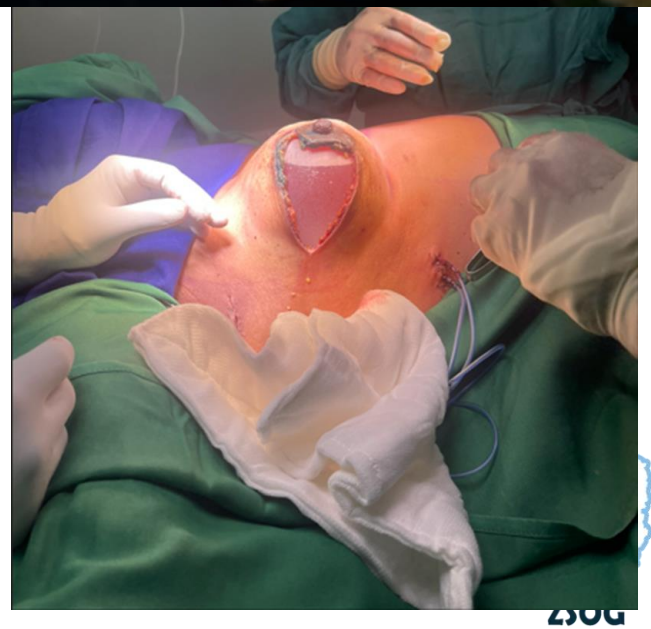

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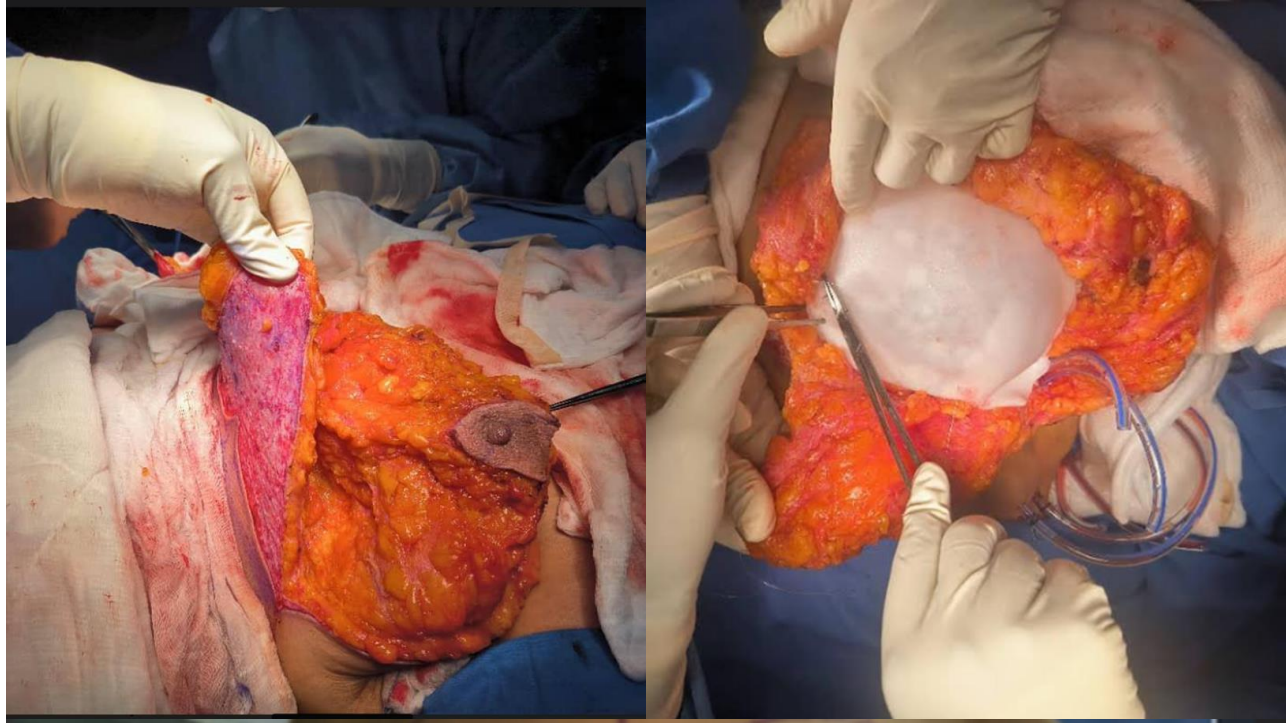
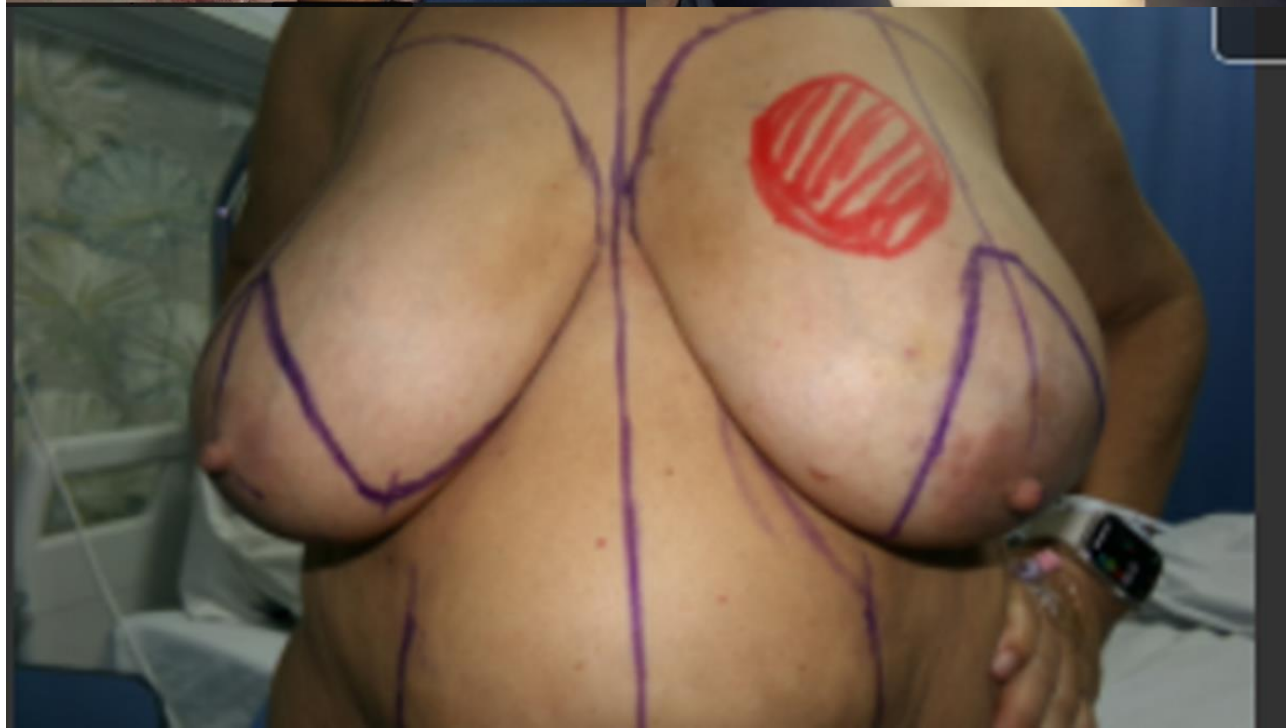
CASE 6: Skin reducing mastectomy with immediate pre pectoral breast reconstruction with implant and Braxon fast mesh





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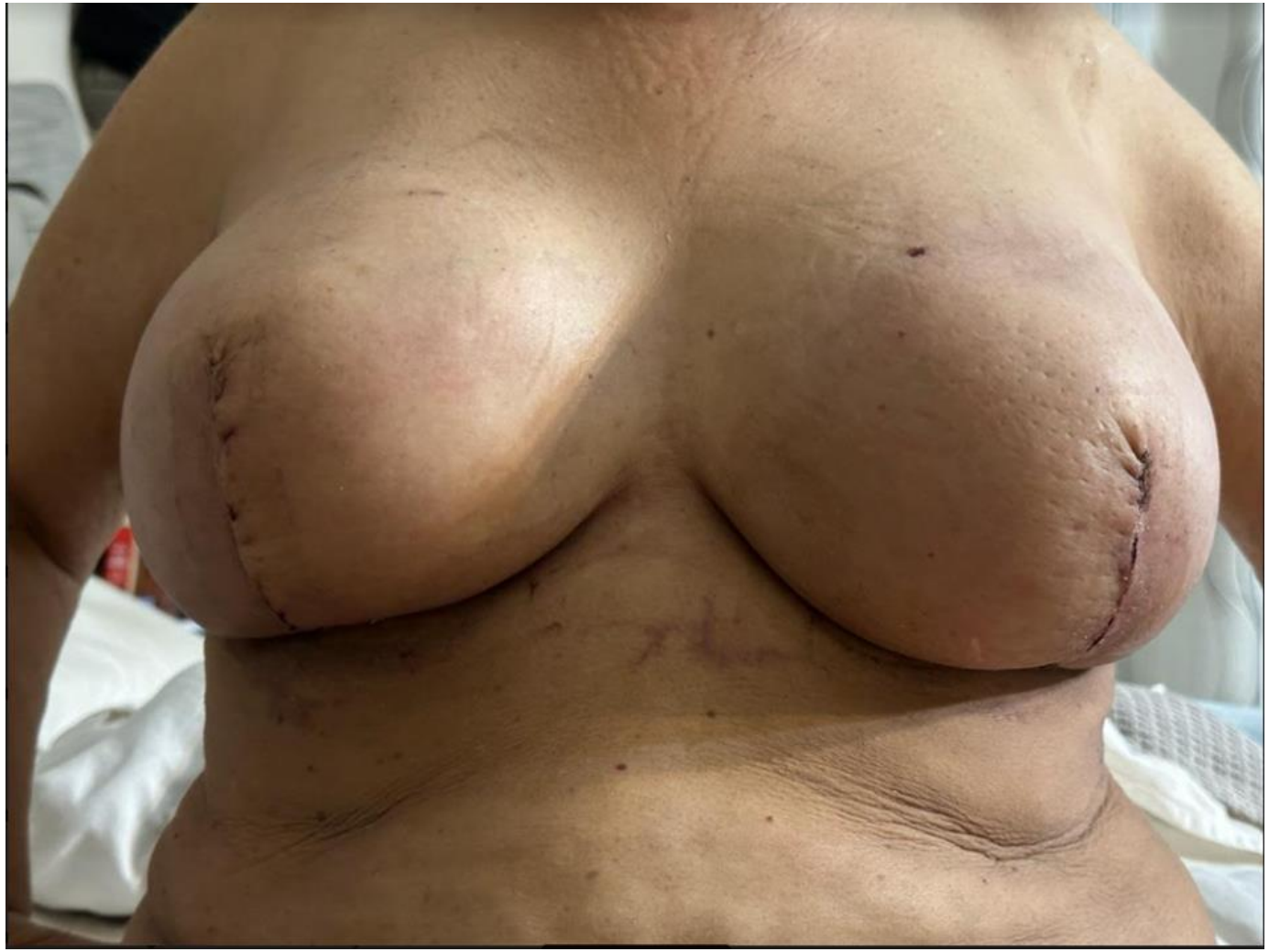

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THANK YOU

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