

Total Autologous Post Mastectomy Breast Reconstruction with Large Loco-Regional Flaps. The South African Variation of the Goldilocks Procedure.

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Introduction:

Despite advances in the understanding of local control in breast cancer, some patients fit criteria for a bilateral mastectomy and post-mastectomy radiation to at least one side. Using this novel approach, a small breast mound can be reconstructed at the time of the oncological surgery. This avoids the extensive surgical time and recovery associated with free flap reconstruction.

Aim:

This is a retrospective review of 43 consecutive cases from the Netcare Breastcare Centre of Excellence.

Materials and Methods:

This study reports a series of 43 patients in which a mastectomy was performed followed by an immediate autologous reconstruction. The reconstruction used the remaining mastectomy flaps as well as large perforator-based local regional flaps from SMAF and LICAP vascular territories.

Results:

43 Patients with an average age of 57.6yrs underwent a total of 84 Type 4 SSMs for 48 cancers. The mean follow up was 387days [655-203]. 5 patients smoked and 9 patients had a BMI>35.

84 mastectomies were performed on 43 patients, 41 patients had bilateral mastectomies and 2 had a unilateral mastectomy with an opposite side matching procedure. Skin sparing mastectomies were performed in 36 breasts and nipple and skin sparing mastectomies were performed in 48 breasts. The average mastectomy mass was 559g [160g-1446g]. 7 patients required neo-adjuvant chemotherapy, 14 patients required adjuvant chemotherapy and 16 patients required radiation.

The reconstructions included 8 pure Goldilocks reconstructions, 2 Goldilocks with LICAP, 7 Goldilocks with LICAP and SMAF flaps and the remaining 67 breasts were reconstructed with a Goldilocks and turnover SMAF flaps.

6 patients, all smokers or with a BMI>35 required debridement and closure for wound healing problems and minor flap necrosis. 4 patients required prolonged dressings for wound healing issues and wound sepsis.

Conclusion:

The complication rates are acceptable even in high-risk patients. The aesthetic outcomes are generally good and most patients' reconstructive goals were achieved.