



ELSEVIER



## Correspondence and Communications

## Evolving role of surgeons with the use of implant based breast reconstruction<sup>☆</sup>



Dear Sir,

We read with great interest the article written by Poole et al.<sup>1</sup> and it was interesting to note the outcome of implant-based breast reconstructive surgery particularly with time. It appears that cosmetic dissatisfaction, pain and capsular contracture were the main contributing factors. Their complication rates compare favourably with the National mastectomy and the Implant based breast reconstruction (IBRA) audit findings.

The incidence of breast cancers is on the rise with approximately 50,000 new breast cancers diagnosed each year and majority of patients undergoing implant-based breast reconstruction due to advances in materials and implants.<sup>2</sup> About 40% are implant-based breast reconstruction and the traditional technique includes subpectoral breast reconstruction. Animation deformity and pain are well known problematic entities associated with this technique. We have graded animation deformity and recommended surgical intervention in patients with grade 3 and 4.<sup>3</sup> In our experience, we observed animation deformity in about 70% of patients (during routine clinical follow up at 1 year) who underwent subpectoral breast reconstruction ( $n=50$ ). About 15% reported discomfort and interference with activity (heavy exercises, lifting) and opted for surgical correction.

The evolution of technique has resulted in the adoption of minimal invasive surgery incorporating prepectoral implant-based breast reconstruction.<sup>4</sup> This technique eliminates animation deformity and associated with minimal pain. However, rippling appears to be main side effect. We reported our initial results of the multicentre study of 100 prepectoral implant-based breast reconstruction (median follow-up 17.9 months). The outcome demonstrated low complication rates with complete lack of animation deformity.<sup>5</sup> This technique is associated with minimal pain and capsular contracture, but rippling deformity may need corrective surgery.

However, the long-term outcomes are still awaited; the rate of implant-based breast reconstruction continues to rise and patients need to be well informed of the bene-

fits, risks and the need for maintenance surgery. The role of breast surgeons has also evolved with the need to incorporate oncological with cosmetic surgery. The patient's expectations continue to rise and the demand for providing good cosmesis whilst maintaining an oncological resection continues to pose a major challenge today.

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### Conflict of interest

No conflict of interest.

### References

1. Pool SMW, Wolthuisen R, Mouës-Vink CM. Silicone breast prostheses: a cohort study of complaints, complications, and explantations between 2003 and 2015. *J Plast Reconstruct Aesthet Surg* 2018;**71**(11):1563-9.
2. Tasoulis M, Iqbal FM, Cawthorn S, MacNeill F, Vidya R. Subcutaneous implant breast reconstruction: time to reconsider? *Eur J Surg Oncol* 2017;**43**(9):1636-46.
3. Vidya R, Iqbal FM. A guide to pre-pectoral breast reconstruction: a new dimension to implant based breast reconstruction. *Clin Breast Cancer* 2017;**17**(4):266-71.
4. Vidya R, Tafazal H, Salem F, Iqbal FM, Sircar T. Management based on grading of animation deformity following implant-based subpectoral breast reconstruction. *Arch Plast Surg* 2018;**45**(2):185-90.
5. Vidya R, Masià J, Cawthorn S, Berna G, Bozza F, et al. Evaluation of the effectiveness of the prepectoral breast reconstruction with Braxon dermal matrix: first multicenter European report on 100 cases. *Breast J* 2017;**23**(6):670-6.

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<sup>☆</sup>All authors contributed and the article has not been submitted elsewhere.