Unilateral Reconstruction

Patient: 41 year-old woman.
Diagnosis: Right breast invasive ductal carcinoma.
Procedure:

Oncologic procedure: Right skin sparing mastectomy and axillary dissection.
Reconstructive procedure: Right immediate definitive implant reconstruction (direct-to-implant).
Anatomical implant 270 g was selected.

Fig. 1.1 Pre-operative view
Ptosis grade 1, medium breast size, symmetrical breasts

Fig. 1.2 Pre-operative drawings
Marking midline and inframammary fold
Right breast radial oblique incision including nipple areolar complex
Fig. 1.3  Skin envelope after mastectomy procedure

Figs. 1.4, 1.5, and 1.6  Pectoralis major muscle dissection (detachment of medial and inferior costal insertions)
The careful hemostasis of the anterior intercostal perforator is important to avoid bleeding and post-operative complications
Figs. 1.7 and 1.8 Serratus anterior muscle dissection

Fig. 1.9 Definitive prosthesis placement
Figs. 1.10, 1.11, and 1.12  From the caudal view, the pectoralis major and anterior serratus muscles were sutured together. It is not mandatory to achieve the complete submuscular pocket coverage. However, at the upper outer part, the suture between these two muscles should be made to avoid the prosthesis displacement toward the axilla. The yellow arrow indicates the pectoralis major muscle and the white arrow points the anterior serratus muscle.

Fig. 1.13  Immediate final results

Fig. 1.14  The seventh post-operative day
Atlas of Breast Reconstruction
Rietjens, M.; Casales Schorr, M.; Lohsiriwat, V.
2015, XVI, 543 p. 1895 illus. in color., Hardcover
ISBN: 978-88-470-5518-6