

Steps for Single-stage Breast Reconstruction with Adjustable Breast Implants

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First I mark the patient prior to the mastectomy. I use a separate incision for the axillary dissection or biopsy scar if needed. I always place the reconstructed implant 1-2 cm lower than the normal side, since it usually rises up a bit. It is important to allow for the 4th dimension (gravity and time) with your markings.

Establishing a relationship with the general surgeon has been a key to success for me. I try to be considerate with my suggestions about the flaps and the fascia as this can be a sensitive topic.

If it is needed, I always do a mastopexy, augmentation or reduction on the other side at the same time as the mastectomy. This allows me to work with the general surgeon and saves the patient time under anesthesia.

When the mastectomy is completed, (fig. 1) I begin by releasing the pectoralis muscle to the fourth intercostal space. (fig. 2) I then raise a small flap of pectoralis minor and serratus muscle (fig. 3) and suture it to the lateral edge of the pectoralis muscle (3-0 absorbable sutures) to keep the implant from sliding into the axilla. (fig. 4)



Fig. 1



Fig. 2

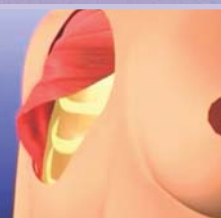


Fig. 3



Fig. 4

I recreate the IMF and the anterior axillary line with Prolene or Maxon sutures if these landmarks have been disrupted. In small breasted women, I advance skin from the abdomen into the inferior skin flap and recreate the IMF to achieve more ptosis.

I use a saline sizer to determine the base diameter and volume and adjust the fold, etc. Once this is completed, I insert the implant and position it appropriately. Then I suture the pectoralis muscle to the inferior skin flap with 3-0 monocr. (fig. 5)

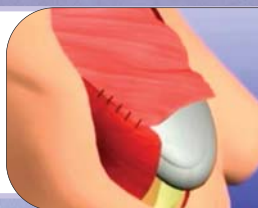


Fig. 5

At this point, I place the patient in a sitting position to evaluate the breast. I will then adjust the skin envelope and volume as needed. Once I am satisfied with the result, I place the (micro) remote injection port laterally on the pectoralis muscle and suture it down with a subcuticular layer. Finally, I place the drain either through the axillary incision or I use a separate stab wound.



Injection dome placement sites

