

August 06-07, 2018
Prague, Czech Republic

William Heseltine-Carp et al, J Univer Surg 2018, Volume: 6
DOI: 10.21767/2254-6758-C1-002

RECONSTRUCTION SALVAGE FOLLOWING COMPLICATIONS OF SKIN-SPARING MASTECTOMY AND IMMEDIATE IMPLANT INSERTION

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Immediate insertion of an anatomical prosthesis that matches breast contour and excised mastectomy volume while retaining the enclosing skin envelope results in a natural and largely unaltered breast mound that readily matches the contralateral side. However, potential complications require careful short term follow up. We reviewed records of 78 patients who underwent a skin-sparing / immediate implant technique from 2009 to 2016 (15 with an uplift for ptosis). Mean age was 53 years (range 32 to 73). All received prophylactic IV antibiotic at the time of surgery. After initial discharge home, 32 patients received antibiotic treatment for various signs of infection: in-patient IV Teicoplanin (9 patients) and Co-amoxiclav (10) and more recently an equally effective oral combination of Flucloxacillin and Clindamycin (13). Signs of infection resolved promptly in 20 cases. Using a small submammary incision, 12 patients with ongoing symptoms underwent implant exchange, antiseptic pocket irrigation and insertion of Colotamp® (gentamicin sponge). Only 2 patients subsequently required implant removal. Microbiology identified "normal skin flora" in 10 cases and Staph aureus in 4. Wound edge necrosis required superficial debridement in 4 additional patients. Mean hospital stay was 3.1 days in uncomplicated cases and 7.2 days in those treated for infection. Complications were commoner in smokers. Skin preserving mastectomy with immediate permanent implant insertion now provides excellent cosmesis without recourse to flaps and more extensive surgery. Surgery is often carried out through a small incision and retraction traumatizes the edges which may require excision at the time or subsequently. The more prolonged subcutaneous dissection involved in this procedure seems to predispose to low grade infection, often with non-pathogenic organisms. Appropriate combination oral antibiotics can be effective in this context and avoid readmission. Despite apparent prosthesis infection, the described technique permits successful implant replacement. No acellular dermal matrices (ADMs) required removal as none were inserted, also an important cost saving.

Biography

William Heseltine-Carp is a 4th year Medical Student at Cardiff University, currently completing an intercalation year in Neuroscience BSc. This project was completed with the help of Consultant General surgeon, Mr. Rhodri Williams, Department of Surgery, Royal Glamorgan Hospital, Llantrisant.

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