

In good shape

Aesthetic aspects in breast cancer surgery are conserved through improvisation

The recent death of a well-known film critic brought to my memory a quote from the book *The Emperor of all Maladies*, "Now it is cancer's turn to be the disease that doesn't knock before it enters."

Cancer, more so breast cancer, has entered India without knocking. Over

1,00,000 women develop breast cancer in India each year. One in 26 women is at a lifetime risk of developing breast cancer. The incidence is more in urban areas and in a decade younger (40-50 age group) than in western countries, thus affecting women in their prime of life. The loss of the organ is associated with significant per-

sonal, social and sexual overtones.

In the context of these facts, we have made various improvisations in the surgical treatment.

Modified radical mastectomy: The size of the scar has reduced from a traditional 10-12 inches to 6-7 inches. The orientation of the incision makes it cosmetically acceptable. Skin and nipple sparing mastectomy are performed in selected patients, who are potential candidates for breast reconstruction. Complications like flap necrosis and infection are less than 3 per cent.

Axillary dissection: Refinement in techniques has reduced the morbidity of axillary dissection. Lymphedema (swelling of the arm) is uncommon though seroma (fluid accumulation in the armpit) is not. Patients with non palpable axillary lymph nodes undergo Sentinel Lymph node Biopsy (use of a radioactive and/or blue dye to accurately stage the axilla), thus avoiding a conventional axillary dissection.

Breast conservation surgery: Long term results of numerous randomised trials have demonstrated that Breast Conservation Surgery (Wide Excision and Axillary Dissection) is as effective as Modified Radical Mastectomy in loco-regional control. In patients with appropriate tumour to breast ratio and in the absence of other contraindications, this surgery promises excellent cancer control.

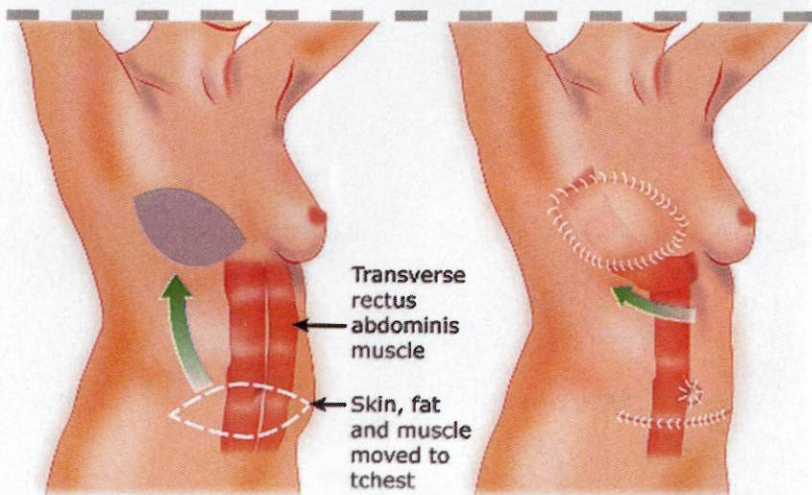
Breast reconstruction: All patients undergoing a unilateral or bilateral breast surgery should be seen by a reconstructive plastic surgeon to discuss options for breast reconstruction. Selection of reconstructive method depends on

- Patient expectations: no reconstruction
- Physical appearance: breast size, shape, weight, scars, skin quality.
- Cancer treatment: chemotherapy, radiotherapy, unilateral vs bilateral

Even the nipple areola complex can be reconstructed. Thus the traditional mutilating, potentially devastating Halstedian surgery has been replaced by refined and cosmetically more acceptable surgery.

Dr D.J. Vijay,

Consultant, Surgical Oncologist,
HCG Cancer Center, Ahmedabad.
email: info@hcgoncology.com



Transverse Rectus Abdominus Myocutaneous (TRAM) Flap Reconstruction

Over 1,00,000 women develop breast cancer in India each year. One in 26 women is at a lifetime risk of developing breast cancer. The incidence is more in urban areas and is a decade younger (40-50 age group) than in western countries.