



RISKS & COMPLICATIONS OF ONCOPLASTIC BREAST SURGERY

General Risks of Surgery

Anaesthetic risks
Discomfort / pain – acute/chronic
Bruising / Haematoma (requiring return to theatre)
Infection
Wound Healing (impaired, delayed)
DVT/PE

Specific Risks for Standard Breast Procedures

- Breast Biopsy/Wide Local Excision
 - Scars
 - Deformity/Asymmetry
 - Need for further surgery
 - Impact of future radiotherapy
- Localised Wide Local Excision
 - As for WLE
 - Use of Isotope (safety and half-life explanation)
- Sentinel Lymph Node Biopsy & Ax Node Sampling
 - Impaired arm/shoulder movement
 - ICBn damage
 - Lymphoedema
 - Seroma
 - Blue Dye allergy/anaphylaxis (quote %)
 - Possible need for further surgery (clearance)
- Axillary Node Clearance
 - Impaired arm/shoulder movement
 - ICBn damage
 - Lymphoedema
 - Use of Drains
 - Seroma
- Mastectomy
 - Scars
 - Deformity
 - Dog-ears
 - Wound healing problems
 - Impact of radiotherapy
 - Use of Drains
 - Seroma



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Specific Risks for Oncoplastic & Reconstructive Procedures

- For **all** procedures:
 - Type and extent of scars
 - “.... .unable to guarantee symmetry of shape, volume”*
 - “...unable to guarantee will not require further surgery”*
- **WLE with Breast Reshaping (volume displacement)**
 - Palpable irregularity of repaired gland
 - Type and extent of scars
 - Skin envelope necrosis
 - Fat necrosis
 - Need for further surgery
 - Unpredictable effects of XRT
- **Therapeutic Mastopexy/Mammoplasty**
 - Type and extent of scars
 - Skin envelope necrosis
 - Fat necrosis
 - Sub-optimal healing (T-junction breakdown)
 - Need for re-excision/mastectomy
 - Unpredictable effects of XRT
- **Skin Sparing Mastectomy (immediate reconstruction)**
 - Skin envelope necrosis (smokers, low BMI)
- **One Stage Expander/ Implant**
 - Implant palpability, rippling, rotation
 - Deep implant infection requiring explantation for 3 months
 - Capsular contracture
 - Inflation port – palpability, position, malfunction
- **Two-stage Expander then Implant**
 - As for one stage but need for hyper-expansion
 - Need for second op understood



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- Latissimus Dorsi (autologous)

Donor site morbidity:

Extent of scar
Back contour uneven (fat harvest)
Skin necrosis
Reduced shoulder strength and function
Persistent seroma

Flap:

Partial or full flap failure (<2%)
Twitching of flap
Flap atrophy (volume loss)
Fat necrosis (lumpiness, vol loss)

- Latissimus Dorsi (with implant)

As for autologous LD but with additional implant risks:

palpability, rippling, rotation, deep implant infection requiring explantation for 3 months, capsular contracture.

- Pedicled TRAM Flap

Donor site morbidity:

Extent of scar
Wound healing problems incl dehiscence
Reduced abdominal wall strength and function
Mesh repair – bulge, risk of incisional hernia

Flap:

Partial or full flap failure (~ 5%)
Flap atrophy (volume loss)
Fat necrosis (lumpiness, vol loss)

- Nipple Reconstruction

Partial necrosis (<5%)
Full necrosis – nipple loss (<1%)
Loss of projection over time



**RISKS & COMPLICATIONS
OF ONCOPLASTIC BREAST
SURGERY**

- **Breast Augmentation (primary)**

Functional:

Sensation changes (Increased 30%, Reduced 30%)
? Impaired ability to breast feeding
? Impaired sensitivity of mammography

Aesthetic

Accentuation of underlying asymmetry
Rotation, edge palpability, “rippling”, “bottoming out”
Capsular contracture
Need for revisional surgery

The Implants:

Low rupture risk

- **Revisional Implant Surgery (capsulotomy, ‘ectomy, ‘orrhaphy)**

As for implants plus
Recurrent Capsule formation
More likely to bleed - increased risk of haematoma (drain more likely)

- **Reduction Mammoplasty**

Surgical:

Extent of scars
Impaired wound healing (T-junction)
Nipple Loss (partial/full)
Fat necrosis

Functional:

Nipple Sensation changes (Reduced 30-50%)
? Impaired ability to breast feeding

Aesthetic

Changes over time: Breast regrowth with weight gain
“bottoming out”
Need for revisional surgery



**RISKS & COMPLICATIONS
OF ONCOPLASTIC BREAST
SURGERY**

- **Lipomodelling/ Fat Grafting**

Donor Site:

Bruising/Haematoma

Discomfort – acute/chronic

Numbness

Uneven contours

Ridges

Inadvertant Internal Injury (theoretical only)

Recipient Breast:

Infection

Swelling

Bruising

Lumpiness / Fat necrosis/ Cyst Formation

Uneven contours

If previous cancer (theoretical risk of increased local recurrence – unproven in largest European Centre Series – Lyon, Milan)

Changes to future mammography (theoretical increased need for further biopsies – not proven)

Note:

This information is for general guidance only and represents the views and opinions of Mr Iain M Brown Consultant Oncoplastic Breast Surgeon. It should in no way be regarded as either definitive or representing the views of any other surgeon, doctor or institution.