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Direct to implant breast reconstruction without the use of an acellular-dermal matrix is cost effective and oncologically safe.

Background: Direct to implant breast reconstruction is a predictable, reliable and cost effective reconstruction. Most units performing Direct to implant reconstructions recommend the use of an ADM or a mesh to reinforce the lower pole of the breast reconstruction.

Methods: 272 consecutive patients with 488 immediate direct to implant breast reconstructions from performed in a 34 month period are included in this group. Mean follow up of this group is 35 months.

Results: 408 reconstructions were done through a lazy S mastectomy, 80 through a wise pattern mastectomy. 2 local recurrences occurred. Minor complications accounted for 5.5%(27); seromas 3.4% (17), wound healing problems 0,6% (3), grade 2 capsular contracture 1,4% (7); Major complications 4.3% (21); infection 0.8%(4); prosthetic loss 0,4% (2), hematoma 0,4% (2), wounds requiring debridement 2% (10). Additional cost of an ADM is dependent on manufacturer and size, but increase the cost of the procedure by 35.5-47.7%.

Conclusion: This reconstruction method compares very favorably with published data from other units as far as early and late complications are concerned as well as cosmetic outcome. It has a similar complication rate as reconstructions using an ADM and is more cost effective.

Biography

Dr Charles Serrurier is a dedicated breast reconstructive and cosmetic plastic surgeon at the Netcare Breast Care Centre of Excellence, situated at Netcare Milpark Hospital. He is registered with the Health Professions Council of South Africa (HPCSA) as a plastic and reconstructive surgeon and is a member of the Association of Plastic and Reconstructive Surgeons of Southern Africa (APRSSA) and the International Society of Aesthetic Plastic Surgeons (ISAPS). Dr Serrurier obtained his medical degree from the University of the Witwatersrand (WITS) in Johannesburg and qualified as a plastic surgeon in 2008. Thereafter he headed the plastic surgery department at Helen Joseph Hospital for five years. During this time, he had a small private practice but concentrated on honing his breast reconstructive skills in the academic environment. Considered as one of the leading breast reconstructive surgeons in South Africa, Dr Serrurier has presented his breast reconstructive work at both local and international congresses. He remains involved with academic practice and lectures and trains plastic surgeons in advanced breast reconstruction.

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