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Using preserved areolar skin after skin-sparing mastectomy provides increased sensation in the reconstructed nipple

Background: Nipple areolar complex reconstruction (NACR) is the final stage of breast reconstruction. Its aim is to restore aesthetic integrity however sensation is usually impaired. Using preserved areolar skin to reconstruct the nipple may possibly benefit nipple sensation.

Aim: To determine the effect of areolar skin preservation on nipple sensation when using preserved areola skin to construct a neo-nipple.

Material and methods: Patients who had underwent bilateral NACR using preserved areolar skin and full-

thickness skin graft (FTSG), after SSM with DTI (A-PNACR) were compared to patients in whom NACR was performed after expander-prostheses reconstruction. Skin sensation was determined by light touch and a Semmes-Weinstein monofilament kit. It was tested in four quadrants of each reconstructed NAC using the suprasternal notch as control.

Results: 29 patients were recruited, 18 in study group (A-PNACR) and 11 as control. Pressure sensation was significantly increased in patients with A-P NACR. Far fewer A-PNACR patients had very poor (300g) or absent sensation (p<0.0001). Light touch was poor in both groups although better in A-P NACR (11.1% vs 4.8%).

Conclusion: This study confirms that an areolar-skin preserved NACR confers significantly better nipple sensation for patients than conventional techniques of NACR.

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 if 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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