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Autologous bone marrow therapy to operative site following modified radical mastectomy to prevent flap complications

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Introduction: Breast cancer is the second leading cause of cancer-related deaths, second to lung cancer, with approximately 40,000 deaths caused by breast cancer annually. Breast cancer is also a global health problem, with more than one million cases of breast cancer diagnosed worldwide each year [1]. Though breast-conserving surgery is more and more welcomed among female patients, modified radical mastectomy (MRM) still plays an important role in the operation for breast cancer. Postoperative complications such as wound pain, hematoma, marginal necrosis, flap necrosis, seroma, wound infection, shoulder stiffness and prolonged drainage led to a delay of adjuvant therapy after the operation [2]. In our study we have tried the autologous bone marrow therapy to operative site to prevent such complications.

Materials And Methods: Two groups of patients were selected randomly containing 20 patients in each group. The patients under control group were treated by modified radical mastectomy alone whereas the patients under study group were treated by modified radical mastectomy followed by autologous bone marrow therapy to operative site. The patients were followed postoperatively and parameters like post-operative pain, seroma collection, marginal necrosis, flap necrosis, wound infection, hypertrophic scar or keloid, local recurrence of tumour was observed in both the groups

of patients.

Results: After our study we found that Post operatively the patients in study group experienced less pain as compared to control group. Out of 20 patients in control group marginal necrosis was observed in 4 (20%) patients whereas in study group it was seen in 2 (10%) patients (p value = 0.4459). Flap necrosis was seen in 2 (10%) patients in control group whereas no such complication was observed in study group (p value = 0.1670). In control group 9 (45%) patients were observed to have seroma collection after removal of drain which required aspiration but in study group none of the patient had seroma collection after removal of drain (p value = 0.0058). In control group shoulder stiffness was observed in 8 patients (40%) whereas in in study group it was observed in 2 (10%) patients (p value = 0.0873). local recurrence of tumour and hypertrophic scar was only seen in 1 patient respectively in control group. No local recurrence of tumour, hypertrophic scar, keloid was seen in study group.

Conclusion: To minimize the skin flap complications after modified radical mastectomy for breast cancer, lesser use of cautery and infiltration of autologous bone marrow, routine use of suction drains and application of pressure garments may be recommended.

Biography

Dharbind Jha has completed his Post Graduation in –General Surgery from SAMBALPUR UNIVERSITY and he completed his Graduation from Calcutta National Medical College and he is now SURGEON in VSS Medical College, India.

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