

## One Staged Silicone Implant Breast Reconstruction Following Bilateral Nipple-Sparing Prophylactic Mastectomy In High-Risk Breast Patients

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### Abstract

**Backgrounds:** Diverse opinions are encountered in the literature regarding the indications, incisions to be chosen or reconstruction method following prophylactic mastectomy. In addition, the biggest handicap in most studies concerning either patient's satisfaction or operation results is the lack of group homogeneity. The purpose of the study was to evaluate the patient satisfaction rate and the operation technique used in homogeneous group of patient for prophylactic mastectomy.

**Methods:** In our center thirteen bilateral prophylactic mastectomies due to high-risk breasts and simultaneous reconstruction of the breasts using submuscular placed medium height high profile silicone implants were performed between the years 2008-2011. Two of the main mastectomy indications were occurrence of breast cancer in a first-degree relative and multiple cysts in the breast and/or multiple suspicious micro-calcifications in mammographic imaging. The patients were divided in two main groups according to having either small breasted (7 patients) or large/ptotic breasted patients (6 patients). A periareolar incision was used in small-breasted subjects. In large/ptotic breasted patients planning was similar to the vertical mastopexy pattern. Satisfaction outcomes were evaluated by using questionnaire previously used in the Michigan Breast Reconstruction Outcome Study.

**Results:** The satisfaction rate about the questions, which assess the general satisfaction, was 100 % in our patients. With regard to the aesthetic outcomes of the operation, 92.3 % of patients were satisfied (Figure1).



**Figure 1:** Preoperative image of a ptotic breasted patient (left). The vertical mastopexy incision and postoperative images after bilateral prophylactic mastectomy and silicone implant reconstruction (right)

**Conclusions:** We obtained very good aesthetic results with low complication rates using this technique in this group of patients. A larger study that compares the use of this technique in similar patients with homogeneous patient groups that underwent different mastectomy and reconstruction techniques will provide more objective findings and data about the treatment method.