

The Contralateral Breast Flap (CLBF) in Autologous Breast Reconstruction

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Disclosures



- The authors have no financial interest to declare in relationship to the content of this presentation



Introduction

The CLBF is an overlooked surgical resource for breast reconstruction.

Possible candidates includes patients with:

- Hypertrophic and ptotic opposite breast that needs to be reduced
- High risk of complications due to general medical conditions (age, radiation therapy, obesity)

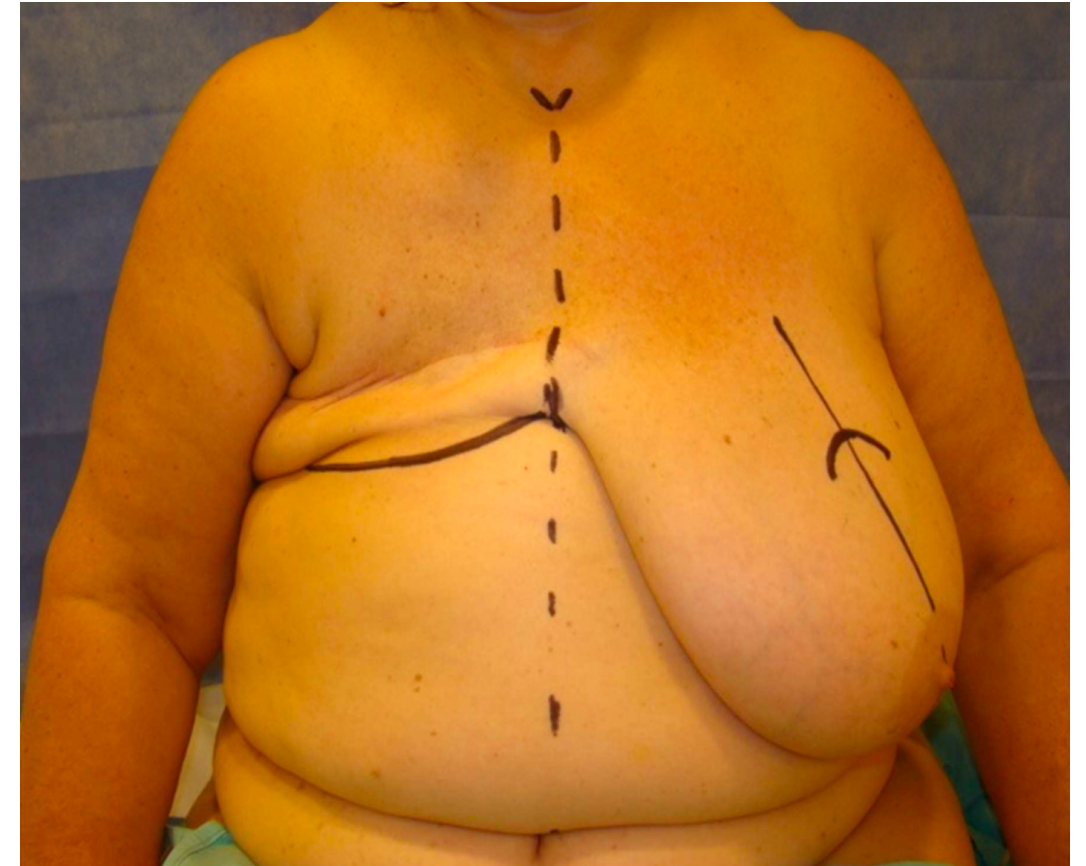
Objective



- To report a case of breast reconstruction with the CLBF

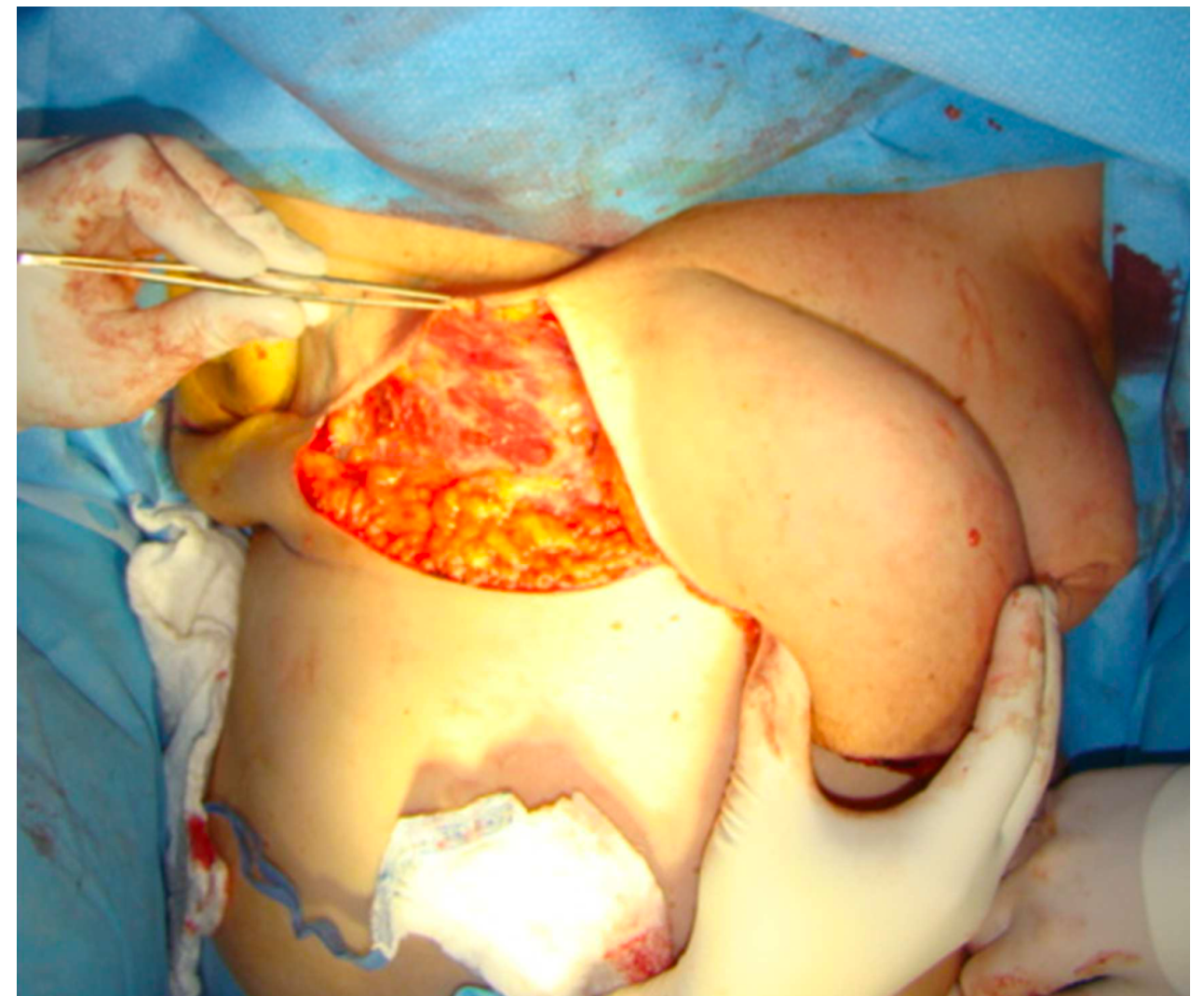
Surgical Technique

- Pre-operative Markings
 - Upright position
 - Anterior chest wall midline
 - Inframammary fold
 - Donor breast meridian



Surgical Technique

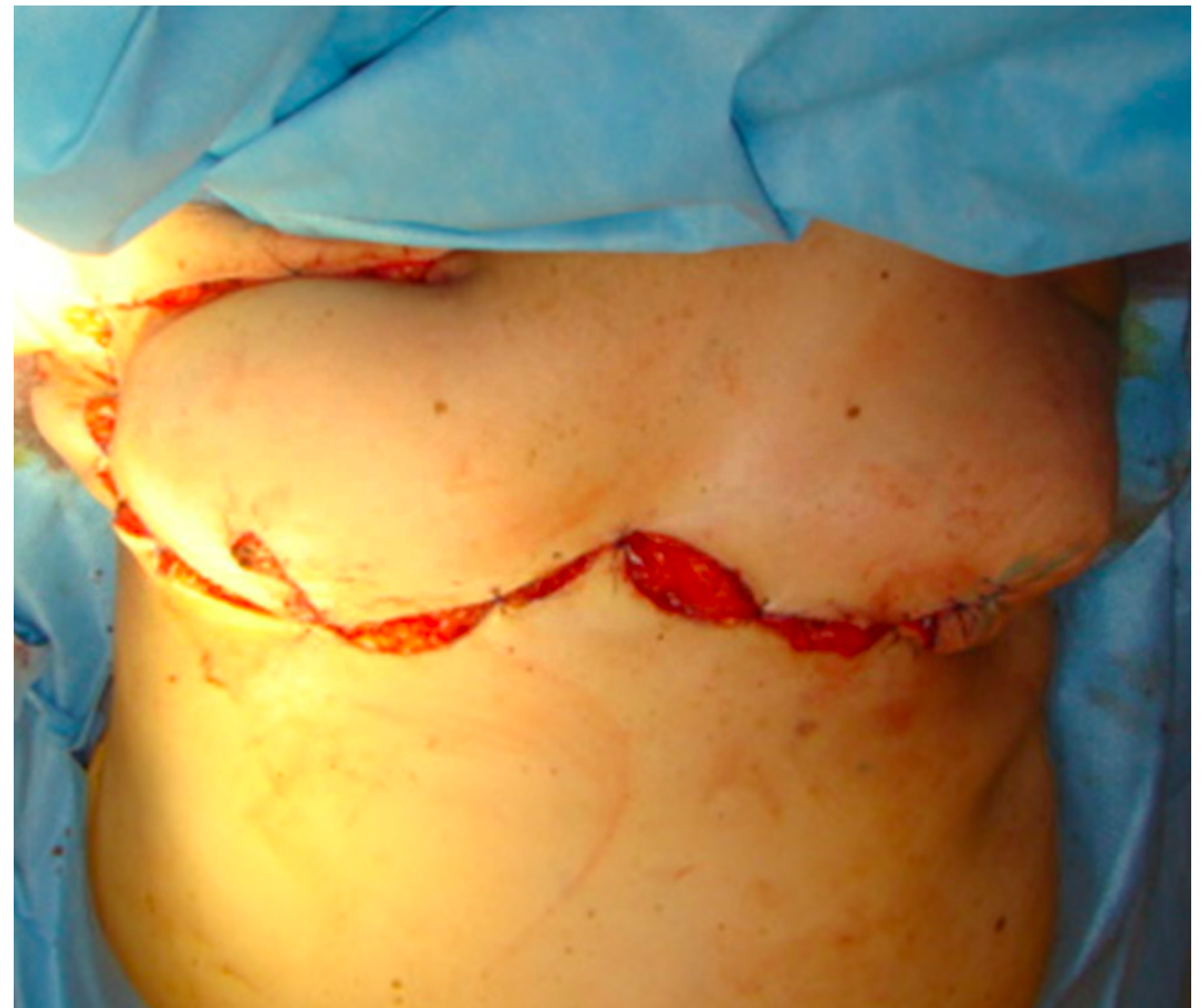
- Nipple areolar complex is excised and conserved for later FTSG.
- A sagittal incision on the meridian skin mark of the conserved breast is performed.
- Two equal triangular flaps are obtained



Surgical Technique



- An incision on the receptor site is performed in order to fit the created flap
- The **medial flap**, nourished by the internal mammary artery, is transposed.
- The **lateral flap** is nourished by the lateral thoracic artery



Surgical Technique

- A skin triangle is excised on the inferior portion of each flap to obtain more projection.
- Fixation of the flaps into position is achieved by internal stitches.
- Skin closure in two planes is performed.
- NAC is grafted on the donor breast.



Surgical Technique

3 month post-op



Contralateral nipple is reconstructed using a star flap and resulting synmastia is corrected with liposuction.

Results

1 year post-op

- Complete survival of flaps and graft was achieved.
- No fat necrosis was noted.
- Acceptable cosmetic result was obtained.



Conclusions

- The CLBF is a valuable option in BR.
- Candidates are patients with a hypertrophic and ptotic contralateral breast.
- This technique should be avoided in patients with familiar history of breast cancer and positive BCRA mutations.
- Elderly, obese, irradiated and high risk patients who are not candidates for other reconstructive options can benefit from this resource.



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Thank You!