



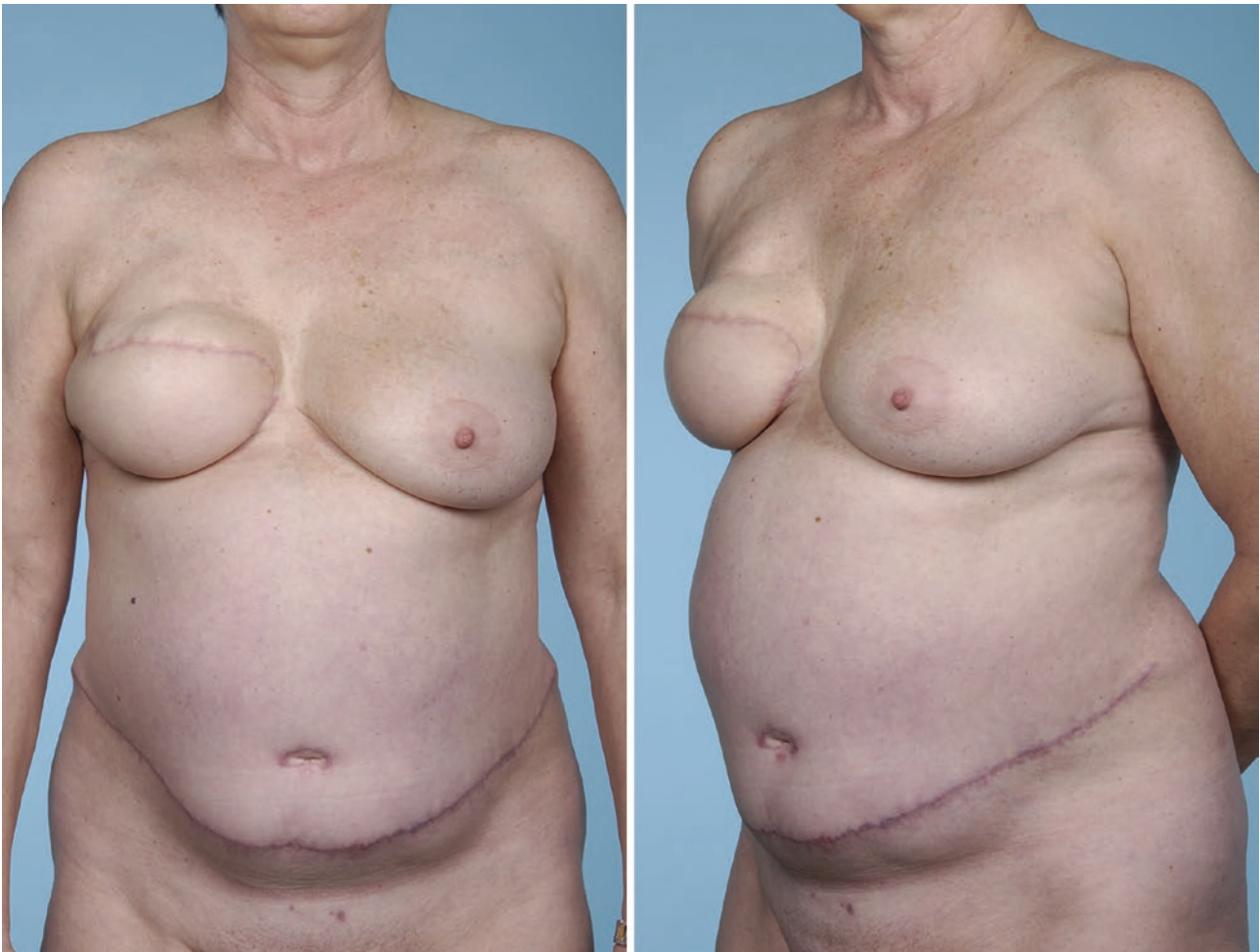
Scars After Breast Reconstruction

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■ ■ Medical History

A 47-year-old woman visited the outpatient clinic because of a scar on the right breast. She previously underwent deep inferior epigastric perforator (DIEP) flap breast reconstruction after nonskin, non-nipple-sparing mastectomy, chemo- and radiotherapy, because of breast cancer. She had attended her oncological regular check-ups without problems. She now complained of a painful scar on the right breast, which she also found unaesthetic.

? Questions (4 max)

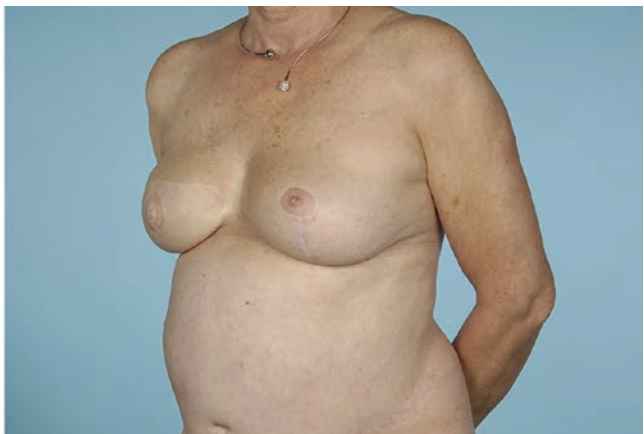
- Q1. Which anatomic areas need to be examined as well during outpatient clinic consultation?
- Q2. Define the problems in terms of anatomy.
- Q3. What could be a (non-)surgical approach of the problem?
- Q4. What should always be checked in postoncological patients before surgery?



■ Immediate Postintervention Situation

In one surgical session, a donor-site dogear correction, scar lipofilling, and contralateral breast reduction were performed. Liposuction was used to correct the excess

of fat at the region of the abdominal scar. The same fat was used for lipofilling of the upper pole of the right breast and the right breast scar. Nipple tattooing was performed at the outpatient clinic.



With 24 months of clinical follow-up, the patient was fully satisfied with the end result.

Argumented answers and explanation according to the five references (cited later): 20 lines

- Q1. Which anatomic areas need to be examined as well during outpatient clinic consultation?
- A1. The contralateral breast, the donor-site scar, and possible donor sites for future fat harvesting.
- Q2. Define the problem in terms of anatomy.
- A2. There is volume asymmetry between the left and right breasts. Right breast: lack of nipple, irregularities, and volume deficit of upper pole. Donor site: dogears, scar irregularities, and scar hypertrophy.
- Q3. What could be a nonsurgical approach of the problem?
- A3. Silicone application on all hypertrophic scars.
- Q4. What could be a surgical approach of the problem?
- A4. Donor-site dogear correction, nipple plasty or tattooing, scar lipofilling, contralateral breast reduction, or a combination of these strategies.
- Q5. What should always be checked in postoncological patients before surgery?
- A5. If they have attended routine oncological checkups.

62.1 Conclusion

There are different surgical options for breast reconstruction: immediate or delayed prosthesis-based reconstruction, oncoplastic reconstruction, fat grafting, and free

or pedicled flap reconstructions [1–4]. Different techniques leave different scars on the breast. Nonsurgical approaches for breast scarring after reconstruction are silicone application and/or corticosteroid injections. Physical examination should always include examination of the contralateral breast, the donor-site scar, and possible donor sites for reconstructive purposes. There is a great role for autologous fat grafting in these reconstructive procedures. Other (minor) corrections can be performed simultaneously.

Take-Home Message

- Scar problems after various types of breast reconstruction are common. Many different corrections can be combined in one or multiple sessions.

References

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2. Jaspers ME, Brouwer KM, van Trier AJ, Groot ML, Middelkoop E, van Zuijlen PP. Effectiveness of autologous fat grafting in adherent scars: results obtained by a comprehensive scar evaluation protocol. *Plast Reconstr Surg*. 2017;139:212–9.
3. Mureau MAM, Breast Reconstruction Guideline Working Group. Dutch breast reconstruction guideline. *J Plast Reconstr Aesthet Surg*. 2018;71:290–304.
4. van Turnhout AA, Fuchs S, Lisabeth-Broné K, Vriens-Nieuwenhuis EJC, van der Sluis WB. Surgical outcome and cosmetic results of autologous fat grafting after breast conserving surgery and radiotherapy for breast cancer: a retrospective cohort study of 222 fat grafting sessions in 109 patients. *Aesthet Plast Surg*. 2017;41:1334–41.

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