Invited Response on: Breast Reconstruction with SIEA Flaps: An Alternative in Selected Cases

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Dear Editor,

We thank the authors for their interest in our publication and contribution to our recently published paper on SIEA flaps in autologous breast reconstruction [1].

To begin with, the authors suggest that the SIEA flap should only be used as a hemi-flap, while they refer to an anatomical study on cadavers by Schaverien et al. [2]. We have acknowledged that the current literature on flap perfusion is controversial [3–5]. However, based on our clinical experience, we are confident that the SIEA flap can provide a reliable perfusion beyond the midline in selected cases which has been emphasized by other authors before [6, 7]. As stated in our publication, we further experienced that a good perfusion of the entire abdominal flap can especially be observed in obese patients which seems to correlate with a stronger developed superficial system. The sufficient perfusion capacity of the superficial system is further underlined by the low rate of fat necrosis, total and

partial flap loss. Of course, decision making needs to be done individually and the flap should be evaluated thoroughly, while all perforators of the deep system are clamped. Even though the flap is still at its donor site at this point of time, we expect no relevant change of the perfusion capacity if the anastomosis is done by a well-trained and experienced microsurgeon.

The authors assert that we recognized a relationship between previous abdominal operations and complications. In contrast, our study demonstrates a successful autologous breast reconstruction with a SIEA flap in patients with a history of abdominal surgery. Based on a preoperative abdominal CT angiogram that showed a sufficient diameter and course of the SIEA, we included patients that had undergone an appendectomy, a cesarean section, laparoscopy, laparotomy or an inguinal hernia repair.

Given the well-known increased risk of overall complications and flap loss in obese patients, there was no relationship between flap necrosis and obesity in our study cohort [8–10]. We agree with the authors and have noted that an inverse correlation of the superficial and the deep system to the perfusion of the lower abdomen has been described by other authors before [6].

Almost every woman who undergoes autologous breast reconstruction has a history of breast cancer with multiple hospital stays and previous breast surgeries. Thus, despite all discussions on essential vessel diameter, perfusion capacity and so on, breast reconstruction needs to be as reliable as possible to avoid the necessity of further operations and restore health-related quality of life.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest to disclose.

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Statement of Human and Animal Rights This article does not contain any studies with human participants or animals performed by any of the authors.

Informed Consent For this type of study, no formal consent is required.

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