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Polyurethane implants in reconstructive breast surgery

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The goal of reconstructive breast surgery following mastectomy is to restore the maximally symmetrical shape with the contralateral breast. Majority of patients has some degree of breast ptosis, which is a physiological phenomenon, tending to worsen over time. Therefore, to achieve complete symmetry with a healthy breast, it is necessary to preserve or to restore the inframammary fold (IMF), to have an excess of the skin cover and to use anatomical shape implants, which allows to simulate the ptosis of the reconstructed breast. It should be noted that around the expander, installed on the first stage of breast reconstruction, a fibrous capsule is formed and the front sheet of which must be completely removed in order to increase the area of the skin cover, which in turn leads to increase a seroma formation. However, the creation of all these conditions for the restoration of breast ptosis leads to a risk the anatomical implant rotation. In turn, the movement of the implant inside the

“free” pocket creates the risk of destruction the reconstructed IMF and the fold becomes smoothed, that we observed in 6% of cases used textured implants. The lack of sufficient cover tissues after mastectomy increases the risk of capsular contracture, which occurs in 14.5% of cases using implants with a textured surface. To reduce of the above-mentioned complications, we suggest to reconstruct the ptotic breast using polyurethane coated anatomical implants, which have a manufacturer’s warranty of rotation and malposition, which was confirmed by us. Due to its spongy shell, the implant rapidly coalesces with surrounding tissues, which not only reduces seroma formation, but also the risk of capsular contracture to 5.5%, which is significantly lower than that of textured ones. In summary, we consider polyurethane coated prostheses as implants of choice in the two-stage breast reconstruction.

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