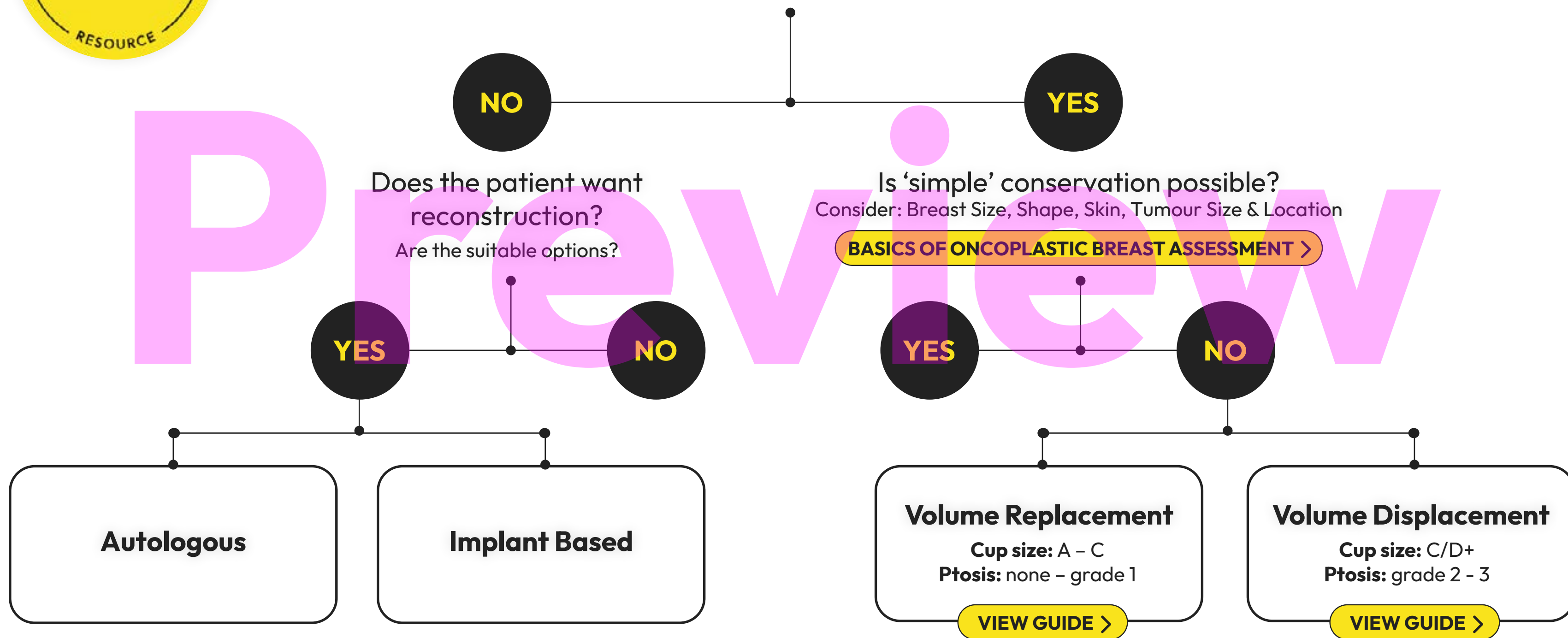


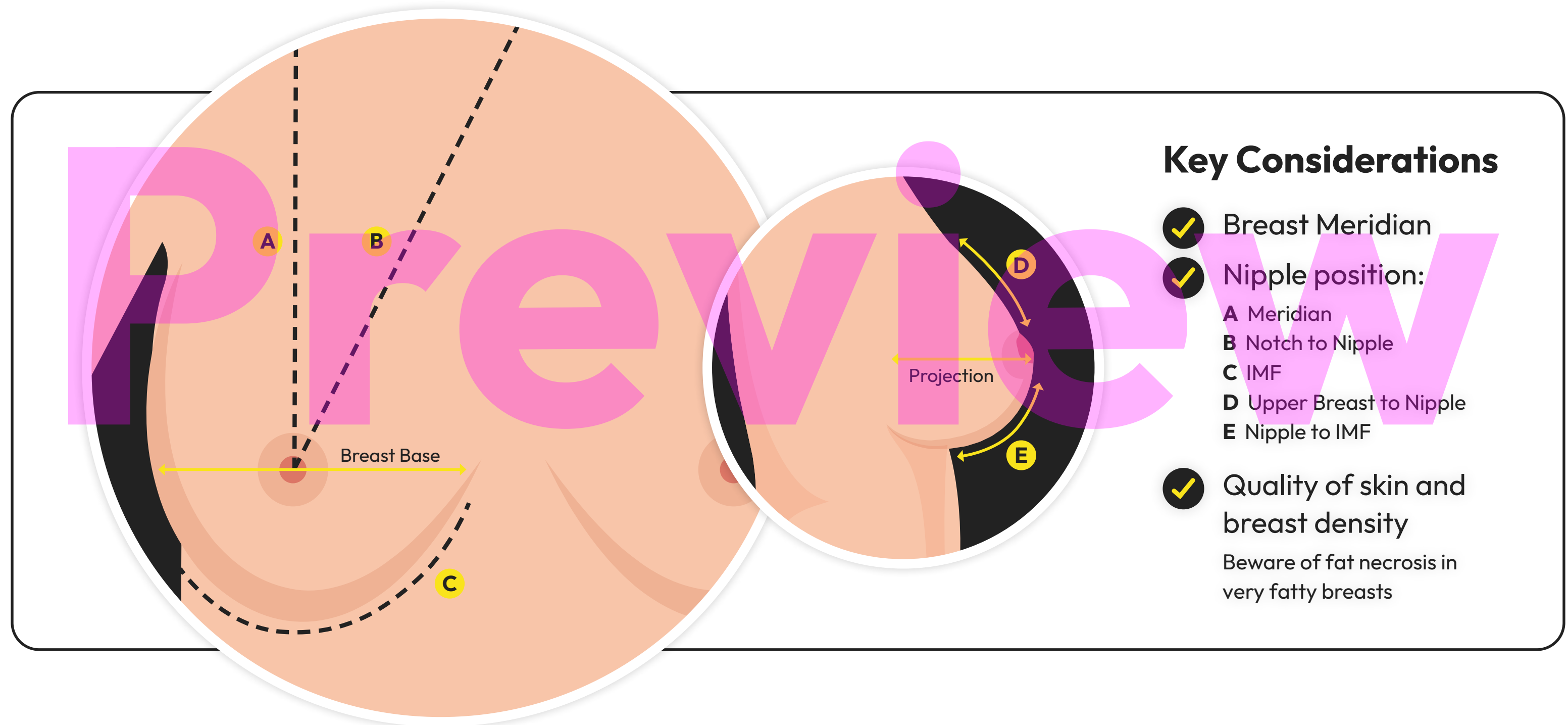


# Can I conserve the breast?

Ratio Tumour Size : Total Breast Volume



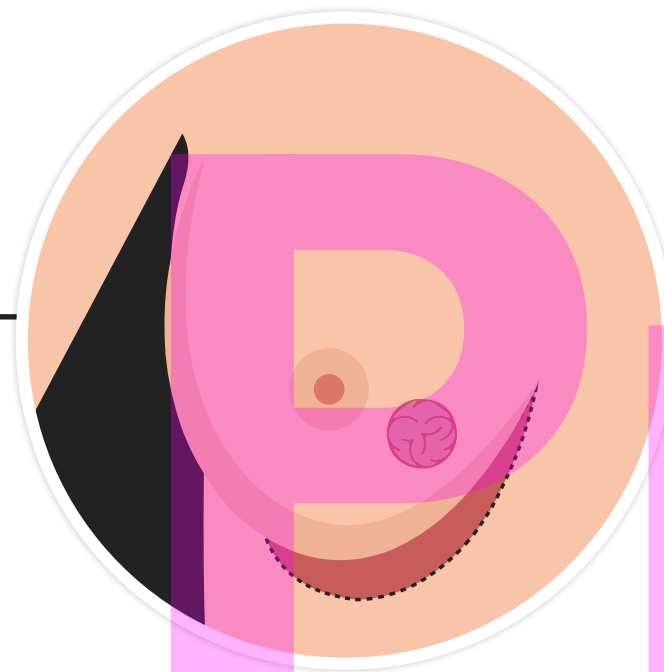
# Basics of Oncoplastic Breast Assessment



# Volume Replacement Chest Wall Perforator Flaps

This is a guide to those starting an oncoplastic practice, the limits of which will vary with increasing experience and expertise.

This represents the ideal patient to consider when 20-50% breast volume is excised. Caution in those with high risk of flap necrosis e.g. smokers and diabetics.

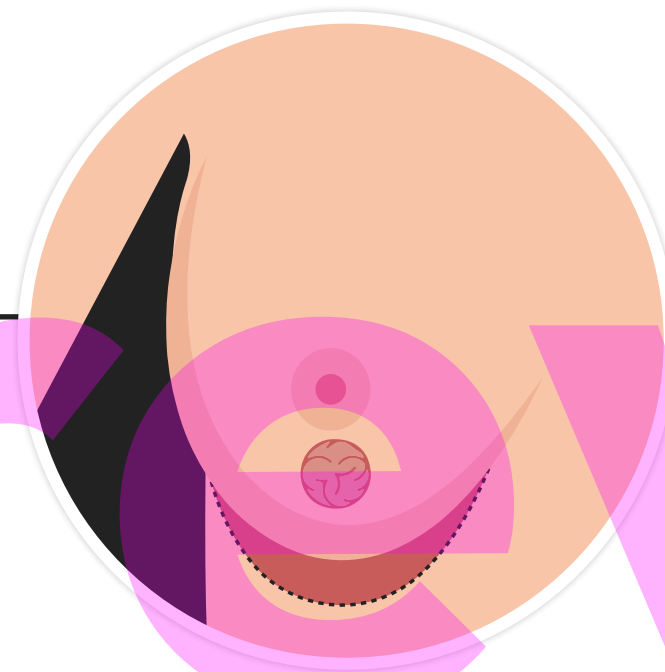


## MICAP

Medial intercostal artery perforator

- Can be used for lower inner quadrant or combined with glandular flap from lower inner to fill upper inner quadrant

VIDEO COMING SOON

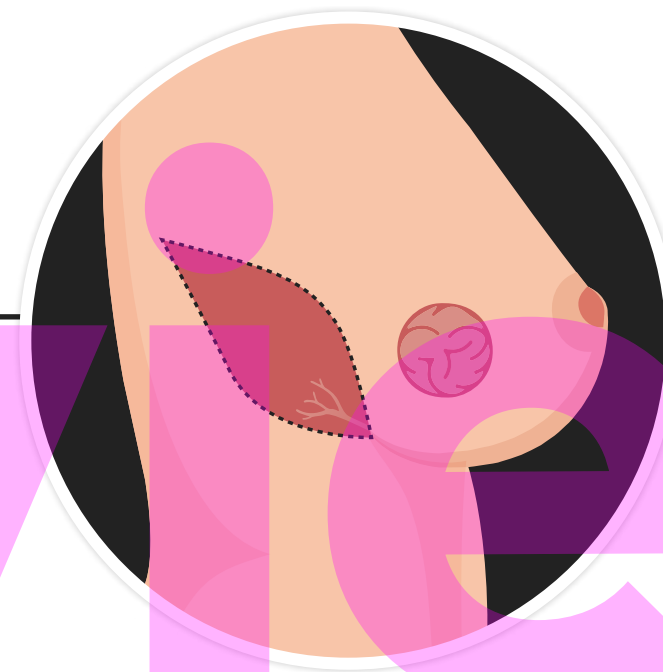


## AICAP

Anterior intercostal artery perforator

- Prevents bird beak defect

VIEW VIDEO >



## LICAP

Lateral intercostal artery perforator

- The orientation of the flap can be a "wing" as shown, or can extend onto the back with a more horizontal orientation
- Caution as can deviate nipple

VIEW VIDEO >



## LTAP

Lateral thoracic artery perforator

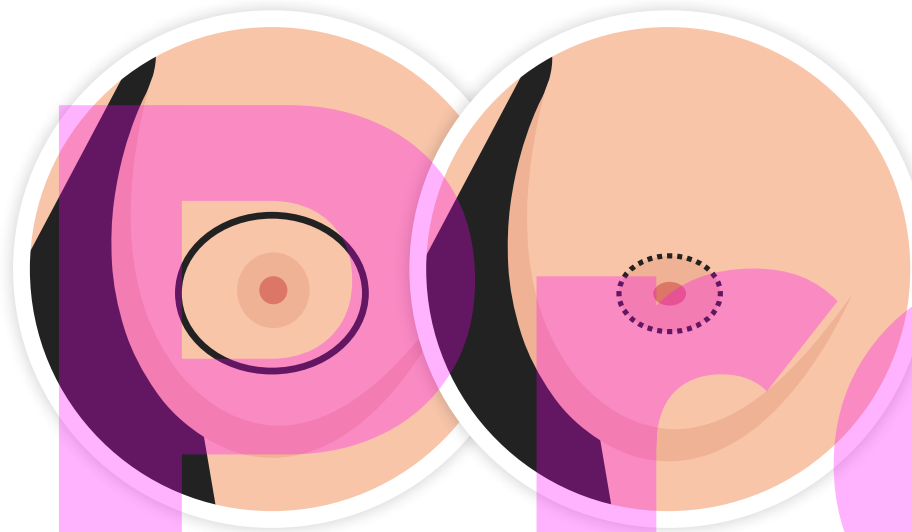
- Again orientation can vary
- Can be combined with LICAP
- Look out for this evrytime you do a sentinel node and then you will find this easy!

VIDEO COMING SOON

# Volume Displacement Therapeutic Mammoplasty Guide

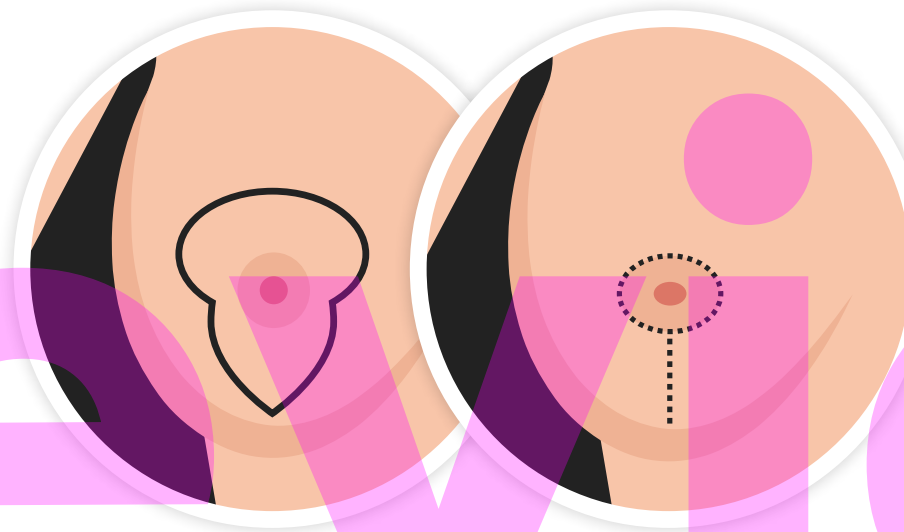
## Step 1 Assess the breast and choose incision

## Step 2 Choose pedicle (nipple)



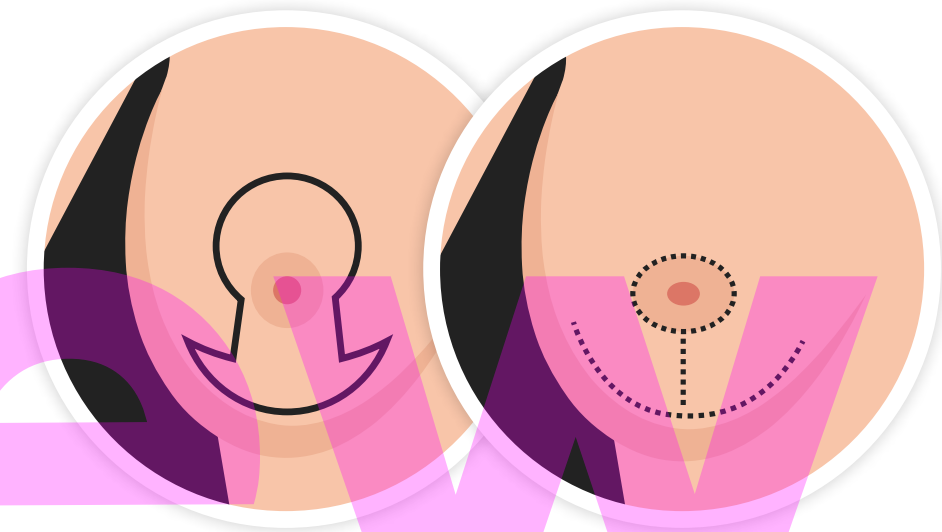
### BENELLI/ROUND BLOCK

- Caution, can pancake breast
- Will not significantly increase projection



### VERTICAL/SNOWMAN

- Traditional technique can be adjusted for any tumour location
- Will not address nipple to IMF distance
- Will not significantly address nipple to IMF distance



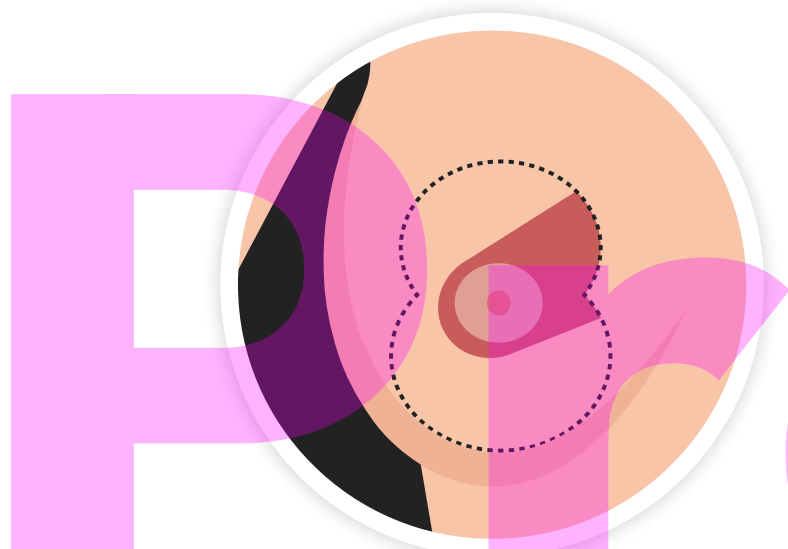
### WISE

- Appropriate for significant skin reduction
- Broader vertical limbs will create more coning but trade-off is tension on the T-junction

**NOTE:** Here are just 3 options that are preferences for the authors where possible. Other patterns may be considered e.g where high risk of fat necrosis - bat wing, lateral mammoplasty. The list goes on!

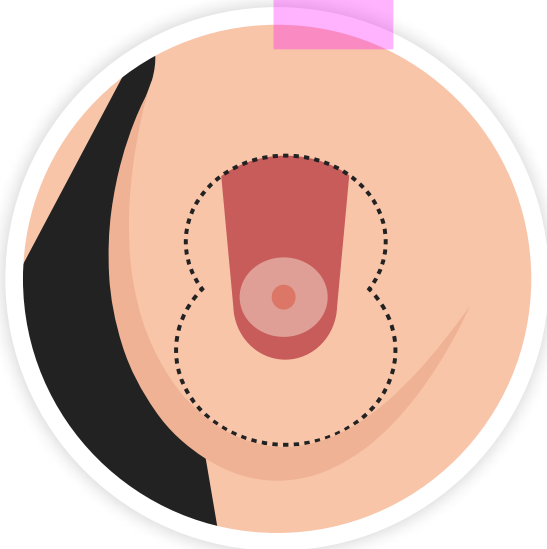
# Volume Displacement Therapeutic Mammoplasty Guide

## Step 1 Assess the breast and choose incision



**LOCATION**  
UOQ/lower pole

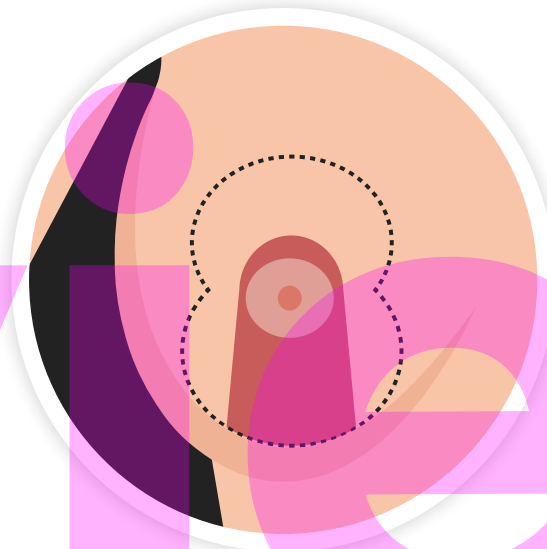
**PEDICLE**  
Superomedial



**LOCATION**  
Lower/outer/inner breast

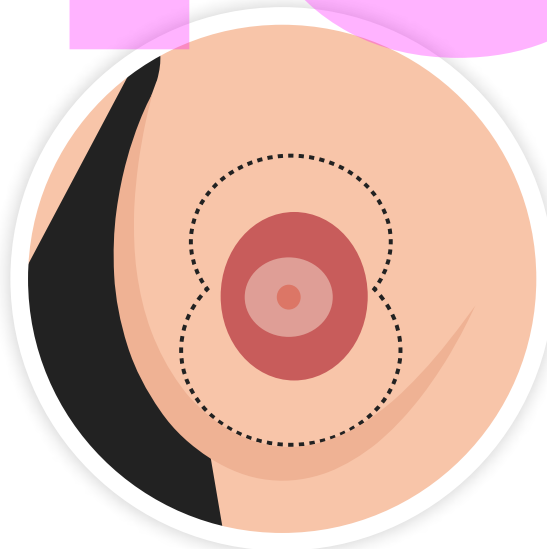
**PEDICLE**  
Superior

## Step 2 Choose pedicle (nipple)



**LOCATION**  
UIQ

**PEDICLE**  
Inferior



**PEDICLE**  
Central Mound