CASE 7.1 Breast Reconstruction with Brava, RAFT, and Fat Grafting

Figure 7.11 (A,B) A 49-year-old woman, 1 year following a right mastectomy and recent positive BRCA diagnosis, presents for reconstruction of her right breast and a prophylactic mastectomy with immediate reconstruction to her left breast. (C) Prior to the left mastectomy, she used Brava for 3 weeks to regenerate a recipient scaffold over the right mastectomy defect. Markings for the caudal extent of the RAFT under the expanded right mastectomy defect and marking for the left skin-sparing prophylactic mastectomy are shown. (D) Defect after left mastectomy. (E) Immediately after the mastectomy, we grafted the exposed left pectoralis muscle and the Brava-expanded right mastectomy. Pulling on the RAFT purse-string suture inserted along the inframammary fold mushroomed up a breast mound. (F,G) Third postoperative day: grafting + RAFT brought fullness to the upper pole of the left defect and generated a breast mound on the right. (H,I) At 6 weeks later, she resumed Brava expansion to both breasts for 3 weeks in preparation for a second AFT. (J,K) At 6 months following the second grafting session, she regenerated breasts with near normal light-touch sensation over her reconstructed nipples.

CASE 7.2 Breast Reconstruction with Brava, RAFT, and Fat Grafting

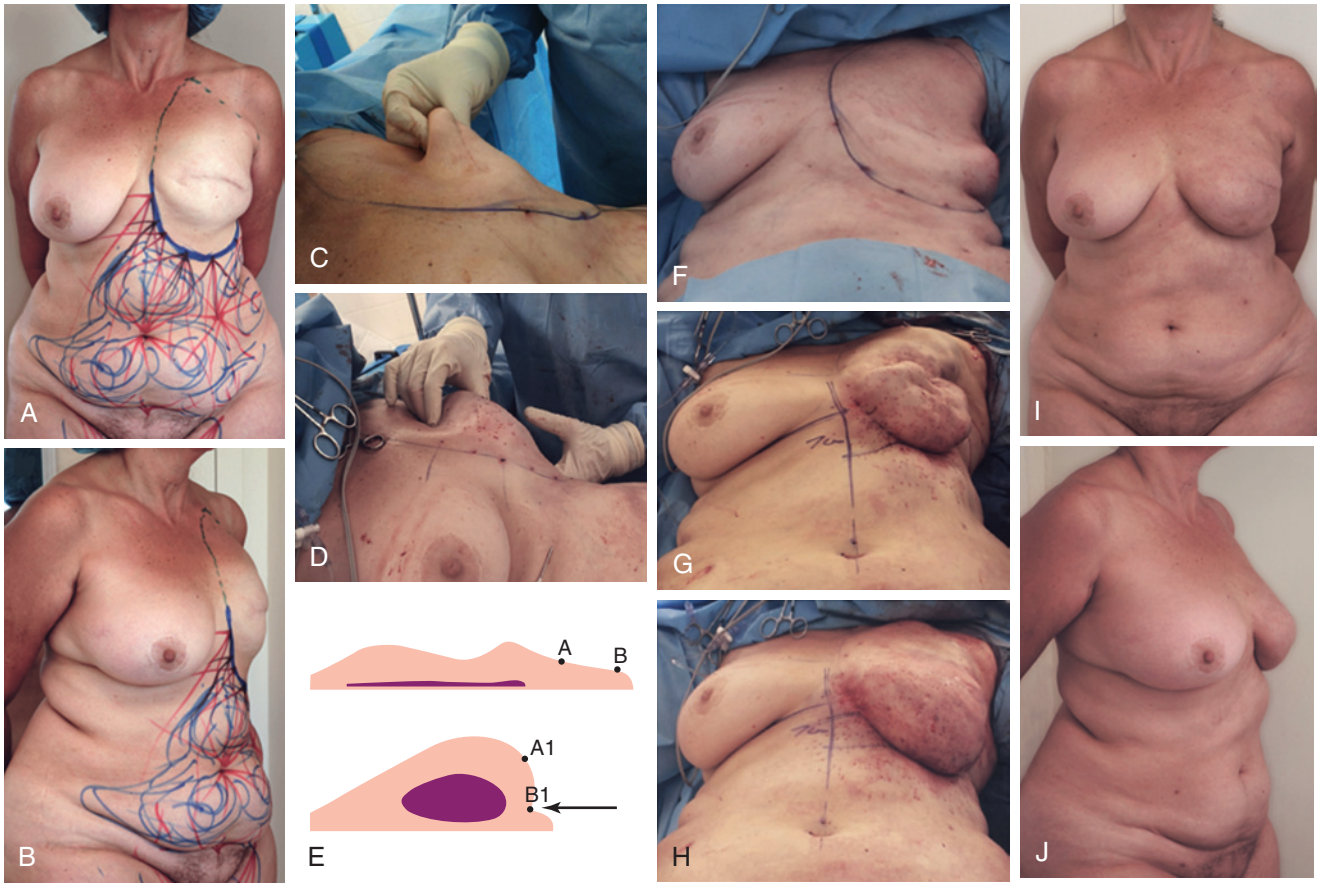

Figure 7.12 (A,B) A 55-year-old woman, 1 year after a left mastectomy reconstruction with expanders and an 800 mL implant. She has poor projection and definition of the breast mound. (C) We extensively liposuctioned fat from the abdominal apron and after removal of the implants, the breast mound envelope is thin but flaccid. (D) Restoration of fullness requires selective release of the vertical fibers placed under tension by tumescent lipofilling and Rigottomies while preserving the loose horizontal fibers that provide perfusion. (E) Diagram illustrating how point B over the epigastrium is advanced by the reverse abdominoplasty maneuver to become the new inframammary fold, while the old fold is recruited into the breast. The additional cutaneous envelope provides for an improvement in the breast contour. However, in patients with large initial implants, a smaller implant is needed because maximal inflation of the thin envelope fails to achieve central mound projection. (F) Result after fat grafting alone. (G) We then inserted the purse-string suture to grab the subdermal tissue at the caudal end of the epigastric crescent, and pulling on the suture led to a 7 cm reverse abdominoplasty advancement. Suspending the string to the clavicle through a bone anchor creates a new breast mound that still lacks fullness and projection. (H) A 360 mL implant is then inserted to add fullness. (I,J) At 6 months later, the breast has a much more natural look and feel with better padding to camouflage the implant and more defined mammary folds.