INTRODUCTION

- Breast Conserving Surgery (BCS) is the standard of care for early breast cancer. The recent development of Oncoplastic Breast Surgery (OPBS) has increased the scope of BCS. Different techniques of OPBS have been described, and new ones continue to be described limited only by the imagination of the surgeon.

- We describe a new technique of OPBS which we have named as Lateral Oncoplastic Breast Surgery (LOBS) and present our initial experience of this.

SELECTION OF PATIENTS

- Patients with biopsy proven breast cancer or phyllodes tumors
- Patients with tumors in the outer quadrants of the breast (extension into the medial quadrants was permitted for phyllodes tumors)
- Patients with no contraindication to breast conserving surgery

The breast is then dissected of the pectoralis major well beyond the tumor margin (Fig. 3).

Patients with no contraindication to breast conserving surgery

- Easier to do Level III clearance
- Axillary clearance - same incision, same position, same setting
- Larger tumors can be excised and dealt with by volume displacement limiting the need for reconstruction by a volume replacement technique.
- Large bulky breasts which flop laterally in supine position are better handled in this position
- If defect is large, immediate volume replacement can be done by mini LD
- Works well for outer quadrant tumors
- Limits tissue excision
- Bi manual palpation
- Better cosmesis
- Increased chance of negative margin
- Margins better felt
- Scar not visible from front

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\begin{array}{|c|c|}
\hline
\text{Margin Positive} & \text{Margin Negative} \\
\hline
3 patients (2.85%) with breast cancer had positive margins. In 2 patients negative margins could be achieved after re-excision and closure of defect. In one patient margins were positive after re-excision and the under mastectomy. \\
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ADVANTAGES

- Works well for outer quadrant tumors
- Bio pathological orientation
- Margins better felt
- Increased chance of negative margin
- Limits tissue excision
- Better cosmesis
- Scar not visible from front

FOLLOW UP

- For patients with breast cancer the median duration of follow up was 12 months (range 3-23). In the patients with Phyllodes tumors the median duration of follow up was 20 months (range 16-32).
- All patients were satisfied with the cosmetic outcome. In the study duration there was no local recurrence (Fig. 13-21)

RESULTS

- Between January 1, 2013 and April 30, 2016, 194 female were selected to undergo LOBS. 93 patients underwent this procedure for Breast Cancer while 101 patients had Phyllodes tumor. 31.1% patients with breast cancer of patients underwent neoadjuvant chemotherapy to make the eligible for breast conserving surgery. 62.3% of the tumors were in the upper outer quadrant and 37.4% in the lower outer quadrant.

- For patients with breast cancer, the mean size of the lesion on clinical evaluation was 2.75±1.26 cm and on pathological evaluation was 2.75±1.37cm. The mean weight of the lesion in this cohort was 76.93±2.4gm.

- In the Phyllodes cohort, mean size clinically and pathologically was 9.23±2.17cm and on pathological evaluation was 2.75±1.26 cm and on pathological evaluation was 2.75±1.37cm. The mean weight of the lesion in this cohort was 395.66±134.8gm with a maximum of 452.5gm.

CONCLUSION

This is a new approach to performing OPBS with several distinct advantages. Short term results indicate good oncological and cosmetic results.