INTRODUCTION

- Patient’s undergoing mastectomy have decreased protective and erogenous sensation and low quality of life outcome measures.
- Reviews have focused mainly on sensate autologous abdominally-based breast reconstruction.

AIM

- Determine the sensation recovery of the breast after nipple sparing mastectomy (NSM) and implant-based reconstruction associated with our novel neurotization technique of the nipple areolar complex (NAC).

METHODS

- A database was prospectively maintained for patients who underwent implant-based sensate breast reconstruction.
- Technique approach: anterior branch of the lateral fourth intercostal was identified and preserved during the mastectomy by the breast surgeon. A processed nerve graft is utilized as an interpositional graft connecting the donor 4th intercostal nerve to the targeted (NAC). A nerve connector was utilized (Figure 1).
- The sensory recovery process was objectively monitored using a pressure sensory device (PSD). A static and dynamic tests were performed at standardized post-operative time points.

RESULTS

- Twelve patients underwent sensate implant-based breast reconstruction. Eight patients with fifteen breasts were monitored for sensory recovery (table 1).
- Eleven breasts had direct to implant reconstruction and four had tissue expanders placed.
- Fifteen breasts underwent one post-operative sensation test (graph 1), five of which underwent two post-operative sensation tests (graph 2). Two patients underwent bilateral reconstruction and unilateral neurotization, providing an inherent control breast (Graph 3).

CONCLUSIONS

- This is the first study to report on early results obtained after performing sensate implant-based breast reconstruction.
- It can be noticed a tendency of sensation restoration of the NAC after implant-based reconstruction with neurotization.

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