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## Simultaneous post mastectomy autologous breast reconstruction and lymphedema treatment

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Patients with breast cancer related upper limb lymphedema often require simultaneous breast reconstruction and lymphedema treatment. Autologous tissue is the gold standard in breast reconstruction, while often can be combined with a free vascularized lymph node transfer (LNT) to restore the disturbed lymphatic circulation. The selected lymph node technique, has been used to identify the most functional lymph nodes of the upper inguinal area, and been associated with an autologous abdominal free flap breast reconstruction. Preoperative SPECT-CT lymphoscintigraphy of the inguinal areas aims to allocate the most functional lymph node above the inguinal crease. A template is created and measurements are transferred onto the patients' abdomen before surgery. LNT is combined with a DIEP flap or an extended fat augmented Latissimus Dorsi flap to reconstruct breast and restore lymphatic circulation. Number of lymph nodes contained into the flap, early or late complications, the need for secondary operations, volume differences, functional improvement and infection episodes of the upper limb, and the patient's satisfaction level are thoroughly documented and will be discussed. LNT represents an effective therapeutic approach for lymphedema patients; reducing significantly limb volume, decreasing recurrent infections and improving the affected extremity overall function. The combination of LNT and an autologous breast reconstruction can provide the best outcomes in one surgical procedure. New ongoing studies are targeting in better outcomes in lymphedema treatment with the use of new technologies as nanoweave collagen matrix to accelerate the lymphagiogenesis between the transplanted at the axilla lymph nodes and the upper limb lymphatic vessels.

## **Biography**

Dimitrios Dionyssiou has completed his MD at the University of Alexandroupolis, Greece in 1996, and his training in Plastic Surgery in Greece and UK. He is a Board Certified Plastic Surgeon since 2007, and gained his PhD in Wound Healing in 2008. His main interest involves post mastectomy breast reconstruction and microsurgical treatment of lymphedema. He has published more than 40 papers in medical journals, two books, 12 chapters in medical books and has given lectures at various international meetings. He is an active Member of International Medical Associations in Plastic Surgery as well as in Lymphology.

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