Today, the various possible surgical approaches to breast cancer, combined with the increasing options for breast reconstruction, make for a matrix of potential operative courses for women. New and improved plastic-surgical procedures, including such choices as nipple-sparing mastectomy, give women highly individualized decisions in cosmesis.

Approaches that are also skin-, areola- and scar-sparing and that can include immediate reconstruction offer equivalent cancer treatment results in properly selected patients and provide excellent cosmetic outcomes. “We can offer a sophisticated breast-surgery approach for every individual in order to maximise each patient’s needs for prevention, treatment and aesthetic outcome,” said Lourdes breast surgeon Malini Iyer, MD, MS, FRCS, FACS.

Two Strategies in Immediate Reconstruction

Loss of the nipple and areola has been a particularly challenging cosmetic aspect of mastectomy for women. But operations that remove the interior of the breast while sparing these structures and the surrounding skin when they have no cancer involvement are now available at advanced breast surgery centers for carefully selected patients with early stage I or II cancer. The Lourdes breast surgery team can remove ductal tissue under the nipple through a small incision around the areola, leaving enough tissue surrounding the nipple to support circulation.

In bilateral or unilateral mastectomy, the surgical steps for patients pursuing reconstruction take place immediately for either an implant or autologous procedure using flaps. In the latter case, a unilateral mastectomy may bring the need for an opposite-breast lift or reduction at a later point to achieve symmetry. Implants involve temporary placement of an expander to stretch skin as needed followed by a silicon gel or saline implant. The surgeons use processed dermal matrix, or sometimes a muscle lift, in the lower aspect of the breast to cup the implant.

Dr. Iyer, who partners in the operating room with plastic surgeons, notes that “nipple-sparing surgery is still not available in many centers because it is more technically challenging.” Candidates include patients seeking prophylactic mastectomy and patients who have a small cancer located several centimeters away from the nipple. Although patients do not retain sensitivity in the nipple, they avoid nipple reconstruction or tattooing.

Choices Influenced by Many Factors

Breast-conserving surgery through lumpectomy is, of course, often preferred when possible. A large lumpectomy may also require reduction and lift of the opposite-side breast (oncoplastic lumpectomy with reduction mammoplasty).

Most mastectomy patients today choose immediate breast reconstruction. While the implant approach offers a shorter surgery and shorter recovery, it requires a second surgery to complete implant placement. Flap surgery is a longer and more difficult surgery initially but is done all at once and is without the long-term concerns that can accompany implants.

For more information, visit www.lourdesnet.org or call 1-888-LOURDES (1-888-568-7337).
This January, Malini Iyer, MD, MS, FRCS, FACS, joined the Lourdes cancer program to bring top-level breast surgery expertise to the area. Dr. Iyer is an accomplished board-certified general surgeon who is fellowship-trained in breast surgery and oncology.

In practice for 15 years, Dr. Iyer has been consistently recognized as a “Top Doc” and “Best Doctor for Women” by South Jersey magazine. The Association of Women Surgeons of America nominated her as one of the Outstanding Female Surgical Residents and she was awarded the Fellowship of the Royal College of Surgeons in England. Dr Iyer conducted surgical oncology research at the University of Pennsylvania and her fellowship training at Fox Chase Cancer Center in Philadelphia.

Her commitment to women afflicted with breast disease has made her one of the leading experts in her field and an asset to patients and physicians in the Delaware Valley. Dr. Iyer is committed to personalized medicine, in which her program offers women the full range of preventive and testing services; diagnostic and imaging technology; choice in breast surgeries and breast surgical approaches; comprehensive options in reconstruction; latest standards of care in adjuvant, multidisciplinary treatment; thorough post-surgical support; and rigorous follow-up after cancer treatment — all delivered by a select team and with each aspect of care tailored to the individual patient’s needs and wishes.

For more information, visit www.lourdesnet.org or call 1-888-LOURDES (1-888-568-7337).

Nationwide Experience Teams with Accomplished Local Specialists

The Lourdes Cancer Program and 21st Century Oncology now care for patients in partnership. A collaborative agreement formalized a long-standing, successful relationship between Lourdes and 21st Century and ensures that Lourdes cancer patients get the full benefit of:

- National-level expertise collaborating with top community-based specialists
- The most advanced therapeutic techniques and technologies, all locally available
- A team approach with multidisciplinary coordination and patient navigation

Lourdes Health System and the nationally recognized provider of integrated cancer care services signed the joint venture last year. 21st Century Oncology is the largest global physician-led provider of integrated cancer care services. The company operates 148 centers in 17 states, as well as 35 centers in Latin America. Building on 30 years of experience, the cancer treatment provider holds leading positions in most of its markets.

21st Century works with Lourdes to deliver single-team integration of cancer services delivered at Lourdes’ two Commission on Cancer-accredited hospitals and 21st Century’s four locations in South Jersey. The program’s nurse navigator helps to coordinate care, assisting patients through the course of their diagnosis, treatment and follow-up. To reach the nurse navigator, call 856-793-5791.