



Breast Conservation Surgery in a Public Sector Hospital. Our experience.

Services Hospital, Lahore, Pakistan



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INTRODUCTION

- Modified radical mastectomy had been a standard of breast cancer management for decades.
- Breast conservation surgery although now vastly adopted in the modern world is still not a norm in our part of the world.
- At services hospital Lahore we have started doing breast conservation surgeries.

METHODS

- All cases from May 2023 to date were included. Patient demographics, type of surgery with complications, and adjuvant or neoadjuvant treatment were all recorded.
- We had done wide local excision, lumpectomies, level 2 & some level 3 mammoplasties.
- Commonly used techniques were the Grisotti flap, Lateral V mammoplasty, LICAP flap and Batwing mammoplasty.

RESULTS-50 PATIENTS

PROCEDURES	N	N (%)	ONCOLOGICAL OUTCOMES	N	COMPLICATION	N
Post neoadjuvant	30	60%	Clear margins	46	SSI	4
Upfront surgery	20	40%	Positive margins	04	Seroma	2
Level 1 oncoplastic	31	62%	Re-excision of margins	04	Debridement of edges	4
Level 2 oncoplastic	15	30%	Median tumor size	3.5cm	Flap necrosis	0
Level 3 oncoplastic	04	8%	Conversion to MRM	0		



CONCLUSION

- Every female deserves the option to conserve her breasts and reduce the psychological and social issues associated with mastectomies.
- BCS should be offered to all eligible patients.
- BCS allows a woman to keep her breasts, but makes it likely she will also need radiation.
- Choosing BCS with radiation over mastectomy does not affect a woman's chance of long-term survival.

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