

Preface

Contemporary Breast Reconstruction: Optimizing Aesthetics, Efficiency, and Outcomes



Neil Tanna, MD, MBA, FACS

Editor

Breast reconstruction has evolved significantly in the past generation. Historically, postmastectomy breast reconstruction was largely limited to subpectoral two-staged prosthetic reconstruction and autologous abdominal flap-based reconstruction. Today, the armamentarium of breast reconstruction methods is enhanced with options such as direct-to-implant reconstruction, prepectoral implant reconstruction, alternative flap reconstruction, hybrid breast reconstruction, and breast neurotization, to name a few.

With limited breast reconstruction options in the past, patients and surgeons were restricted in their choice of procedure. As such, patients were previously managed with a cookie-cutter approach, rather than surgical plans uniquely tailored to individuals. With advancements in the field, an individualized approach can now be performed to best complement breast anatomy, body habitus, and

patient preference. Furthermore, surgical techniques can be executed to optimize aesthetic, satisfaction, efficiency, and safety outcomes.

The strength of this issue of *Clinics in Plastic Surgery* is in the collective surgical talent of the contributing authors. These experts in breast reconstruction have collaborated to put forth the latest options and techniques of reconstructive breast surgery. Each author, a subspecialist in their assigned topic, discusses their specific approach with a background of the full spectrum of current surgical options. These experts couple anecdotal experience with scientific evidence to justify their approaches.

The issue begins with an overview of the assessment and evaluation of a breast reconstruction patient. For patients with partial mastectomy defects, oncoplastic surgical approaches are offered. This is followed by a series of articles

on modern-day considerations in implant-based breast reconstruction. The full gamut of microsurgical breast reconstruction options is provided, including the deep inferior epigastric artery perforator (DIEP) flap, profunda artery perforator (PAP) flap, transverse upper gracilis (TUG) flap, lumbar artery perforator (LAP) flap, and stacked flaps. Finally, innovations in reconstructive breast surgery, including hybrid reconstruction, breast neurotization, and robotic breast surgery, are presented.

It is our humble belief that this issue will serve as an everyday reference to practicing surgeons, helping them deliver the highest-quality breast

reconstruction to women. In the same spirit, we are hopeful that what follows will also inspire passion, ingenuity, and innovation in breast reconstruction.

Neil Tanna, MD, MBA, FACS
Zucker School of Medicine at Hofstra/Northwell
Northwell Health
600 Northern Boulevard
Suite 310
Great Neck, NY 11021, USA

E-mail address:
ntanna@gmail.com