

Total Breast Reconstruction with Autologous Fat Transfer (AFT) and Expansion Reversal (ER): Experience with 2000 AFT-ER Breasts.

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Introduction:

Autologous reconstructions provide better long-term patient satisfaction but are in-patient invasive procedures with morbidities and complications. AFT alone reconstructions are limited because fat is not an expander. Pre-expansion of the mastectomy followed by AFT to the tissue laxity created by removal of the expander is a Reverse Expansion (RE) that solves this limitation.

Materials & Method:

For immediate reconstructions, we insert subpectoral expanders and graft 150-200ml as fat ribbons teased in-between the exposed muscle fibers. After adequate post-operative expansion, we remove the expander, graft the laxity with 250-350ml of fat, and preserve the breast mound by inserting an implant half the expander size. To convert the implant reconstructed breasts to autologous fat, we remove the implant, replace it with a 50% smaller one and graft the loosened tissues. In both situations we repeat the procedure every three months till the patient is implant free.

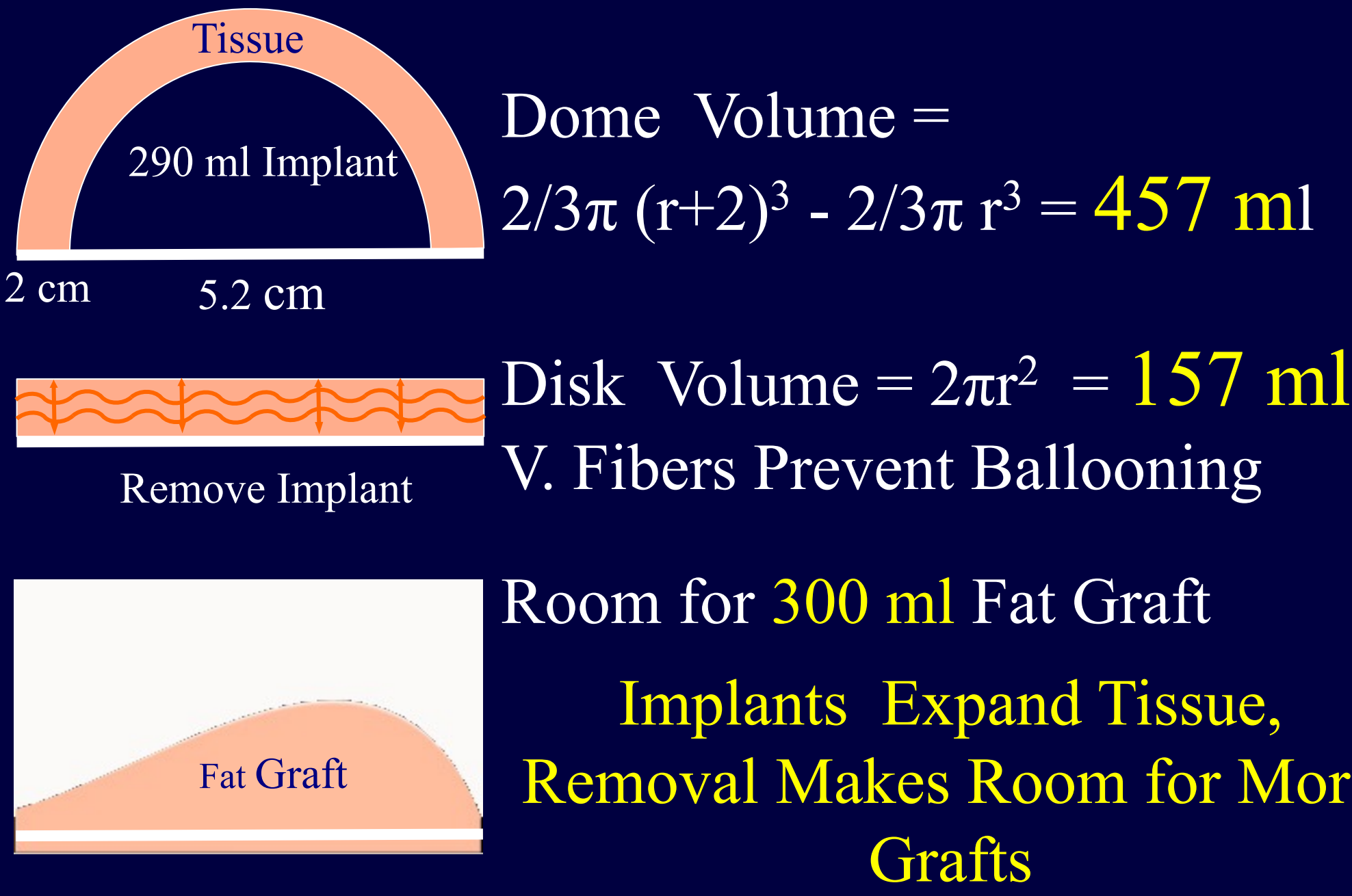
Results:

We reviewed our past 2000 consecutive AFT-ER out-patient breasts reconstructions. Non-radiated mastectomies required 3.2 sessions. At each session, the expanded breast volume remained constant as the intervening mastectomy tissue thickness doubled while the implant volume halved. Radiated breasts took 5.8 sessions, with less grafting per session and less than halving implant size. Patient satisfaction was very high, especially for the previously implant reconstructed patients converted to autologous fat. Complications were minimal, more frequent in the radiated breasts and mostly due to over-grafting or excessive scar release in patients with previous complications.

Conclusion:

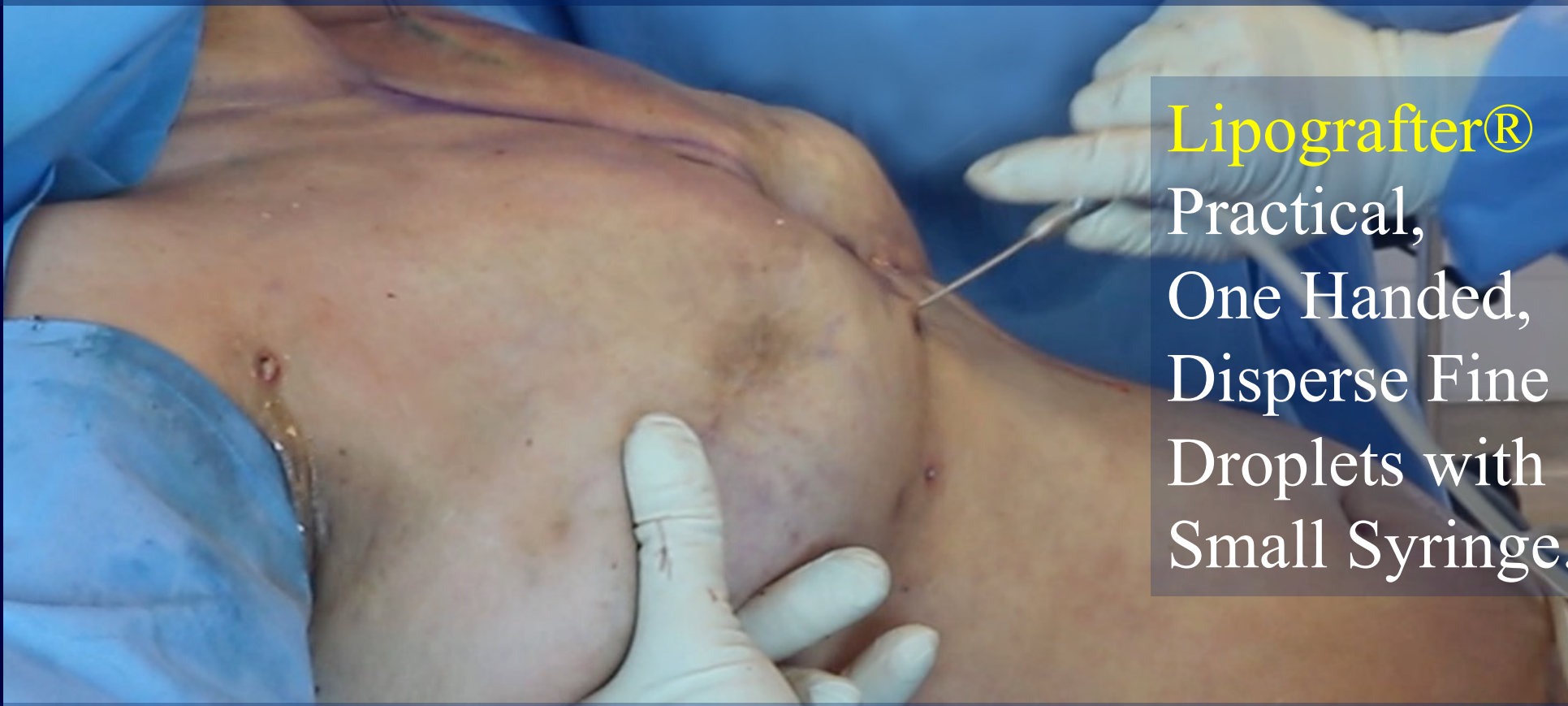
The AFT-ER procedure is a very satisfying autologous breast reconstruction alternative. It is safe, has no donor site defect, and a liposuction body contour bonus. The multiple procedures are out-patient and minimally invasive.

Implant Removal is Expansion Reversal



Implant to Fat Conversion (Expans. Revers.)

Inject in Planes Between Skin & Capsule

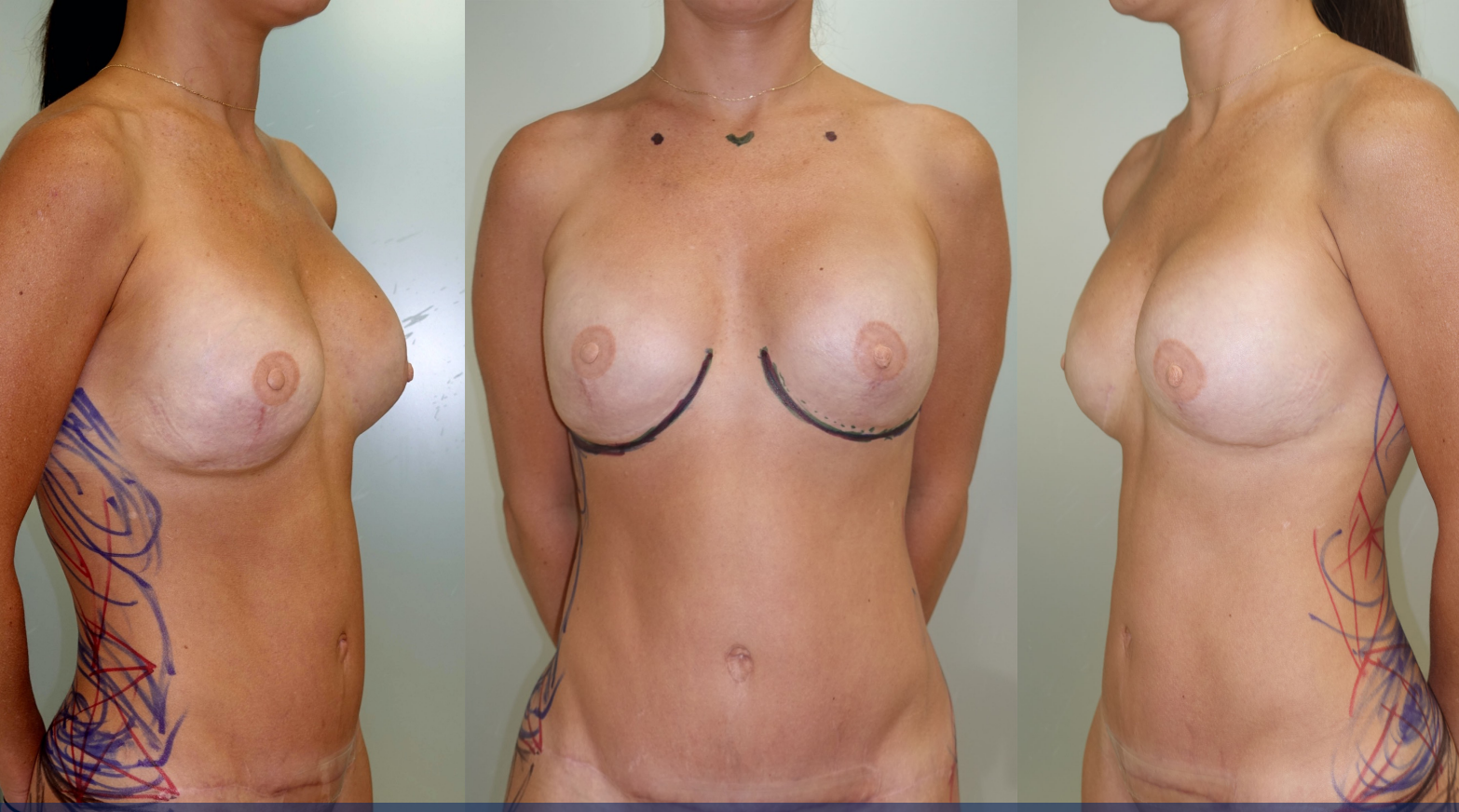
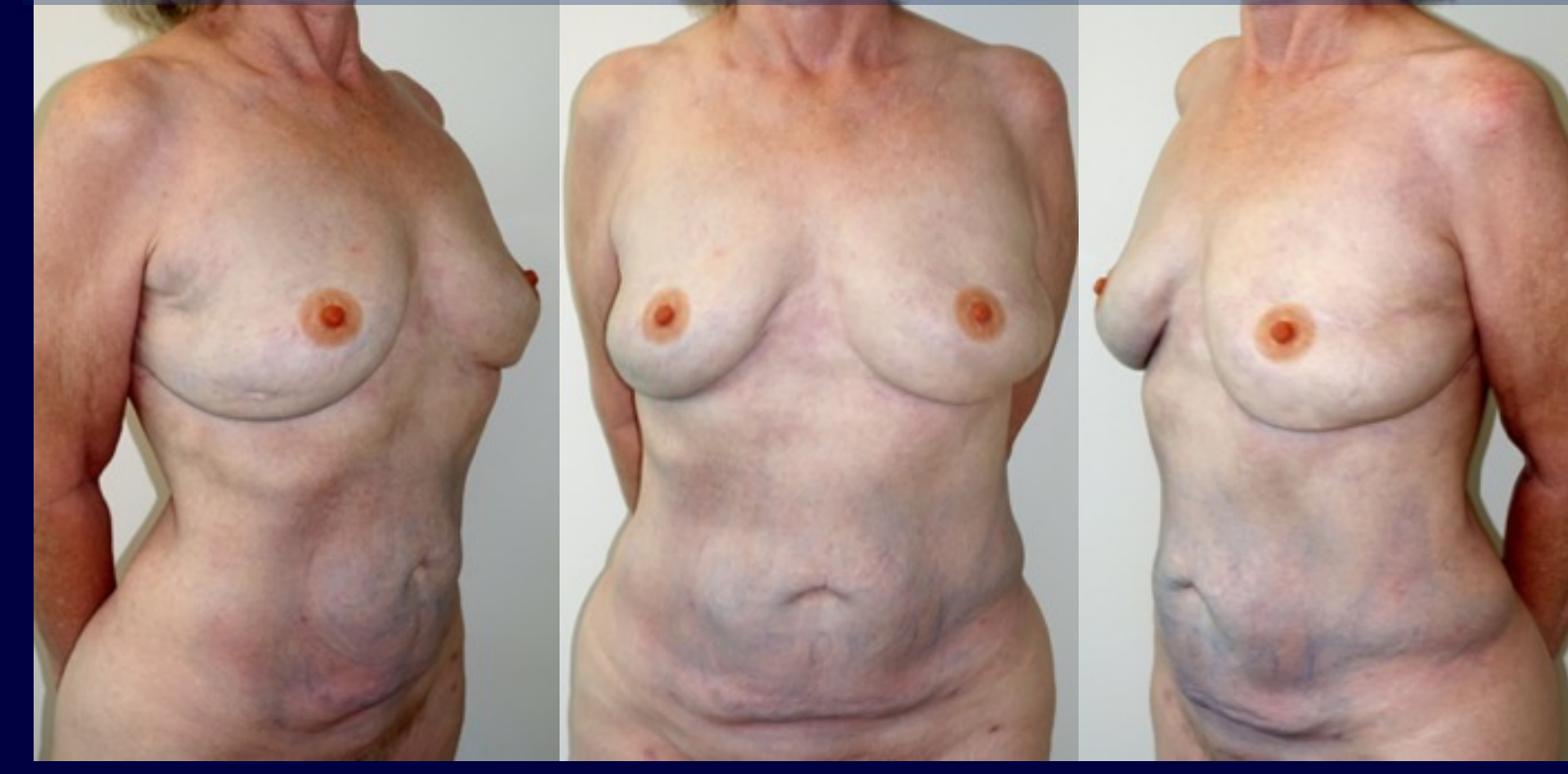
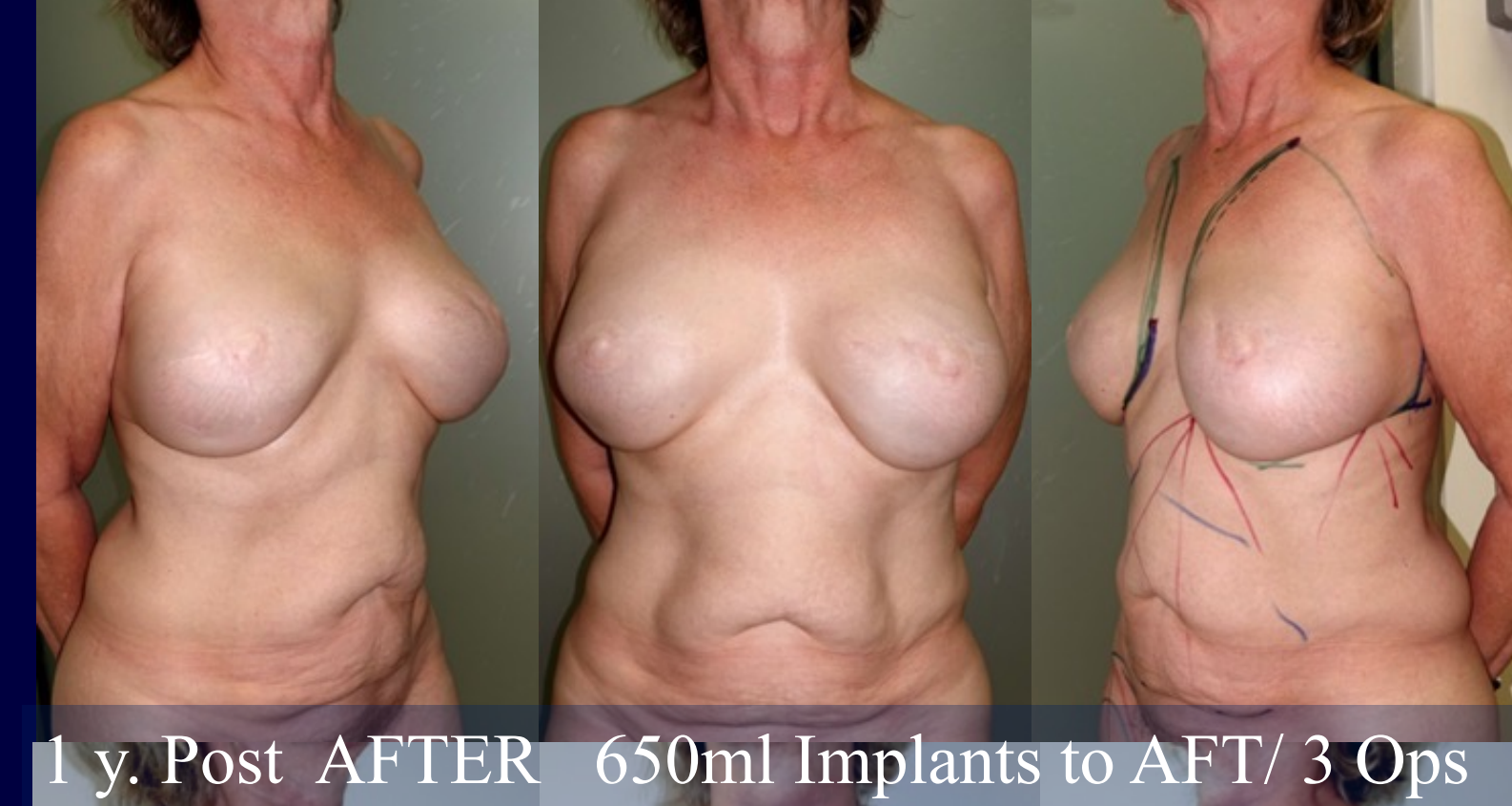
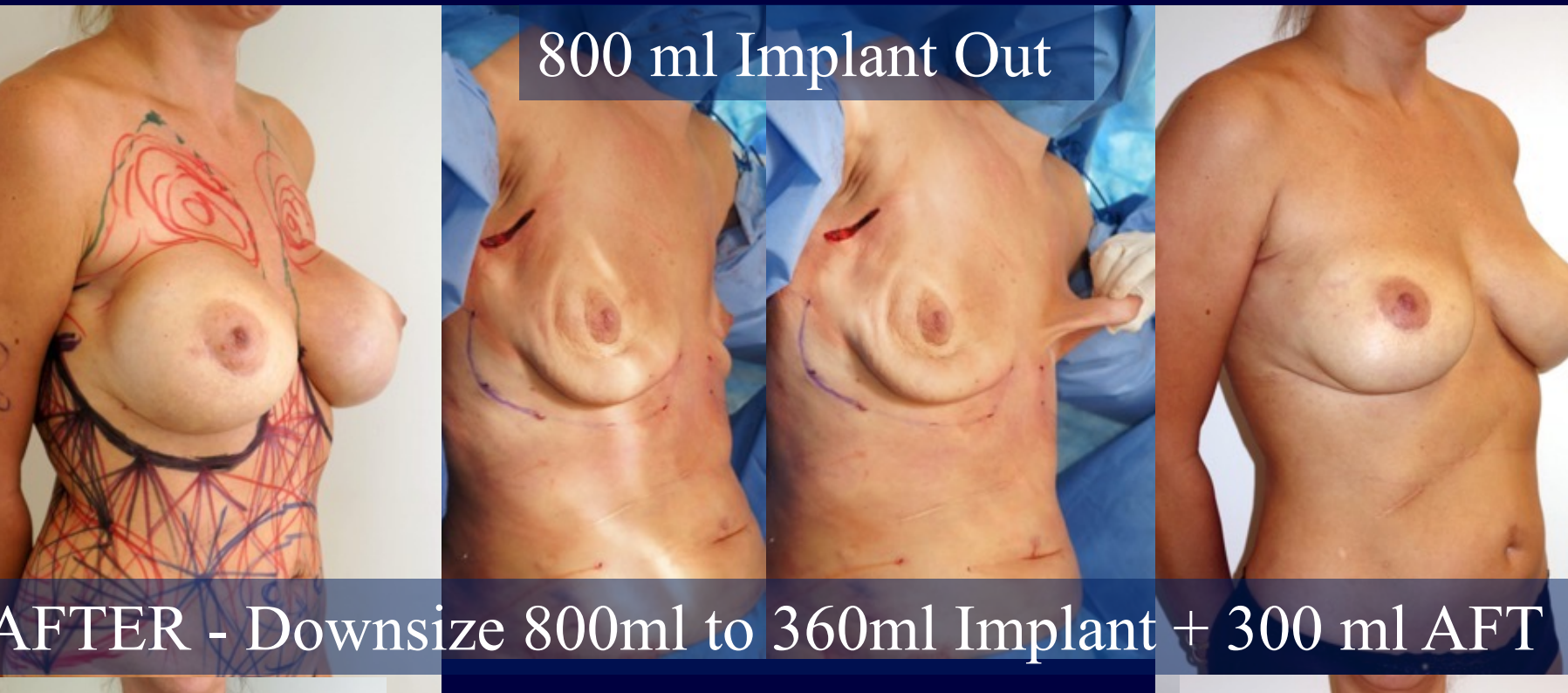
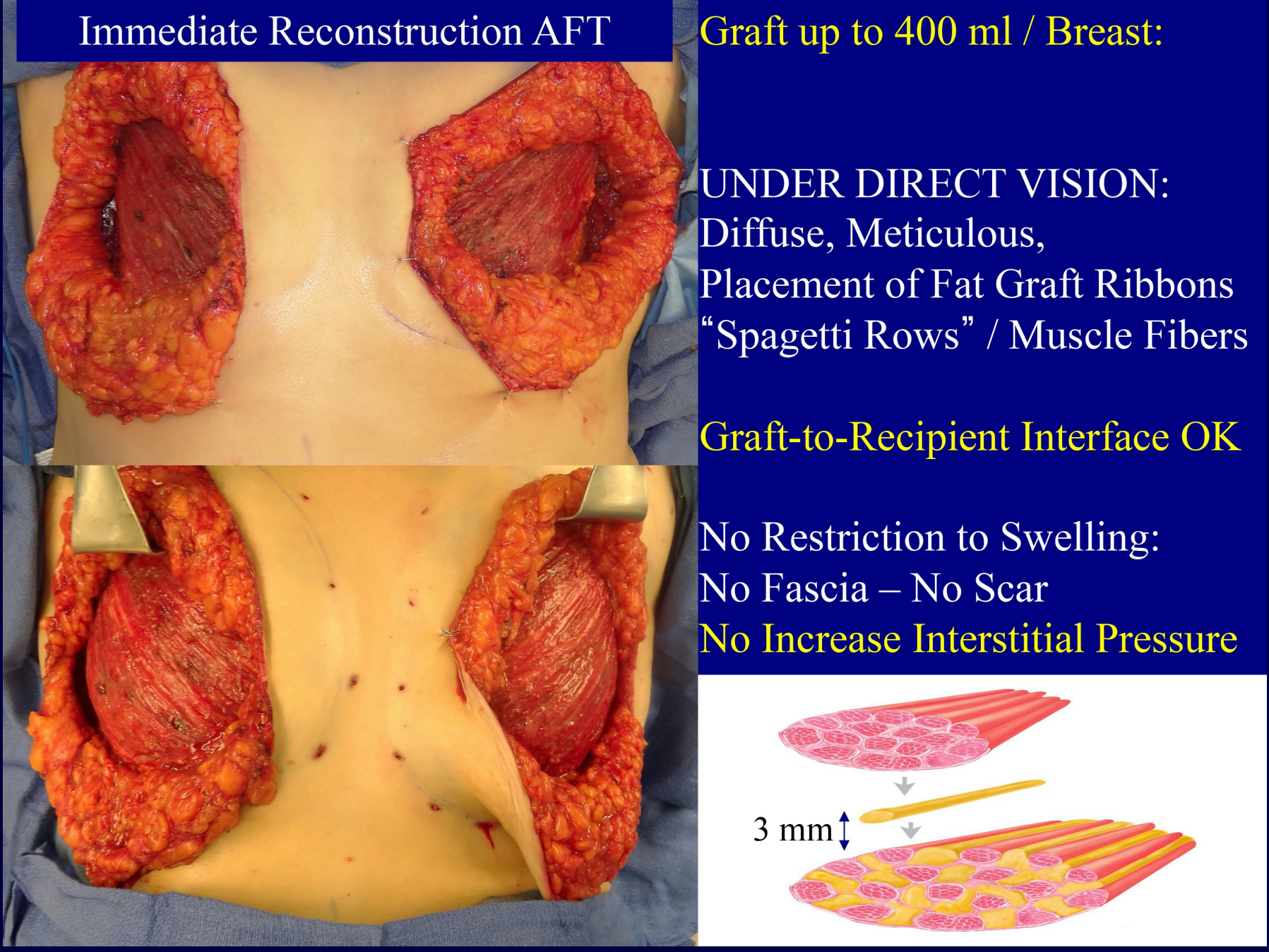
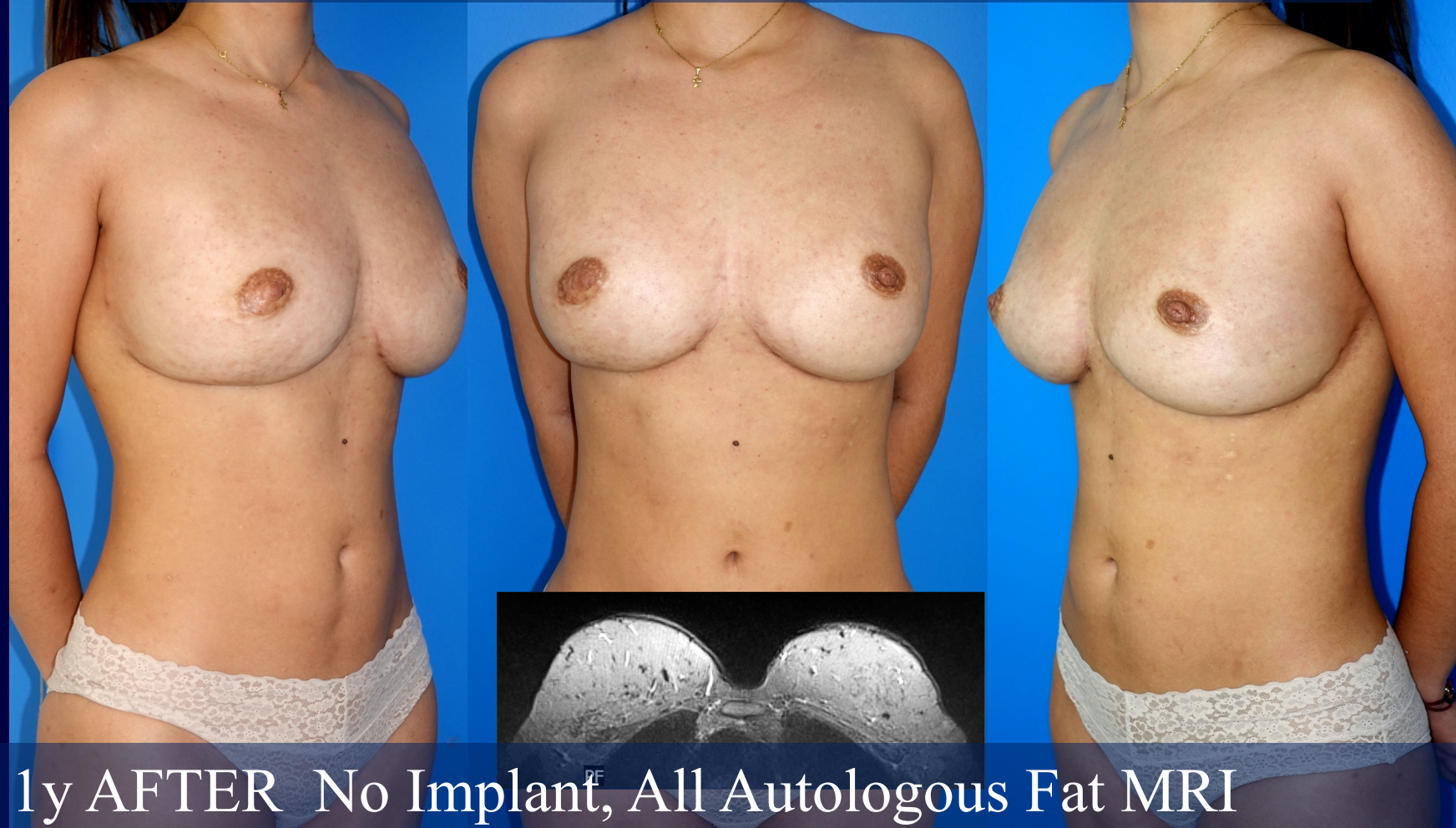
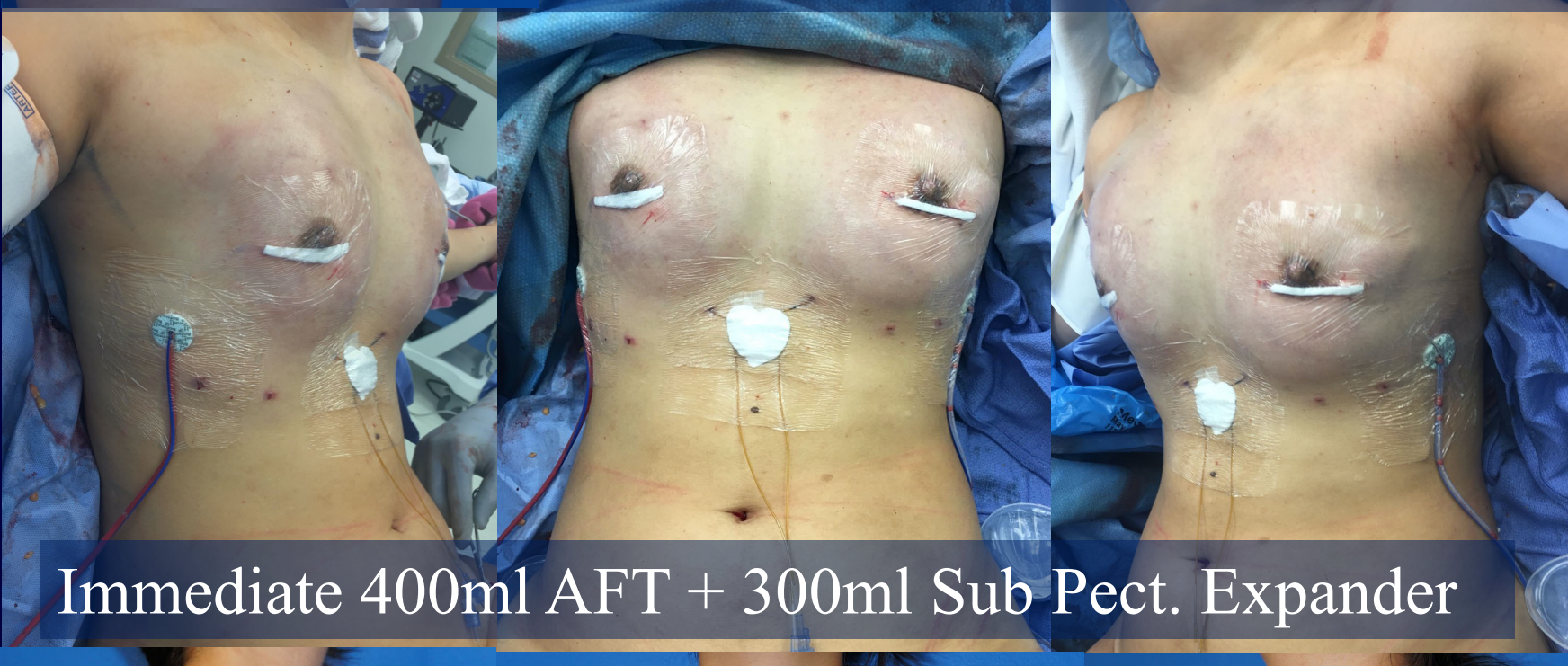


Incision Outside Breast Finger Inside Cavity
Controls Cannula & Prevents Intra-Cavity Grafting
Tease Vertical Fibers & Disperse MicroGrafts
Multiple Puncture Wounds for Cannula Entry Sites

Percutaneous Needle Release of Vertical Fibers to Mesh-Thicken Recipient Plane (Rigottomies) while avoid making cavities



Bilateral Immediate AFTER Reconstruction



Bilateral Delayed AFTER Reconstruction

