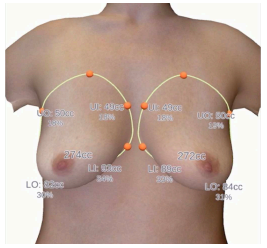
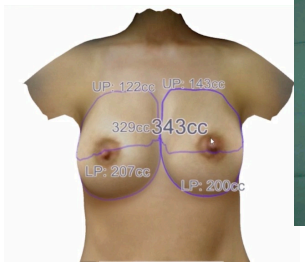
Quality of Life management after Breast Surgery: the “standard” use of fat grafting

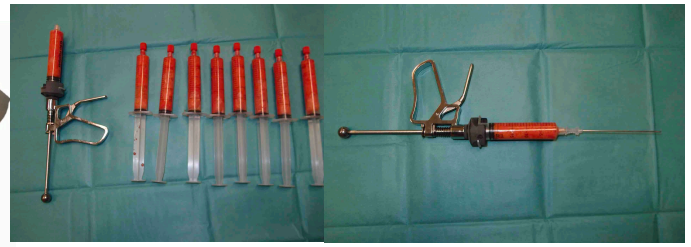
Dr A. Guillaume Pollet, M.D, DESC surgical oncology, oncofertility, France

Surgical treatment is part of the gold standard for early breast cancer, but sequelae may be associated (30% of cases), with negative impact on social, physical, personal, and sexual life. Supportive care and awareness of Quality of Life (QOL) have modified the conventional care. The emergence and generalisation of new techniques and technologies go in that direction. Methodology: Day surgery under general anesthesia, percutaneous without incision, iterative procedures following the volume targeted, association of liposuccion-fat treatment and reinjection (fat grafting). The direct benefit is a volume gain, the indirect benefits are a tissular rejunevation with new vascularisation, innervation, and a better trophicity. The indications are for cosmetic sequelae and breast reconstruction (exclusive or combined). Beyond the former description, the Pros go for a low invasive surgery (low risk), with the benefit of liposuccion, and an increase in mammogram transparency. On the other side, the Cons insist on an iterative surgery, a lack of consistency in the results, the side-effect of liposuccion (waves), the fear about stem cells and growth factors, and benign modification in mammograms (calcifications, fat cysts). Results are mostly great, sustainables and the main effect is the change in mentalities: cancer patients transform into aesthetic patients, without sickness. The impact is highly positive. Conclusions and significance: controlled and risk-free technique, the consistency of the results depends on the patient (comorbidities, past trts, compliance, the experiment of the surgeon (learning curve, choice of the technic and devices used). Prediction of results using 3D is possible but not yet in reconstruction. The holistic allows strong relationship, confidence, trust, and early adoption of the protocols proposed to the patient. tailor-made treatment is a motto that should not be ignored, so as not to forget the main objective: to treat a patient and not just a disease.





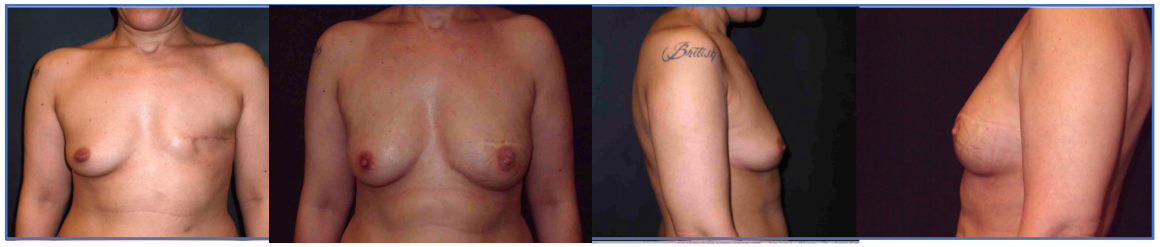
3D simulation (aesthetic)



Fat prepared before injection



Before and after cosmetic sequelae, long term result (2 years)



Before and after exclusive reconstruction, long term result (4 years)

1. "The Role of Lipofilling After Breast Reconstruction: Evaluation of Outcomes and Patient Satisfaction with BREAST-Q".Naidu NS, Aesthetic Plast Surg. 2017 Dec;41(6):1332-1333.Epub 2017 Jun 29.
2. Patient-reported Quality of Life and Satisfaction With Cosmetic Outcomes After Breast Conservation and Mastectomy With and Without Reconstruction: Results of a Survey of Breast Cancer Survivors. Jagsi R1 and al. , Ann Surg. 2015 Jun;261(6):1198-206.
3.Limitations of breast reconstruction using exclusive lipofilling: A retrospective study over 10 years].Kellou K1, Gynecol Obstet Fertil Senol. 2019 Apr;47(4):347-351, Epub 2019 Feb 19.
4. Autologous fat grafting: Latest insights., Doornaert M. and al., Ann Med Surg (Lond). 2018 Oct 16;. eCollection 2019 Jan.
5. Oncologic Safety of Fat Grafting for Autologous Breast Reconstruction in an Animal Model of Residual Breast Cancer. Silva MMA and al., Plast Reconstr Surg. 2019 Jan;143(1):103-112



drpolletguillaume@gmail.com
guillaume.pollet@insead.edu
+6587556809

Dr A.Guillaume Pollet is a specialized breast cancer surgeon with expertise in oncoplasty and global care (oncofertility), and former G&O. He is dedicated to a personal approach based on his experience, and the team he has built. His professional activity disrupt the conventional treatment, after being educated in the Institut Curie, Paris, one of the most prestigious, innovative and precursor cancer centre in the world. He is currently doing an Executive MBA at INSEAD Business School in Singapore.