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乳房整形及重建手術論壇

The Forum of Aesthetic and Reconstructive Breast Surgery

時間：114 年 6 月 28 日(星期六) 13:30~17:30
地點：臺北榮民總醫院 致德樓第三會議室

13:30-13:4	Opening Remarks	王天祥主任 Tien-Hsiang Wang
	座長：馮晉榮 醫師 (Chin-Jung Feng)	
13:40-14:10	乳房重建新趨勢：從手術方式到植入物選擇的臨床觀察 Emerging Trends in Breast Reconstruction: Clinical Insights from Surgical Approaches to Implant Selection	黃傑慧醫師 Chieh-Huei Huang
14:10-14:40	布拉式皮瓣手術應用在乳癌切除義乳重建及隆乳重修手術中的經驗分享 Personal Experience Sharing of Bra-Flap Technique in Implant-Based Breast Cancer Reconstruction and Challenging Revisional Mammoplasty	黃宗君醫師 Tsung-Chun Huang
14:40-15:30	外科與放射科醫師應該了解之乳房美容手術後的影像發現 What the Surgeon and Radiologist Should Know: The ABCs of Imagines of Cosmetic Breast Augmentations	賴亦貞主任 Yi-Chen Lai
15:30-16:00	Coffee Break	
	座長：馬旭 院長 (Hsu Ma)	
16:00-16:30	Ergonomix® 及 Ergonomix2® 經腋下隆乳的手術經驗分享 Transaxillary Primary Breast Augmentation: Experiences with Ergonomix® & Ergonomix2®	黃仁吳院長 Jen-Wu Huang
16:30-17:00	選擇最適合的乳房植入物：個人經驗的分享 Pick the Perfect Implant: The Evolution of My Choices	張大力院長 Ta-Lee Chang
17:00-17:30	超音波抽脂與自體脂肪移植豐胸 Ultrasound-Assisted Liposuction and Free Fat Grafting to the Breast	謝承翰院長 John, Cheng-Han Hsieh
17:30	Closing Remarks	

Emerging trends in breast reconstruction: Clinical insights from surgical approaches to implant selection

乳房重建新趨勢：從手術方式到植入物選擇的臨床觀察

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The discussion will encompass a detailed analysis of current implant-based breast reconstruction, emphasizing their respective advantages and indications. A central focus will be placed on the nuanced process of implant selection, addressing differences in implant design and profiles. We will provide clinical insights into how these factors influence reconstructive outcomes, patient safety, and long-term aesthetic durability. The speech will also explore the increasing integration of patient-centered care, including the role of patient education and shared decision-making in tailoring reconstructive plans.

Personal experience sharing of bra-flap technique in implant-based breast cancer reconstruction and challenging revisional mammoplasty

布拉式皮瓣手術應用在乳癌切除義乳重建及隆乳重修手術中的經驗分享

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Background: Bra-flap is a muscular-fascial balcony consisting of fibers of the inferior pectoralis flap, external oblique, serratus muscle, and the rectus aponeurosis. Bra-flap augmentation mammoplasty, also called triple plane augmentation, is an effective method in constricted lower pole and tuberous breast. In breast cancer reconstruction, lower and lateral soft tissue deficiency is always the major concern. Inadequate lower lateral pocket may result in implant exposure, irregularity, and long-term capsular contracture. Full viable soft tissue coverage makes reconstruction safer and elastic musculofascial fiber provide a dynamic and aesthetic result.

Patient and Methods: From Nov, 2019 to May 2024, all patients (N=103) received single port endoscopic primary simple mastectomy via axilla approach and direct to implant reconstruction a modified dual plane with bra-flap supporting. Postoperative follow-up was arranged on 3, 6, and 12 months.

Results: Total 119 breast reconstructions in 110 patients were performed. Fourteen breasts were excluded due to loss of follow-up or pre-operative radiation. Mean follow-up was 12.7 months (from 3 to 50 months). Significant capsular contracture (Baker III, IV) occurred in 7 breasts in overall patients (6.6%, 7/105) and 1 breast in non-irradiated group (1.12%, 1/89). Good dynamic results with breast cleavage creation occurred in 98 breasts (93.3%). Mean satisfaction scores of BREAST-Q are as following: Breast (86.1, from 53 to 100), Outcomes (91.7, from 70 to 100), Physical (75.1, from 0 to 100), Psychosocial (89.6, from 47 to 100), Sexual (82.6, 50 to 100). Post mastectomy radiation therapy was administered to 19 patient (18%). No breast experienced explantation or conversion to autologous flap.

Summary: Bra flap provide full tissue coverage in lower and lateral pole, contributing to a highly safe reconstruction with good static and dynamic cosmetics. In revisional mammoplasty surgery, the bra-flap also can provide a good pocket creation, providing a good cosmetic result in one staged challenging revisional mammoplasty.

What the surgeon and radiologist should know: The ABCs of imagines of cosmetic breast augmentations

外科與放射科醫師應該了解之乳房美容手術後的影像發現

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臺北榮民總醫院 影像診療部 及 超音波暨乳房影像醫學科；國立陽明交通大學

Contemporary cosmetic breast augmentation procedures necessitate meticulous imaging evaluation for optimal surgical and radiological management. This review includes the sonographic, mammographic, computed tomography (CT) and magnetic resonance imaging (MRI) characteristics of breast augmentation techniques, encompassing injectable fillers, implants, autologous tissue flaps, and reduction mammoplasty.

Injectable breast augmentation utilizes a spectrum of materials, including silicone, paraffin, autologous fat, and polyacrylamide hydrogel (PAAG). Saline and silicone implants are applied to both aesthetic enhancement and post-mastectomy reconstructive surgery. Reconstructive modalities include myocutaneous flaps, such as the transverse rectus abdominis myocutaneous (TRAM) flap, and perforator flaps, exemplified by the deep inferior epigastric artery perforator (DIEP) flap.

Furthermore, we address the imaging manifestations of augmentation-related complications, including inflammatory processes, peri-implant fluid collections, capsular contracture, and intracapsular and extracapsular implant rupture. It is imperative to acknowledge the potential for breast cancer development following augmentation procedures, with particular emphasis on breast implant-associated anaplastic large cell lymphoma (BIA-ALCL), a rare but clinically significant entity.

Comprehensive imaging evaluation is indispensable in the management of breast augmentation. A thorough understanding of the diagnostic capabilities and limitations of each imaging modality facilitates the selection of the most cost-effective and clinically appropriate imaging strategy.

Transaxillary primary breast augmentation: Experiences with Ergonomix[®] & Ergonomix2[®]

Ergonomix[®] 及 Ergonomix2[®] 經腋下隆乳的手術經驗分享

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Since their approval by the Taiwanese FDA in 2019, Motiva[®] implants have gained significant popularity due to their stable, long-lasting outcomes and reduced need for postoperative massage. Among these, Ergonomix[®] and Ergonomix2[®] implants have demonstrated lower rates of capsular contracture and rupture compared to alternative implant options. This presentation reviews clinical experience with transaxillary primary augmentation mammoplasty, focusing on case studies and surgical outcomes. Ergonomix[®] and Ergonomix2[®] implants feature a nano-textured surface, which facilitates the formation of a thinner capsule, thereby contributing to a smoother and more natural upper breast contour. This characteristic, in conjunction with their balanced height-to-projection ratio, supports the creation of a smooth gentle upper breast slope. Additionally, these implants demonstrate superior tissue expansion properties, making them particularly suitable for individuals with tight, elastic soft tissue and a short nipple-to-inframammary fold distance, thereby maximizing lower pole expansion. Moreover, the 100% silicone gel filling in both Ergonomix[®] and Ergonomix2[®] significantly reduces the risk of rippling. These implants are available in three distinct styles—Mini, Demi, and Full—offering greater flexibility in size selection. Notably, Ergonomix2[®] features a softer surface texture compared to Ergonomix[®], enhancing the tactile experience. Implant selection significantly impacts surgical outcomes and patient satisfaction. This presentation may contribute to the ongoing discussion on optimizing breast augmentation techniques and implant choices for improved aesthetic and clinical results.

Pick the perfect implant: The evolution of my choices

選擇最適合的乳房植入物：個人經驗的分享

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The selection of breast implants is a sophisticated process influenced by various factors, including implant type, surface characteristics, and brand-specific technologies, as well as patient-specific anatomical conditions and aesthetic goals. This complexity often presents challenges even for experienced surgeons.

Since 2007, the author has prioritized implants designed to replicate a natural, ptotic breast shape. The introduction of anatomically stable implants in 2013 further advanced outcomes in aesthetic breast surgery. However, safety concerns regarding Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) in 2018 prompted a global shift toward the use of smooth-surfaced implants.

Contemporary innovations have led to the development of implants with nano-textured surfaces and high cohesiveness, achieving a 100% fill ratio. These advances have been associated with a statistically significant reduction in capsular contracture rates, now approaching 1%.

Drawing on international clinical experience, optimal implant selection requires a tailored approach based on thorough preoperative assessments, ensuring alignment with the patient's physiological characteristics and desired aesthetic outcomes.

Ultrasound-assisted liposuction and free fat grafting to the breast

超音波抽脂與自體脂肪移植豐胸

Cheng-Han Hsieh

謝承翰

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芮態診所

The advancement of minimally invasive techniques in cosmetic surgery has revolutionized body contouring procedures. This presentation focuses on my personal experience with ultrasound-assisted liposuction (UAL) and free fat grafting to the breast, utilizing the Liposuction using Sound Wave Stimulation Assistance (LSSA) and the Micro Autologous Fat Transplantation (MAFT) gun.

We will explore the efficacy and safety of LSSA for liposuction from the thighs, abdomen, and flanks, highlighting its benefits in terms of reduced recovery time, enhanced precision, and improved patient satisfaction. The integration of sound wave stimulation facilitates targeted fat removal, minimizing trauma to surrounding tissues and enhancing the viability of harvested fat.

Following the liposuction procedure, the harvested adipose tissue is processed and transferred to the breast using the MAFT gun. This innovative technique ensures a more controlled and uniform grafting process, significantly increasing the success rate of fat retention and achieving a more natural aesthetic outcome.

Through case studies, I will share key insights, challenges encountered, and the overall impact of these techniques on patient outcomes. Additionally, we will discuss post-operative care protocols and the importance of careful patient selection in achieving optimal results.