



## **Dual Coverage Of The Inferior Pole With Conjoined Fascial Flap And Acellular Dermal Matrix For Immediate One-Stage Breast Reconstruction With A Prosthetic Implant**

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Background:

Elevation of conjoined fascial flap composed of the pectoralis major, serratus anterior, and external oblique fascia has been one of the surgical techniques using an autologous tissue to cover the lower pole after the immediate one-stage direct-to-implant (DTI) breast reconstruction. However, volumetric breast implant hinders use of this technique alone. For more structurally stabilized and aesthetically favorable breast contour in large breasts, we have devised dual coverage of the lower pole by conjoined fascial flap and acellular dermal matrix.

Methods:

DTI breast reconstruction was done on 20 Asian patients from March 2013 to May 2014. ADM was used to cover inferomedial quadrant of the breast, and the conjoined fascial flap was elevated to cover the remaining inferolateral quadrant. Both patient- and plastic surgeon-reported outcome measures using questionnaires were done.

Results:

Two cases of seroma and 1 case of partial skin flap necrosis was encountered. Both seroma cases resolved after series of aspiration, and revision of the necrotic skin flap was done 3 weeks after the reconstruction under local anesthesia. For every domain on questionnaires, the mean scores ranked more than satisfied, indicative of reliance of this technique in breast reconstruction among patients with large breasts.

Conclusions:

Dual coverage of the inferior pole with the conjoined fascial flap and ADM for immediate DTI among patients with large breasts is supported by high scores in both patient- and plastic surgeon-reported outcome measures with low complication rates.

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