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Editorial

Difficulties in Founding Breast Reconstruction Service

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Modern surgery is changing constantly and rapidly. It is not easy to follow the trends, especially for the resource-limited areas.

In low- and middle-income countries (LMCs), the infrastructure and resources for routine screening mammography are often unavailable. In such countries, breast cancer is usually diagnosed at late stages, and due to inadequate resources, women with breast cancer may receive inadequate treatment or palliative care. Breast cancer is very common. Previously the expectation of patients was getting the disease cured. But in the modern era, patients request a better quality of life whether rich or poor [1].

Proper screening necessitates the presence of certain elements which include high-quality screening using mammography, high coverage and participation and effective referral systems for diagnosis and treatment [2].

In India, most patients present with stage IIIa and IIIb tumors reaching levels of 62%. Modified radical mastectomy after or without neoadjuvant chemotherapy is the most used procedure for almost all types of breast cancers [3].

Breast reconstruction has been proved to improve patient satisfaction and quality of life.

Breast reconstruction does not increase the recurrence or mortality rate in breast cancer patients.

Modified radical mastectomy is accepted as the standard in resource-appropriate guidelines in low- and middle-income countries.

In Yangon general hospital, modified radical mastectomy is the routine surgical procedure for breast cancer patients. Only a very few patients receive breast conserving surgery because of a long waiting list for radiotherapy.

Previously breast reconstruction was done for skin cover after surgery for locally advanced breast cancer.

Various procedures are carried out to cover the defect after surgery on locally advanced breast cancer, including skin graft, bilateral advancement flap, thoraco-epigastric flap, thoraco-abdominal flap, rhomboid flap, and latissimus dorsi myocutaneous flap (Figure 1).

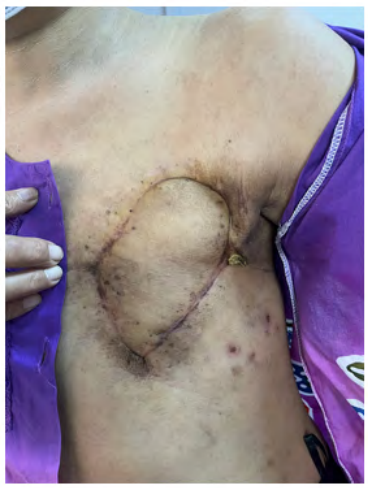

Figure 1: Latissimus dorsi flap to cover the defect of mastectomy in locally advanced breast cancer.

Breast reconstruction to get the volume was started recently with retro-pectoral implant placement and with latissimus dorsi myocutaneous flap in small and medium-sized breasts (Figure 2).

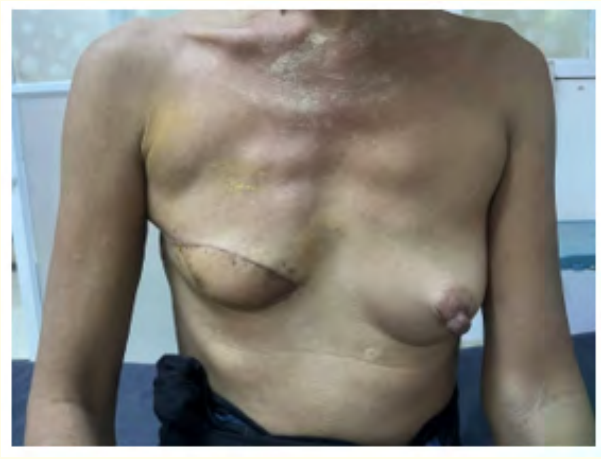

Figure 2: Immediate reconstruction with myocutaneous latissimus dorsi flap after mastectomy in a breast cancer patient.

Difficulties

There are many difficulties in starting breast reconstruction in low- and middle-income countries.

There are patients' factors, medical personnel factors, and equipment factors.

As for patients, they cannot see or discuss with other patients with previous breast reconstruction. They cannot get advice and exchange experiences with their peers. They don't know much about breast reconstruction. They worry not only about breast cancer but also about the reconstruction.

On the side of medical personnel, there is limited experience with breast reconstruction. Surgeons need to be trained in reconstructive surgery. It is difficult for the seniors to take up the benefits of breast reconstruction.

For the equipment, it is not easy to get the implants in various sizes and shapes. The implants are expensive.

Despite these barriers, we are working out to develop a well-functioning breast reconstruction service in our center.

Bibliography

1. Arafat Tfayli., *et al*. "Breast Cancer in Low- and Middle-Income Countries: An Emerging and Challenging, Epidemic". *Journal of Oncology* (2010).

2. C H Yip., *et al*. "Guideline implementation for breast healthcare in low- and middle-income countries: early detection resource allocation". *Cancer* 113.8 (2008): 2244-2256.

3. G Agarwal., *et al*. "Breast cancer care in developing countries". *World Journal of Surgery* 33.10 (2009): 2069-2076.