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Viewpoints and debate

Incorporating the surgical treatment of symptomatic macromastia into a Breast Cancer Unit: Could this be a useful management policy?

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ABSTRACT

Oncoplastic Breast Surgery (OBS) is becoming an integral part of breast cancer management, but training is difficult and not easily available. We propose a bold management policy: the introduction of the reduction mammaplasty into a Breast Cancer Unit (BCU) as treatment for symptomatic macromastia. This management policy could bring about clear advantages both to patients (larged-breasted patients and those with a breast cancer) and surgeons.

Since the term "oncoplastic surgery" was coined in 1998,[1] this new approach, which combines oncologic and plastic breast techniques, has gradually spread, extending breast conserving surgery possibilities, reducing both mastectomy and re-excision rates, whilst avoiding breast deformities. OBS requires a cross-specialty training which is difficult, in particular, for trainees whose background is in general surgery or gynaecology, and is not easily available.[2]

Despite reduction mammaplasty proving to be efficacious in symptom reduction and to improve the quality of life for patients with symptomatic macromastia, and although the effect of reduction mammaplasty is comparable to other unquestionable surgical procedures such as hip and knee total joint replacement,[3] the fact is that this procedure is only covered by insurance companies with arbitrary and very restrictive conditions,[4] whereas, in the public health system, where the conditions might be less rigorous, the waiting lists are extremely long. One thing, though, that is clear is that patients with symptomatic macromastia are underserved.

Previous experiences in reduction mammaplasty performed by general surgeons reported similar outcomes to those by plastic surgeons,[5] the purpose behind this activity in the nineties being to provide surgical care for an underserved population and to increase the 'general surgeon's' range of skills. These motives are very much in vogue at the moment, and furthermore, they have been strengthened by the appearance of OBS.

In view of the above-mentioned points, we propose a bold management policy, the introduction of reduction mammaplasty into a BCU, incorporating it in the service catalogue as treatment for

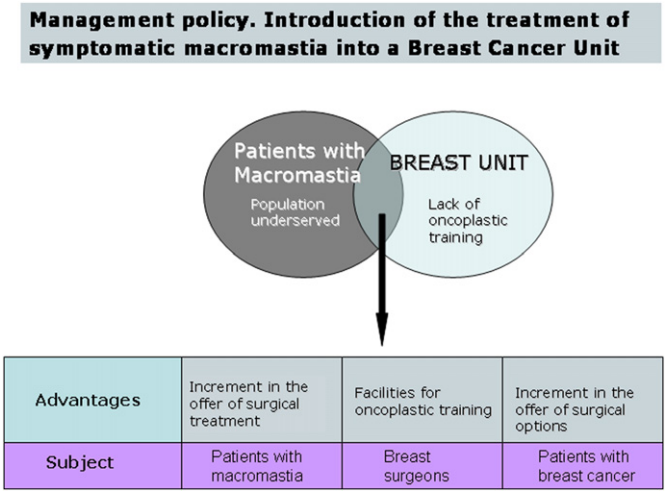

Fig. 1. The effect of the introduction of reduction mammaplasty into a BCU on patients and surgeons.

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symptomatic macromastia. This could have a synergic effect, making the scarce therapeutic offer at present available to these usually underserved patients somewhat larger, and accelerating the uptake of oncoplastic training as a whole and, in particular, the oncoplastic breast conserving procedures based upon mammaplasty techniques.[6] This management policy could bring clear advantages both to patients (large-breasted patients and those with a breast cancer) and surgeons (Fig. 1).

This policy must, in any particular BCU, take into account certain aspects such as candidate selection, number of patients per year, information and counselling, and the disadvantages that this management policy could bring to the BCU should also be considered and discussed. In our opinion, the main hurdles are that reduction mammaplasty is a time-consuming procedure and that a long learning curve is required before the surgeon achieves a low rate of complications, and an operating-time that is both efficient and which varies little from case to case.[7] However, we strongly believe that the advantages, which exist for both patients and surgeons, make this decision worthwhile.

Conflict of Interest Statement

None declared.

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