Figure 1 Pre-operative planning. The 'golf-tee' incision is illustrated by the lines drawn at the edge of the nipple and is designed to be incorporated into a mastectomy ellipse (larger outlined area) should the necessity arise. Tumour position is depicted by the stippled area.

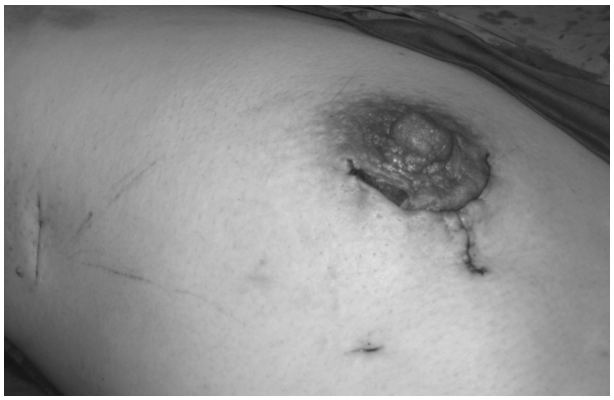

Figure 2 Immediate postoperative appearance after tissue resection, parenchymal apposition both in the transverse and longitudinal planes, and skin closure.

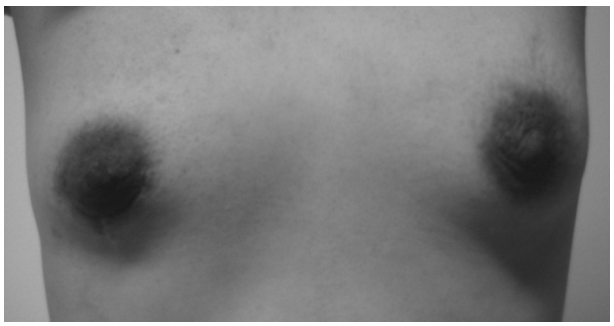

Figure 3 The cosmetic outcome of the 'golf-tee' incision used for a tumour in the 6 o'clock, peri-areolar position of the right breast. In this case, clear margins were obtained for a 2-cm Grade 3 infiltrating ductal carcinoma with a negative sentinel node. At 4 months after surgery, the scar is relatively inconspicuous.

improved body image and sexuality.[2] The recent advent of oncoplastic approaches has allowed breast-conserving surgery to be applied to larger tumours in various positions with reasonable cosmetic outcomes.[3] Tumours located at the 6 o'clock position in the peri-areolar region pose a particular challenge. A technique to overcome this is described.

TECHNIQUE

The 'golf-tee' incision is a modification of the boomerang incision.[4] (Fig. 1) Segment resection is planned as an ellipse with its long axis lying radially. To allow for optimum cosmesis with minimal nipple distortion when apposition is complete, triangular extensions of resection may be made at the mid-points on both sides of the segment.

DISCUSSION

Most oncoplastic approaches already described are mainly for women with larger breast tissue volume.[3] It has been reported that most patients with smaller volume of breast tissue are not amenable to volume displacement techniques.[3] Chinese women, who make up the majority of this author's practice, have been found generally to have smaller breast tissue volume.[5] This poses a unique challenge to surgical treatment of breast cancer in this cohort of women, especially where the tumour is in the mid-pole, peri-areolar region. The use of the 'golf-tee' incision, appropriate tissue resection patterns and careful execution of volume displacement techniques can overcome this difficulty. This further expands the repertoire of available approaches for best aesthetic outcomes in breast-conservation treatment in the majority of patients regardless of breast tissue volumes (Figs 2 and 3).

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Cartella eye-shield as a dressing after nipple reconstruction – a technical innovation

TAPAN SIRCAR[1], ASHOK CHOUHAN[2], AKHIL JOHRI[2]

[1]Breast and Oncoplastic Surgery Department, Birmingham City Hospital, Birmingham, UK

[2]West Sussex Breast Centre, Worthing Hospital, West Sussex, UK

CORRESPONDENCE TO

Tapan Sircar, Breast and Oncoplastic Surgery Department, Birmingham City Hospital, Dudley Road, Birmingham B18 7QH, UK. E: tsircar@aol.com

BACKGROUND

Reconstructed breast without nipple is called a breast mound.

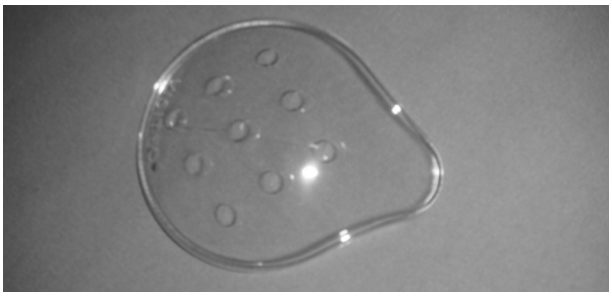

Figure 1 Transparent cartella eye-shield (Visitec™).

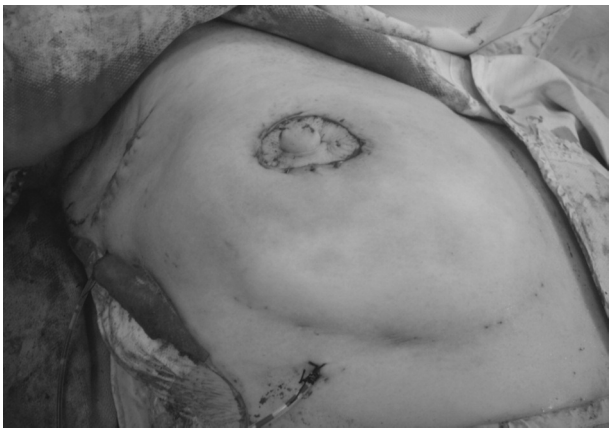

Figure 2 Skin sparing mastectomy with immediate breast and nipple reconstruction has been performed.

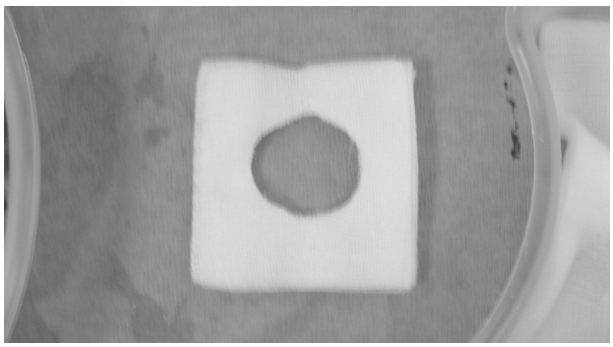

Figure 3 Sterile gauze with a hole cut out in the centre to accommodate the reconstructed nipple.

Nipple reconstruction completes the breast reconstruction. However, dressing following newly reconstructed nipple remains problematic. An ideal dressing should protect the nipple, absorb wound exudates, maintain good airflow and, most importantly, the nipple must be visible for inspection. We describe a dressing technique using cartella eye-shield which is cheap and satisfies all the above mentioned criteria.

TECHNIQUE

Cartella eye-shield[1,2] is a transparent plastic shield, used to protect the eye after operations. We use BD Visitec™ (Becton, Dickinson and Company, Waltham, MA 02452, USA) universal eye shield (Fig. 1) to dress the reconstructed nipple. The breast (Fig. 2) is covered with gauze, with a hole in the centre (Fig. 3) to accommodate the neo-nipple. The

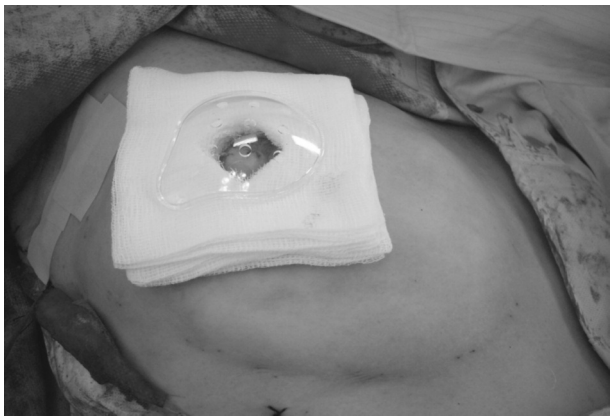

Figure 4 Reconstructed breast is covered with sterile gauze followed by transparent cartella eye-shield over the reconstructed nipple-areola.

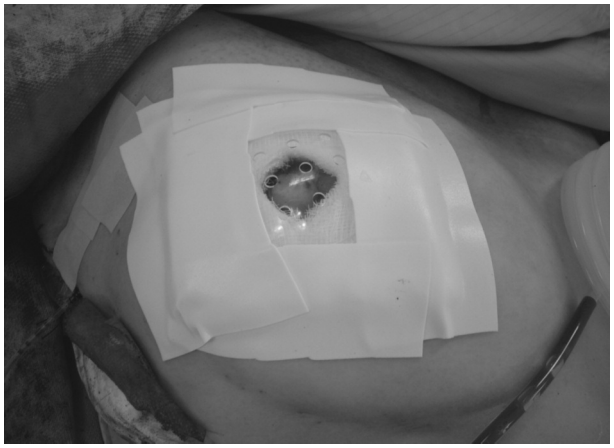

Figure 5 The gauze and cartella eye shield are secured in place with soft adhesive tape.

thickness of the gauze is adjusted according to the height of the nipple; Visitec™ sterile eye-shield is placed over the hole (Fig. 4) and secured with adhesive tape (Fig. 5).

DISCUSSION

Cartella dressing allows clear visibility of flap colour, costs approximately 40 pence each and is cheaper than a 6" × 8" or 8" × 12" transparent film dressing commonly used. The gauze absorbs wound exudates while the dome shaped eye-shield protects reconstructed nipple. The holes in the cartella allow excess moisture to escape improving the visibility of nipple and also avoid a warm, wet environment which can be conducive to infection.[3] We keep this dressing for 4 weeks. The senior author (AJ) innovated this technique and has used cartella-shield after nipple reconstruction for 10 years in over 350 cases satisfactorily.

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