

# Oncoplastic Surgery

*The combination of cosmetic and oncological treatments gives options to women with breast cancer*

Long established as an approach to breast cancer surgery in Europe and the US, oncoplastic surgery is making inroads into the Australian hospital landscape. The approach sees standard plastic surgery come together with breast cancer surgery. The combination of cosmetic and oncological treatments is giving women more options for dealing with the prospect of losing part or both of their breasts. Using an oncoplastics approach, a surgeon might, for example, plan a breast reduction in such a way so as to remove the tissue containing the cancer and do a breast reduction at the same time. Or, she might take out a cancer and do a breast lift as part of the same procedure. The long-term result is a body aesthetic that is pleasing and, for many women, more so than what they had before. Dr Elisabeth Elder is one of the breast cancer surgeons bringing this approach to Macquarie University Hospital as part of the hospital's significant new undertaking: the Macquarie University Cancer Institute.

"For many women, if it's a small cancer needing to be removed with a prognosis for good results, then just a standard tissue removal may suffice," said Dr Elder. "But, for others, if the cancer is larger or if they are facing a mastectomy, then we may be able to preserve the breast better than we have in the past, when breast conservation wasn't a focus. As part of that focus, we can try to reconstruct a breast to what a woman would ideally like."

While taking this approach probably involves an extra and more complicated surgery, there are reasons to consider it.

"Because we are getting increasingly better results from cancer treatments, it makes sense to attend to the long-term aesthetic of your body," explained Dr Elder. "For many women who have had breast cancer treatment, in a few years when they are feeling like life is more normal again, how their breasts look may well be a significant factor in their body image - and, hence, their mental wellbeing."

## Decision-making

Much goes into deciding if oncoplastic surgery is right for an individual patient.

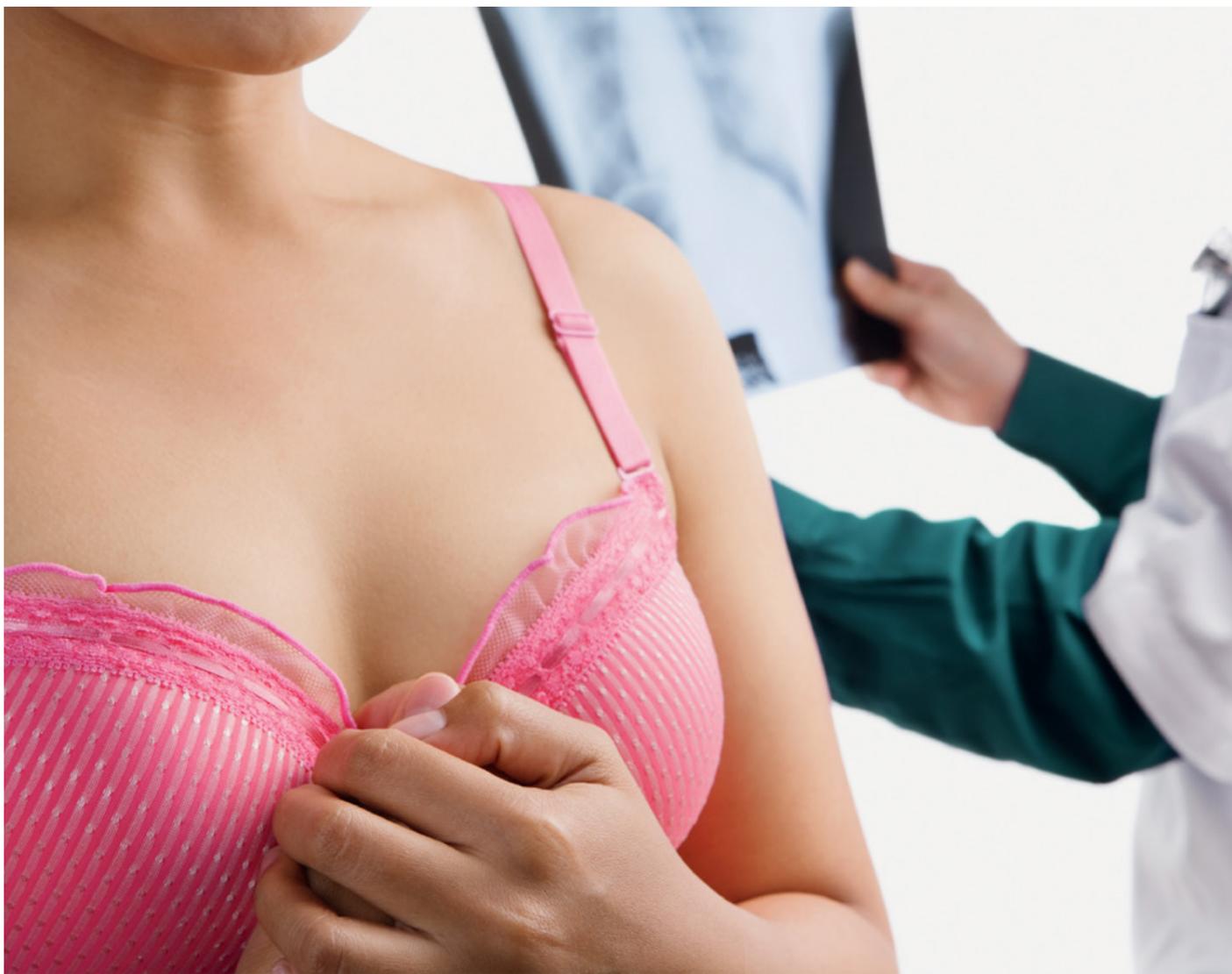
Medical factors such as the volume of the



Dr Elisabeth Elder

tumour in relation to the volume of the breast is one. If more than 10 per cent needs to be resected, then the approach is worth considering. Factors such as overall health, including surgical risk factors such as smoking and diabetes, also have to be taken into account. Then, perhaps most importantly, there is the woman herself. Her own physiological make-up and the surgical requirements of her procedure determine the type of technique best used. For example, if a standard breast reduction were being done, a surgeon could use an inferior pedicle. But if there is a tumour involved, a superior or a lateral pedicle might be used. Surgeons also factor in what a woman wants, in terms of her own body shape and image.

"No woman, no breast and no tumour are the same," explained Dr Elder. "This is very



*“For many women who have had breast cancer treatment, how their breasts look may well be a significant factor in their body image – and, hence, their mental wellbeing”*

individual, personalised medicine. Besides all the medical issues, we also have to look at what is important to a woman in terms of her own sense of herself”

Dr Elder is heartened by the fact that studies overseas have shown a positive correlation between five-year post-treatment depression levels and the resulting breast aesthetic. Emotional wellbeing is no small factor in a decision to take this approach.

“I spend a lot of time talking to my patients about how they want to approach this, and what they want to get out of it,” said Dr Elder. “The approach is fantastic for some patients, but it’s not for everybody.”

Dr Elder completed her undergraduate degree and postgraduate fellowship training at the University Hospital in Stockholm, Sweden. She received a PhD in tumour oncology from the Karolinska Institute. After working in Australia for several years, she returned to Sweden to learn the latest techniques in

oncoplastics before taking up a position in the Breast Cancer Institute at Westmead Hospital. Dr Elder holds a senior lecturer position at The Australian School of Advanced Medicine and is engaged in a range of research projects from diagnostics to patient-level outcomes and quality of life.

Dr Elder is part of the Breast Surgeons of Australia and New Zealand sub-committee on breast oncoplastics that is driving the use of these techniques to become more widespread in Australia and New Zealand.

In addition to training surgeons, this committee’s work involves research on important issues and assurance of quality control. Professor John Boyages, director of the Macquarie University Cancer Institute, said that Dr Elder’s presence will be a much-valued contribution to the way in which the Institute works. [PH](#)

---

*By Dr Andrea Lewis*