

## The Benefits of a Totally Autologous Breast Reconstruction Technique Using Extended Latissimus Dorsi Flap with Lipo-Modelling: A Seven Years United Kingdom Tertiary Breast Unit Results

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**Abstract :** Introduction: The public perception of implants has been damaged in the wake of recent negative publicity and increasingly we are finding patients wanting to avoid them. Planned lipo-modelling to enhance the volume of a Latissimus dorsi flap is a viable alternative to silicone implants and maintains a Totally Autologous Technique (TAT). Here we demonstrate that when compared to an Implant Assisted Technique (IAT), a TAT offers patients many benefits that offset the requirement of more operations initially, with reduced short and long term complications, reduced symmetrisation surgery and reduced revision rates. Methods. Data was collected prospectively over 7 years. The minimum follow up was 3 years. The technique was generally standardized in the hand of one surgeon. All flaps were extended LD flaps (ELD). Lipo-modelling was performed using standard techniques. Outcome measures were unplanned secondary procedures, complication rates, and contralateral symmetrisation surgery rates. Key Results Were: Lower complication rates in the TAT group (18.5% vs. 33.3%), despite higher radiotherapy rates (TAT=49%, IAT=36.8%), TAT was associated with lower subsequent symmetrisation rates (30.6% vs. 50.9%), IAT had a relative risk of 3.1 for subsequent unplanned procedure, Autologous patients required an average of 1.76 sessions of lipo-modelling, Conclusions: Using lipo-modelling to enable totally autologous LD reconstruction offers significant advantages over an implant assisted technique. We have shown a lower subsequent unplanned procedure rate, lower revision surgery, and less contralateral symmetrisation surgery. We anticipate that a TAT will be supported by patient satisfaction surveys and long-term patient-reported cosmetic outcome data and intended to study this.

**Keywords :** breast, Latissimus dorsi, lipomodelling, reconstruction

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