

# IMPLANT RIPPLING AFTER RECONSTRUCTION

**IMPLANT RIPPLING AFTER RECONSTRUCTION** IS A COMMON CONCERN AMONG PATIENTS WHO HAVE UNDERGONE BREAST RECONSTRUCTION SURGERY. THIS PHENOMENON INVOLVES VISIBLE OR PALPABLE WRINKLES OR FOLDS ON THE SURFACE OF THE BREAST IMPLANT, WHICH CAN AFFECT THE AESTHETIC OUTCOME AND PATIENT SATISFACTION. UNDERSTANDING THE CAUSES, RISK FACTORS, AND TREATMENT OPTIONS FOR IMPLANT RIPPLING AFTER RECONSTRUCTION IS ESSENTIAL FOR BOTH PATIENTS AND HEALTHCARE PROVIDERS. THIS ARTICLE PROVIDES A COMPREHENSIVE OVERVIEW OF IMPLANT RIPPLING, INCLUDING ITS CLINICAL PRESENTATION, PREVENTION STRATEGIES, AND MANAGEMENT TECHNIQUES. ADDITIONALLY, THE IMPACT OF DIFFERENT IMPLANT TYPES AND SURGICAL APPROACHES ON RIPPLING INCIDENCE WILL BE EXAMINED. THE FOLLOWING SECTIONS WILL EXPLORE THESE TOPICS IN DETAIL TO OFFER A THOROUGH UNDERSTANDING OF IMPLANT RIPPLING AFTER RECONSTRUCTION.

- CAUSES AND RISK FACTORS OF IMPLANT RIPPLING AFTER RECONSTRUCTION
- CLINICAL PRESENTATION AND DIAGNOSIS
- PREVENTION STRATEGIES
- TREATMENT AND MANAGEMENT OPTIONS
- IMPACT OF IMPLANT TYPE AND SURGICAL TECHNIQUES

## CAUSES AND RISK FACTORS OF IMPLANT RIPPLING AFTER RECONSTRUCTION

IMPLANT RIPPLING AFTER RECONSTRUCTION OCCURS DUE TO THE FOLDING OR WRINKLING OF THE BREAST IMPLANT SHELL, WHICH BECOMES VISIBLE OR PALPABLE BENEATH THE SKIN. SEVERAL FACTORS CONTRIBUTE TO THIS COMPLICATION, INCLUDING THE TYPE OF IMPLANT, THE THICKNESS OF THE OVERLYING TISSUE, AND THE SURGICAL TECHNIQUE USED. UNDERSTANDING THESE CAUSES IS CRUCIAL TO MINIMIZING THE RISK AND IMPROVING RECONSTRUCTIVE OUTCOMES.

### IMPLANT-RELATED FACTORS

THE DESIGN AND COMPOSITION OF BREAST IMPLANTS SIGNIFICANTLY INFLUENCE THE LIKELIHOOD OF RIPPLING. SALINE IMPLANTS, WHICH ARE FILLED WITH STERILE SALT WATER, ARE MORE PRONE TO RIPPLING COMPARED TO SILICONE GEL IMPLANTS DUE TO THEIR THINNER SHELL AND THE NATURE OF THE FILLING. ADDITIONALLY, IMPLANTS WITH A SMOOTH SURFACE TEND TO RIPPLE MORE THAN TEXTURED IMPLANTS BECAUSE THE LATTER ADHERES BETTER TO SURROUNDING TISSUES, REDUCING FOLD FORMATION.

### PATIENT-RELATED RISK FACTORS

THE PATIENT'S ANATOMY AND TISSUE CHARACTERISTICS PLAY A CENTRAL ROLE IN IMPLANT RIPPLING. THIN PATIENTS WITH MINIMAL SUBCUTANEOUS FAT AND MUSCLE COVERAGE OVER THE IMPLANT ARE AT HIGHER RISK. MOREOVER, PATIENTS WHO HAVE UNDERGONE RADIATION THERAPY MAY EXPERIENCE TISSUE FIBROSIS AND THINNING, WHICH CAN EXACERBATE THE VISIBILITY OF RIPPLING. WEIGHT FLUCTUATIONS AND AGING-RELATED SKIN LAXITY ALSO CONTRIBUTE TO CHANGES IN IMPLANT CONTOUR.

### SURGICAL TECHNIQUE CONSIDERATIONS

THE PLACEMENT OF THE IMPLANT DURING RECONSTRUCTION AFFECTS RIPPLING RISK. SUBGLANDULAR PLACEMENT, WHERE THE

IMPLANT SITS DIRECTLY UNDER THE BREAST TISSUE BUT ABOVE THE PECTORAL MUSCLE, IS ASSOCIATED WITH A HIGHER INCIDENCE OF RIPPLING COMPARED TO SUBMUSCULAR OR DUAL-PLANE PLACEMENTS. ADDITIONALLY, THE USE OF ACELLULAR DERMAL MATRICES (ADMS) AND FAT GRAFTING DURING SURGERY CAN INFLUENCE TISSUE COVERAGE AND IMPLANT SUPPORT, IMPACTING RIPPLING OUTCOMES.

## CLINICAL PRESENTATION AND DIAGNOSIS

RECOGNIZING IMPLANT RIPPLING AFTER RECONSTRUCTION IS IMPORTANT FOR TIMELY INTERVENTION AND PATIENT REASSURANCE. THE CLINICAL PRESENTATION VARIES DEPENDING ON THE SEVERITY AND LOCATION OF THE RIPPLES.

### VISUAL AND TACTILE SIGNS

PATIENTS AND CLINICIANS MAY OBSERVE VISIBLE FOLDS OR WRINKLES ON THE BREAST SURFACE, ESPECIALLY WHEN THE PATIENT LEANS FORWARD OR CONTRACTS THE CHEST MUSCLES. THESE RIPPLES CAN SOMETIMES BE FELT AS IRREGULARITIES BENEATH THE SKIN DURING PALPATION. THE DEGREE OF RIPPLING RANGES FROM SUBTLE TEXTURAL CHANGES TO PRONOUNCED CREASES THAT DISTORT THE BREAST SHAPE.

### DIAGNOSTIC EVALUATION

DIAGNOSIS TYPICALLY INVOLVES A PHYSICAL EXAMINATION AND PATIENT HISTORY. IMAGING STUDIES SUCH AS ULTRASOUND OR MAGNETIC RESONANCE IMAGING (MRI) MAY BE USED TO ASSESS IMPLANT INTEGRITY AND RULE OUT OTHER COMPLICATIONS. THESE MODALITIES CAN HELP DIFFERENTIATE RIPPLING FROM IMPLANT RUPTURE OR CAPSULAR CONTRACTURE, WHICH HAVE DIFFERENT MANAGEMENT PATHWAYS.

## PREVENTION STRATEGIES

EFFECTIVE PREVENTION OF IMPLANT RIPPLING AFTER RECONSTRUCTION INVOLVES CAREFUL PLANNING AND SURGICAL TECHNIQUE SELECTION. SEVERAL STRATEGIES HAVE BEEN DEVELOPED TO REDUCE THE INCIDENCE OF THIS COMPLICATION.

### OPTIMAL IMPLANT SELECTION

CHOOSING THE APPROPRIATE IMPLANT TYPE AND SIZE IS FUNDAMENTAL. SILICONE GEL IMPLANTS WITH A COHESIVE GEL AND TEXTURED SURFACE ARE PREFERRED IN MANY CASES TO MINIMIZE RIPPLING. SELECTING AN IMPLANT VOLUME THAT ADEQUATELY FILLS THE POCKET WITHOUT EXCESSIVE STRETCHING OF THE SKIN ALSO HELPS MAINTAIN A SMOOTH CONTOUR.

### IMPLANT PLACEMENT TECHNIQUES

POSITIONING THE IMPLANT BENEATH THE PECTORALIS MAJOR MUSCLE PROVIDES ADDITIONAL SOFT TISSUE COVERAGE, WHICH CAN REDUCE THE VISIBILITY OF RIPPLING. THE DUAL-PLANE TECHNIQUE, WHERE THE IMPLANT IS PARTIALLY UNDER THE MUSCLE AND PARTIALLY UNDER THE BREAST TISSUE, OFFERS A BALANCE BETWEEN AESTHETIC OUTCOMES AND RIPPLING RISK.

## ADJUNCTIVE TISSUE SUPPORT

USING ACELLULAR DERMAL MATRICES OR SYNTHETIC MESHES DURING RECONSTRUCTION CAN PROVIDE STRUCTURAL SUPPORT AND IMPROVE SOFT TISSUE COVERAGE. FAT GRAFTING IS ANOTHER ADJUNCT METHOD THAT INVOLVES TRANSFERRING AUTOLOGOUS FAT TO AUGMENT THE SOFT TISSUE ENVELOPE, THEREBY MASKING IMPLANT IRREGULARITIES.

## TREATMENT AND MANAGEMENT OPTIONS

WHEN IMPLANT RIPPLING AFTER RECONSTRUCTION BECOMES A CONCERN, VARIOUS TREATMENT APPROACHES ARE AVAILABLE TO ADDRESS THE ISSUE DEPENDING ON SEVERITY AND PATIENT PREFERENCE.

### NON-SURGICAL INTERVENTIONS

MILD CASES OF RIPPLING MAY BE MANAGED CONSERVATIVELY WITH MASSAGE TECHNIQUES OR BY ADVISING THE PATIENT ON POSTURAL ADJUSTMENTS TO MINIMIZE THE APPEARANCE OF WRINKLES. COMPRESSION GARMENTS AND SPECIALIZED BRAS CAN ALSO HELP SMOOTH THE BREAST CONTOUR TEMPORARILY.

### SURGICAL REVISION PROCEDURES

FOR MORE PRONOUNCED RIPPLING, SURGICAL CORRECTION MAY BE NECESSARY. OPTIONS INCLUDE:

- REPLACING SALINE IMPLANTS WITH SILICONE GEL IMPLANTS TO REDUCE SHELL FOLDS.
- REPOSITIONING THE IMPLANT TO A SUBMUSCULAR OR DUAL-PLANE POCKET FOR BETTER COVERAGE.
- INCORPORATING FAT GRAFTING TO THICKEN THE SOFT TISSUE LAYER OVER THE IMPLANT.
- USING ACELLULAR DERMAL MATRICES OR SYNTHETIC MATERIALS TO REINFORCE TISSUE SUPPORT.
- EXCHANGING THE IMPLANT FOR A DIFFERENT SHAPE OR PROFILE TO ACHIEVE IMPROVED CONTOUR.

### CONSIDERATIONS FOR RADIATION PATIENTS

PATIENTS WHO HAVE UNDERGONE RADIATION THERAPY MAY HAVE LIMITED TISSUE ELASTICITY, MAKING CORRECTION OF RIPPLING MORE CHALLENGING. IN THESE CASES, COMBINED APPROACHES SUCH AS FLAP RECONSTRUCTION OR STAGED PROCEDURES MAY BE CONSIDERED TO OPTIMIZE RESULTS.

### IMPACT OF IMPLANT TYPE AND SURGICAL TECHNIQUES

THE CHOICE OF IMPLANT AND SURGICAL METHOD SIGNIFICANTLY AFFECTS THE INCIDENCE AND SEVERITY OF IMPLANT RIPPLING AFTER RECONSTRUCTION. ADVANCES IN IMPLANT TECHNOLOGY AND RECONSTRUCTIVE TECHNIQUES CONTINUE TO EVOLVE TO ADDRESS THIS COMPLICATION EFFECTIVELY.

## SILICONE VERSUS SALINE IMPLANTS

SILICONE IMPLANTS, ESPECIALLY THOSE WITH HIGHLY COHESIVE GEL, HAVE A LOWER TENDENCY TO RIPPLE DUE TO THEIR FIRMER CONSISTENCY AND THICKER SHELL. SALINE IMPLANTS, WHILE SAFE AND ADJUSTABLE, ARE MORE PRONE TO VISIBLE FOLDS BECAUSE THE SALINE FLUID SHIFTS MORE EASILY WITHIN THE IMPLANT SHELL.

## TEXTURED VERSUS SMOOTH SURFACES

TEXTURED IMPLANTS ADHERE MORE SECURELY TO SURROUNDING TISSUES, REDUCING IMPLANT MOVEMENT AND RIPPLING. HOWEVER, TEXTURED SURFACES CARRY OTHER CONSIDERATIONS, SUCH AS RARE ASSOCIATIONS WITH CERTAIN LYMPHOMAS, WHICH MUST BE BALANCED WHEN CHOOSING AN IMPLANT.

## ADVANCES IN SURGICAL APPROACH

TECHNIQUES SUCH AS PREPECTORAL IMPLANT PLACEMENT, WHERE THE IMPLANT IS POSITIONED ABOVE THE MUSCLE WITH ADM COVERAGE, HAVE GAINED POPULARITY. ALTHOUGH THIS APPROACH CAN REDUCE PAIN AND ANIMATION DEFORMITY, IT MAY INCREASE THE RISK OF RIPPLING IF TISSUE COVERAGE IS INSUFFICIENT. CAREFUL PATIENT SELECTION AND ADJUNCTIVE PROCEDURES ARE ESSENTIAL TO MITIGATE THIS RISK.

## FREQUENTLY ASKED QUESTIONS

### WHAT IS IMPLANT RIPPLING AFTER BREAST RECONSTRUCTION?

IMPLANT RIPPLING REFERS TO THE VISIBLE OR PALPABLE WRINKLES OR FOLDS ON THE SURFACE OF A BREAST IMPLANT AFTER RECONSTRUCTION SURGERY. IT OCCURS WHEN THE IMPLANT'S EDGES OR FOLDS BECOME NOTICEABLE THROUGH THE SKIN.

### WHAT CAUSES IMPLANT RIPPLING AFTER BREAST RECONSTRUCTION?

IMPLANT RIPPLING CAN BE CAUSED BY FACTORS SUCH AS THIN OR INSUFFICIENT SOFT TISSUE COVERAGE, USE OF SALINE IMPLANTS, PLACEMENT OF THE IMPLANT ABOVE THE MUSCLE, AND LOSS OF SKIN ELASTICITY AFTER RADIATION THERAPY.

### HOW COMMON IS IMPLANT RIPPLING AFTER BREAST RECONSTRUCTION?

IMPLANT RIPPLING IS RELATIVELY COMMON, ESPECIALLY IN PATIENTS WITH THIN SKIN OR MINIMAL TISSUE COVERAGE OVER THE IMPLANT. THE INCIDENCE VARIES DEPENDING ON IMPLANT TYPE, PLACEMENT TECHNIQUE, AND PATIENT FACTORS.

### CAN IMPLANT RIPPLING BE PREVENTED AFTER BREAST RECONSTRUCTION?

PREVENTION STRATEGIES INCLUDE CHOOSING SILICONE IMPLANTS OVER SALINE, PLACING IMPLANTS UNDER THE MUSCLE (SUBMUSCULAR PLACEMENT), USING FAT GRAFTING TO AUGMENT SOFT TISSUE COVERAGE, AND CAREFUL SURGICAL TECHNIQUE TO ENSURE ADEQUATE TISSUE THICKNESS.

### WHAT TREATMENT OPTIONS ARE AVAILABLE FOR IMPLANT RIPPLING AFTER RECONSTRUCTION?

TREATMENT OPTIONS INCLUDE FAT GRAFTING TO ADD SOFT TISSUE PADDING, IMPLANT EXCHANGE WITH A DIFFERENT SIZE OR TYPE, USE OF ACELLULAR DERMAL MATRIX OR MESH, OR IN SOME CASES, CONVERSION TO AUTOLOGOUS TISSUE RECONSTRUCTION.

## DOES IMPLANT RIBBLING AFFECT BREAST RECONSTRUCTION OUTCOMES?

WHILE IMPLANT RIBBLING IS PRIMARILY A COSMETIC ISSUE, IT CAN AFFECT PATIENT SATISFACTION AND CONFIDENCE. IT TYPICALLY DOES NOT IMPACT IMPLANT SAFETY OR OVERALL RECONSTRUCTIVE SUCCESS BUT MAY NECESSITATE REVISION SURGERY FOR AESTHETIC IMPROVEMENT.

## HOW SOON AFTER RECONSTRUCTION CAN IMPLANT RIBBLING APPEAR?

IMPLANT RIBBLING CAN BECOME NOTICEABLE WEEKS TO MONTHS AFTER SURGERY AS SWELLING SUBSIDES AND THE IMPLANT SETTLES. IT MAY ALSO DEVELOP OR WORSEN OVER TIME DUE TO CHANGES IN TISSUE QUALITY OR IMPLANT POSITION.

## IS IMPLANT RIBBLING MORE COMMON WITH SALINE OR SILICONE IMPLANTS AFTER RECONSTRUCTION?

IMPLANT RIBBLING IS GENERALLY MORE COMMON WITH SALINE IMPLANTS BECAUSE THEY ARE FILLED WITH FLUID AND TEND TO HAVE MORE FOLDS. SILICONE GEL IMPLANTS ARE FIRMER AND LESS PRONE TO VISIBLE RIBBLING.

## ADDITIONAL RESOURCES

### 1. *IMPLANT RIBBLING IN BREAST RECONSTRUCTION: CAUSES AND SOLUTIONS*

THIS BOOK PROVIDES A COMPREHENSIVE OVERVIEW OF IMPLANT RIBBLING AS A COMPLICATION IN BREAST RECONSTRUCTION. IT EXPLORES THE ANATOMICAL, SURGICAL, AND IMPLANT-RELATED FACTORS CONTRIBUTING TO RIBBLING. READERS WILL FIND DETAILED DISCUSSIONS ON PREVENTION STRATEGIES AND REVISION TECHNIQUES TO IMPROVE AESTHETIC OUTCOMES.

### 2. *MANAGING IMPLANT RIBBLING: SURGICAL TECHNIQUES AND CLINICAL OUTCOMES*

THIS TEXT FOCUSES ON THE PRACTICAL MANAGEMENT OF IMPLANT RIBBLING THROUGH VARIOUS SURGICAL INTERVENTIONS. IT INCLUDES CASE STUDIES AND OUTCOME ANALYSES TO GUIDE RECONSTRUCTIVE SURGEONS IN DECISION-MAKING. THE BOOK ALSO COVERS ADVANCES IN IMPLANT TECHNOLOGY AND THEIR IMPACT ON REDUCING RIBBLING INCIDENTS.

### 3. *BREAST RECONSTRUCTION COMPLICATIONS: FOCUS ON IMPLANT RIBBLING*

ADDRESSING THE BROADER SPECTRUM OF COMPLICATIONS, THIS BOOK DEDICATES A SIGNIFICANT SECTION TO IMPLANT RIBBLING. IT REVIEWS PATIENT RISK FACTORS, DIAGNOSTIC METHODS, AND BOTH NON-SURGICAL AND SURGICAL TREATMENT OPTIONS. THE COMPREHENSIVE APPROACH AIDS CLINICIANS IN OPTIMIZING PATIENT CARE AND SATISFACTION.

### 4. *ADVANCES IN IMPLANT-BASED BREAST RECONSTRUCTION: MINIMIZING RIBBLING EFFECTS*

HIGHLIGHTING THE LATEST INNOVATIONS, THIS BOOK DISCUSSES NEW IMPLANT DESIGNS AND SURGICAL TECHNIQUES AIMED AT MINIMIZING RIBBLING. IT EVALUATES MATERIALS, PLACEMENT METHODS, AND ADJUNCTIVE PROCEDURES SUCH AS FAT GRAFTING. THE CONTENT IS VALUABLE FOR SURGEONS SEEKING TO ENHANCE RECONSTRUCTIVE RESULTS.

### 5. *FAT GRAFTING AND IMPLANT RIBBLING: AN INTEGRATIVE APPROACH*

THIS BOOK EXPLORES THE ROLE OF FAT GRAFTING AS A SOLUTION TO IMPLANT RIBBLING AFTER BREAST RECONSTRUCTION. IT DETAILS PROCEDURAL PROTOCOLS, GRAFT SURVIVAL, AND AESTHETIC IMPROVEMENTS. SURGEONS WILL BENEFIT FROM PRACTICAL TIPS AND EVIDENCE-BASED RECOMMENDATIONS FOR COMBINING FAT GRAFTING WITH IMPLANTS.

### 6. *TEXTURED VS. SMOOTH IMPLANTS: IMPLICATIONS FOR RIBBLING IN RECONSTRUCTION*

FOCUSING ON IMPLANT SURFACE CHARACTERISTICS, THIS BOOK EXAMINES HOW TEXTURED AND SMOOTH IMPLANTS AFFECT THE INCIDENCE OF RIBBLING. IT PROVIDES COMPARATIVE ANALYSES BACKED BY CLINICAL STUDIES. THE TEXT ASSISTS SURGEONS IN SELECTING APPROPRIATE IMPLANT TYPES BASED ON PATIENT ANATOMY AND RISK PROFILES.

### 7. *PATIENT PERSPECTIVES ON IMPLANT RIBBLING: PSYCHOLOGICAL AND AESTHETIC CONSIDERATIONS*

THIS BOOK DELVES INTO THE PATIENT EXPERIENCE OF IMPLANT RIBBLING, EMPHASIZING PSYCHOLOGICAL IMPACT AND QUALITY OF LIFE. IT DISCUSSES COUNSELING STRATEGIES AND MANAGING EXPECTATIONS PRE- AND POST-RECONSTRUCTION. THE WORK ADVOCATES FOR A PATIENT-CENTERED APPROACH TO ADDRESSING RIBBLING CONCERNS.

### 8. *REVISION SURGERY FOR IMPLANT RIBBLING: TECHNIQUES AND CASE REVIEWS*

DEDICATED TO REVISION PROCEDURES, THIS BOOK COVERS A RANGE OF SURGICAL OPTIONS TO CORRECT IMPLANT RIBBLING. IT

INCLUDES DETAILED SURGICAL TECHNIQUES, INTRAOPERATIVE TIPS, AND POSTOPERATIVE CARE GUIDELINES. CASE REVIEWS PROVIDE INSIGHTS INTO COMPLEX SCENARIOS AND SUCCESSFUL OUTCOMES.

#### 9. *BREAST RECONSTRUCTION AND IMPLANT RIBBLING: A MULTIDISCIPLINARY APPROACH*

THIS TEXT PROMOTES A MULTIDISCIPLINARY STRATEGY INVOLVING PLASTIC SURGEONS, ONCOLOGISTS, AND REHABILITATION SPECIALISTS TO MANAGE IMPLANT RIBBLING. IT HIGHLIGHTS COLLABORATIVE CARE MODELS AND INTEGRATES SURGICAL, MEDICAL, AND SUPPORTIVE THERAPIES. THE BOOK SERVES AS A RESOURCE FOR COMPREHENSIVE PATIENT MANAGEMENT.

## **Implant Ribbling After Reconstruction**

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**implant ribbling after reconstruction: Reoperative Plastic Surgery of the Breast** Kenneth C. Shestak, 2006 Featuring more than 1,100 full-color and black-and-white illustrations, this volume demonstrates and explains the problems encountered after reconstructive and aesthetic breast surgery and breast cancer reconstruction and the most successful methods for correcting these problems. Each chapter begins with a pictorial analysis of the problem, a discussion of what caused it, and, where possible, suggestions on how it might have been avoided initially. The author then describes the plan for revision surgery, details the actual procedure, and examines postoperative outcomes.

**implant ribbling after reconstruction: Breast Reconstruction** Yueh-Bih Tang, 2024-06-12 This book, entitled Breast Reconstruction - Conceptual Evolution, is dedicated to women all over the world. We hope that individuals who suffer from breast cancer or breast disease or deformity can easily get current knowledge to overcome the misery and difficulties that they may encounter. The breast is an important structure of the human body in terms of function and aesthetics. Affected individuals may experience concerns related to alterations in breast morphology, including changes in breast size, shape, volume, profile, and silhouette, as well as variations in the size, shape, and projection of the nipple-areolar complex.". Simply aesthetic problems of breasts encompass hypoplasia, atrophy, displacement of the nipple-areolar complex, widened areola, redundant nipple, breast ptosis, macromastia, and so on. Nowadays, breast cancer in different stages may need different reconstruction modalities. Postmastectomy breast reconstruction is another big issue for plastic surgeons. This book will address the conceptual evolution of breast recontouring and reconstruction, along with individualized strategies for refining, restoring, and reconstruction approaches.

**implant ribbling after reconstruction: Oncoplastic and Reconstructive Breast Surgery** Cicero Urban, Mario Rietjens, Mahmoud El-Tamer, Virgilio S. Sacchini, 2019-06-08 This book demonstrates why oncoplastic and reconstructive surgery represents such an exciting tool for surgeons who undertake breast surgery. Fundamental principles and basic concepts are clearly outlined, and numerous techniques are presented by acknowledged experts from across the world. The emphasis is very much on a "how to do" approach, with detailed guidance and advice on the various techniques. The informative text is supported by a wealth of color illustrations, and accompanying videos of procedures can be accessed via the publisher's website. This second edition of Oncoplastic and Reconstructive Breast Surgery has been completely revised and updated. More than 25 additional chapters have been included, and new videos of surgeries made available, with the aim of making this already very successful book truly comprehensive, and the most complete reference on

the subject – a true classic. The new edition entails close collaboration between some of the most important centers for breast cancer treatment and research worldwide. It will be an ideal resource for surgical fellows and specialists wishing to learn about indications and the selection of patients, to master technical skills, and to manage complications effectively.

**implant rippling after reconstruction:** *Prepectoral Breast Reconstruction* Raghavan Vidya, Hilton Becker, 2023-05-31 Breast cancer is one of the most common forms of cancer worldwide, and surgery remains the mainstay of treatment. Breast reconstruction and Oncoplastic techniques have advanced over the last decade from complex autologous reconstruction to minimal invasive surgery. Breast reconstruction has evolved from traditional submuscular techniques to prepectoral implant-based reconstruction, thanks to advances in implantable biologic and synthetic products that make this muscle-sparing approach possible. In this state-of-the art volume, prominent clinicians and the pioneers of this technique join forces to provide the reader with a practical guide to prepectoral breast reconstruction, including relevant anatomical knowledge, key skills, and concrete tips for daily practice. After discussing the historical evolution of prepectoral breast reconstruction and providing an anatomical description of the superficial fascia system, the book presents the main approaches currently available, and addresses patient selection, radiation therapy, postoperative monitoring, and particular challenges such as revision surgery. Dedicated chapters on mesh scaffolds and autologous lipomodelling are also included. The book also features over 150 original full-color illustrations and drawings, together with take-home messages. With its complete yet handy format, *Prepectoral Breast Reconstruction* offers a valuable reference guide for residents, fellows, practicing breast surgeons, plastic surgeons, and all professionals in related sub-specialties.

**implant rippling after reconstruction:** *Breast Reconstruction* Marzia Salgarello, 2012-02-03 Breast reconstruction is a fascinating and complex field which combines reconstructive and aesthetic principles in the search for the best results possible. The goal of breast reconstruction is to restore the appearance of the breast and to improve a woman's psychological health after cancer treatment. Successful breast reconstruction requires a clear understanding of reconstructive operative techniques and a thorough knowledge of breast aesthetic principles. Edited by Marzia Salgarello, and including contributions from respected reconstructive breast plastic surgeons from around the world, this book focuses on the main current techniques in breast reconstruction and also gives some insight into specific topics. The text consists of five sections, of which the first focuses on the oncologic aspect of breast reconstruction. Section two covers prosthetic breast reconstruction, section three is dedicated to autogenous breast reconstruction, and section four analyzes breast reconstruction with a fat graft. Finally, section five covers the current approaches to breast reshaping after conservative treatment.

**implant rippling after reconstruction:** **Oncoplastic and Reconstructive Management of the Breast, Third Edition** Steven Kronowitz, John Benson, Maurizio Nava, 2020-04-07 *Oncoplastic and Reconstructive Management of the Breast, Third Edition* provides a comprehensive and contemporary account of techniques in oncoplastic and reconstructive breast surgery. Uniquely, this book includes short, concise chapters containing only the most critical information. Many of the chapters are entitled My Approach and this enables the reader to gain an insight into the clinical practice of the world's breast disease experts. The true multidisciplinary nature of the book ensures that the perspectives of all members of the breast cancer team are included. This transfer of knowledge between disciplines leads to improved patient care and the integration of multidisciplinary treatment, thus providing an educational and practical multidisciplinary breast cancer book for practicing breast cancer doctors, and trainees worldwide.

**implant rippling after reconstruction:** *Plastic Surgery for the Oncological Patient* Björn Behr, Adrien Daigeler, 2016-09-26 The development of plastic surgery techniques allows for preserving and reconstruction of function after resection of malignant tumors. From split thickness skin grafts to pedicled and free tissue transfer multiple techniques are at hand to restore body integrity. Sufficient soft tissue coverage allows for adjuvant radiation therapy or can cure its sequelae. Nerve, tendon

and muscle transfers are used to regain motor function of the extremities. Even large bony defects can be treated by microsurgically transferring fibula, pelvic and femoral bone. In case main vessels need to be resected reconstruction is possible with autologous and artificial grafts. By means of plastic surgery thoracic and abdominal defects can be covered so that foremost unresectable tumors become curable. Unfortunately the knowledge of these techniques is not very popular with oncologic surgeons. Therefore we suggest as a clinical topic the role of reconstructive surgery in the multimodal treatment of oncologic patients. The focus will be on different areas of the body, therefore articles for reconstructive procedures at the head, the extremities, the trunk, the thoracic wall, the breast, and the foot will be invited. Another focus will be the role of reconstructive procedures in the multimodal treatment concept consisting of radiation and chemotherapy as well. By knowing and applying the opportunities of plastic surgery the quality of life of the oncologic patient can be significantly improved.

**implant rippling after reconstruction: Grabb and Smith's Plastic Surgery** Kevin C. Chung, 2024-09-05 The definitive text for medical students and residents in plastic surgery, Grabb and Smith's Plastic Surgery, Ninth Edition, covers every aspect of this challenging field in up-to-date, easy-to-understand detail. Superb illustrations, convenient key points, and relevant review questions help you develop a deeper understanding of basic principles and prepare effectively for the In-Training Exam (ITE) and other certification exams. Dr. Kevin C. Chung leads a team of expert contributing authors to create a fully revised resource that also serves as a reference for practicing plastic surgeons to refresh knowledge and to enhance competency in various topics. Coverage includes all areas of plastic surgery: basic science, principles and techniques, skin and soft tissue topics, congenital anomalies and pediatric plastic surgery, head and neck surgery, aesthetic surgery, breast surgery, body contouring, hand surgery, and trunk and lower extremity surgery.

**implant rippling after reconstruction: Acellular Dermal Matrices in Breast Surgery, An Issue of Clinics in Plastic Surgery** Richard E. Baxter, 2012-04-28 Topics include: Defining the problem/problem of concept; The reconstructive model; Do ADM's change the rationale for immediate vs. delayed?; Direct to implant reconstruction; Capsular contracture and ADM's; Pocket reinforcement/bottoming out; ADM's in the irradiated breast; Emerging applications; Comparison of different ADM materials; Tips and pearls; Economic considerations

**implant rippling after reconstruction: Breast Surgical Techniques and Interdisciplinary Management** Frederick Dirbas, Carol Scott-Conner, 2011-01-15 This comprehensive manual on breast disease deals with all aspects of the surgical management of both benign and malignant disease. The chapters are written by leading experts, clearly illustrated with line drawings, clinical photos and diagnostic radiology images. Breast Surgery is divided into sections following the patterns of patient management from diagnosis through treatment and reconstruction. Part One, Fundamentals, addresses common aspects of working with breast cancer patients and understanding the members of the breast cancer team. Part Two is an overview of Biologic Principles. Parts Three, Four, and Five review The Initial Evaluation, Common Presenting Problems, and Diagnostic Techniques. Part Six, an overview of breast cancer treatment, includes chapters on Breast Cancer Staging, Introduction to Gene Expression Profiling, and Psychological Issues. Part's Seven through Twelve deal with important aspects of breast surgery and interdisciplinary care including pathology, medical oncology, and radiation oncology, with several chapters on neoadjuvant therapy and partial breast irradiation. Part Thirteen includes many chapters on followup of the breast cancer survivor, including late changes on physical exam and imaging, local recurrence, and treating metastatic disease. Though not intended to replace a text reference, Breast Surgical Disease and Interdisciplinary Management offers a comprehensive guide to provide practical advice for those seeking concise, expert input that can be quickly accessed on multiple topics associated with the care of the breast cancer patient.

**implant rippling after reconstruction: Atlas of Breast Surgical Techniques** V. Suzanne Klimberg, 2010-01-01 This atlas presents state-of-the-art visual guidance on today's full range of breast surgery techniques. In this title, esteemed international contributors offer you expert

step-by-step advice on a wide array of surgical procedures, including the newest ablative and reconstructive approaches, to help you expand your repertoire and hone your operative skills. Color surgical photos, biopsy specimens, and artists' renderings of key anatomy show you what to look for and how to proceed.

**implant rippling after reconstruction:** Atlas of Reconstructive Breast Surgery - E-book Lee L.Q. Pu, Nolan S Karp, 2019-08-26 Concise, practical, and highly illustrated, Atlas of Reconstructive Breast Surgery focuses exclusively on non-cosmetic procedures performed due to cancer, accidents, or congenital defects of the breast. Covering both autologous and implant-based reconstruction techniques, this uniquely comprehensive reference provides step-by-step visual guidance on correcting dysfunctional areas and repairing defects to restore normal appearance and function. - Provides detailed illustrations for clear visual guidance on every procedure. - Features up-to-date coverage of pre-pectoral reconstruction, partial breast reconstructions, symmetry procedures, and fat grafting for total breast reconstruction as well as contouring for reconstructive breast procedures. - Covers new developments in flap design, use of fat graft, oncoplastic (mastectomy-sparing) surgery, and tissue engineering.

**implant rippling after reconstruction:** *Spear's Surgery of the Breast* Allen Gabriel, Maurice Y. Nahabedian, G. Patrick Maxwell, Toni Storm, 2020-09-22 Definitive, detailed, and multidisciplinary in scope, Surgery of the Breast: Principles and Art, Fourth Edition, remains the most comprehensive "how-to" reference on today's breast surgery. The text and its content have been thoroughly updated and carefully consolidated into one volume, to describe and demonstrate the most advanced and successful techniques for all types of oncological, reconstructive, and aesthetic breast surgeries—covering oncologic management of breast disease, breast reconstruction, reduction mammoplasty and mastopexy, augmentation mammoplasty, and more. Ideal for both plastic surgeons and general surgeons who perform a high volume of breast surgery, this classic text has been significantly revised to bring you fully up to date.

**implant rippling after reconstruction:** Breast Cancer: A Multidisciplinary Approach Joel J. Heidelbaugh, 2024-03-27 Clinics Collections: BREAST CANCER draws from Elsevier's robust Clinics Review Articles database to provide multidisciplinary teams, including surgeons, primary care physicians, psychiatrists, and oncologists, with practical clinical advice and insights across individual specialties. Clinics Collections: BREAST CANCER guides readers on how to apply current best practices in the diagnosis and treatment of breast cancer to everyday practice to help overcome challenges and complications, keep up with new and advanced treatment methods, and improve patient outcomes. - Areas of focus include current practices in surgeons, primary care physicians, psychiatrists, oncologists, and more. - Each article begins with keywords and key points for immediate access to the most critical information. - Articles are presented in an easy-to-digest and concisely worded format.

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