



## RECONSTRUCTION CHALLENGES

### Solution for Expansion in the Narrow Chested Woman with MENTOR® ARTOURA™ Breast Tissue Expanders

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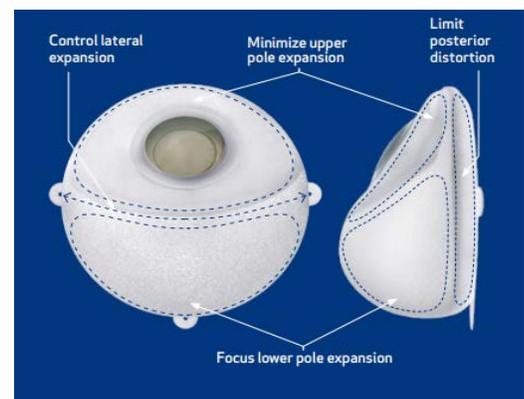
*Restoring breasts which had been augmented with high profile implants to their original size and shape following mastectomies can be clinically challenging. Until recently, the only available expanders had an increasing base width as the volume increased. A clinical case is presented of a patient who underwent expansion following mastectomies with the ARTOURA Expander. She was able to achieve the desired volume without lateral expansion and improved comfort.*

### CLINICAL PROBLEM:

It is clinically challenging to restore augmented breasts to their original size and shape following mastectomies. Difficulties arise for a number of reasons, including tightness of skin on the chest wall and the narrow build of many of the relevant patients. Surgeons have been unpredictably filling the expander to volumes needed for the desired shape, and/or dimensions. Traditionally, this type of expansion has had undesirable effects, such as patient discomfort and reduced use of the arms due to lateral expansion of traditional expanders.

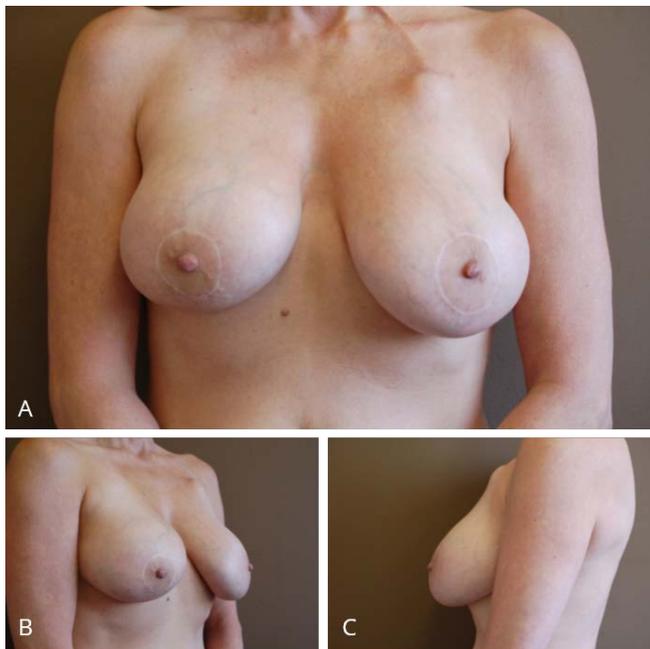
### POTENTIAL SOLUTIONS:

For a narrow chested woman who wants significant projection and volume, the choices have been limited by the projection capacity of available tissue expanders. For instance, for a 650 cc volume expander, the following dimensions have been available: Allergan style 133 FX (extra projection range), which achieves a width of 14 cm and a projection of 7.1 cm, and MENTOR® CPX®4 (medium height), which achieves a width of 14.6 cm and a projection of 7.6 cm. However, there is now a new option that offers greater projection in a more narrow base width than the alternatives. The MENTOR® ARTOURA™ Breast Tissue Expander achieves a width of 13 cm and a projection of 8.2 cm for 650 cc of volume. The following case study shows the use of the new ARTOURA Expander in narrow chested women requiring significant projection.



## CLINICAL CASE PRESENTATION:

A 45 year old woman (height 5' 4" weight 114 lbs) was diagnosed with breast cancer in 2014 after presenting with a mass in the right breast for 8 months. A bilateral mammogram demonstrated heterogeneously dense breast tissue and a 2 cm speculated mass with micro calcifications in the 12:00 posterior right breast. An ultrasound demonstrated 2 irregular solid masses. An ultrasound guided core biopsy showed that the pathology was a well-differentiated invasive ductal carcinoma, ER 80% weak-moderate, PR 30% weak, Her2/neu 3+ and Ki67 20%. The woman had a history of bilateral subpectoral saline implants (Allergan high profile implants filled to 320 cc) and a bilateral circumareolar mastopexy. Figure 1 A, B C. She underwent neoadjuvant chemotherapy with abraxane, herceptin, and perjeta. After discussing the risk of nipple loss due to the previous circumareolar incision, the patient chose to attempt nipple-sparing mastectomies. One month following the completion of her neoadjuvant chemotherapy, the



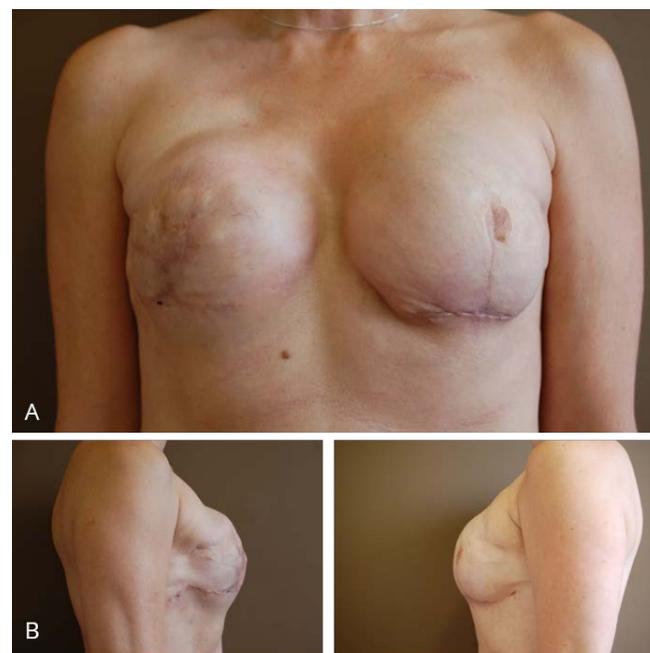
**FIGURE 1: PREOP PICS**

patient underwent bilateral mastectomies and removal of her saline implants through a modified mastopexy incision. (Figure 2.) The mastectomy specimens weighted 390 cc on the left and 405 cc on the right. A 600 cc expander was placed subpectorally with an ADM. Her postoperative course was complicated by full thickness loss on the right breast, which necessitated a return to the operating room for debridement and reclosure one month later. She continued to have complications and returned 6 weeks later to



**FIGURE 2: POST MASTECTOMY**

have both expanders removed and the wound closed. She then underwent additional chemotherapy. Two months after completing her additional chemotherapy, the patient underwent placement of bilateral high profile ARTOURA Expanders (535 cc), as well as acellular dermis to the right breast. No saline was added to the expanders at the time of its initial placement. Twelve days following the surgery, she began the expansion process. Figure 3 A, B, C. The expansion process took three months. The patient noted the lack of lateral expansion compared to her previous expanders and stated that the ARTOURA Expanders were more comfortable. Six weeks following the completion of expansion, she underwent removal of the expanders and placement of silicone implants. At the exchange surgery, she also underwent placement of additional acellular dermis as well as fat grafting to the right breast. The implants placed were smooth round MENTOR® MemoryGel® Breast Implants with a volume of 500 cc and a base diameter of 13.2 cm.



**FIGURE 3: ARTOURA Expander**

## DISCUSSION:

The previously augmented patient who is undergoing a mastectomy can be a difficult patient to reconstruct. Often these patients have a narrow chest and had a larger breast relative to their frame. This is especially true for patients who had been augmented with high profile implants, as this patient had been. Most often these patients would like to be reconstructed back to a size similar to their augmented size. Previously available expanders had an increasing base width that correlated with the increasing volume. In a narrow chested woman, this means that as the expansion progresses to achieve the desired projection and volume the expander could be felt extending into the lateral chest area

and could be uncomfortable and limit arm mobility. This patient who had previously undergone augmentation with high profile implants was able to be reconstructed to a volume that she was pleased with despite having had wound healing issues and a narrow chest base. In addition, she was pleased with the added comfort of the MENTOR® ARTOURA™ Breast Tissue Expander, as she had been anticipating the feel of the lateral expansion that she had experienced with her first attempt at reconstruction.

### DISCLAIMER:

This whitepaper includes a demonstration of the use of a surgical device; it is not intended to be used as a surgical training guide. Other surgeons may employ different techniques. The steps demonstrated may not be the complete steps of the procedure. Individual surgeon preference and experience, as well as patient needs, may dictate variation in procedure steps. Before using any medical device, including those demonstrated or referenced in this whitepaper, review all relevant package inserts, with particular attention to the indications, contraindications, warnings and precautions, and steps for use of the device.

### IMPORTANT SAFETY INFORMATION:

MENTOR® MemoryGel® Breast Implants, MENTOR® MemoryShape® Breast Implants, and MENTOR® Saline-filled Breast Implants are indicated for breast augmentation in women (at least 22 years old for MemoryGel® Implants and MemoryShape® Implants, and 18 years old for Saline Implants) or for breast reconstruction. Breast implant surgery should not be performed in women with active infection anywhere in their body, with existing cancer or pre-cancer of their breast who have not received adequate treatment for those conditions, or who are currently pregnant or nursing.

Breast implants are not lifetime devices and breast implantation may not be a one-time surgery.

The most common complications for breast augmentation and reconstruction with MemoryGel® Implants include any reoperation, capsular contracture, and implant removal with or without replacement. The most common complications with MemoryShape® Implants for breast augmentation include reoperation for any reason, implant removal with or without replacement, and ptosis. The most common complications with MemoryShape® Implants for breast reconstruction include reoperation for any reason, implant removal with or without replacement, and capsular contracture. A lower risk of complication is rupture. The health consequences of a ruptured silicone gel breast implant have not been fully established. MRI screenings are recommended three years after initial implant surgery and then every two years after to detect silent rupture.

The most common complications with MENTOR® Saline-filled Implants include reoperation, implant removal, capsular contracture, breast pain, and implant deflation.

For MemoryGel® Implants, patients should receive a copy of Important Information for Augmentation Patients about MENTOR® MemoryGel® Breast Implants or Important Information for Reconstruction Patients about MENTOR® MemoryGel® Breast Implants. For MemoryShape® Implants, patients should receive a copy of Patient Educational Brochure – Breast Augmentation with MENTOR® MemoryShape® Breast Implants or Patient Educational Brochure – Breast Reconstruction with MENTOR® MemoryShape® Breast Implants, and a copy of Quick Facts about Breast Augmentation & Reconstruction with MENTOR® MemoryShape® Breast Implants. For MENTOR® Saline-filled Implants, patients should receive a copy of Saline-Filled Breast Implants: Making an Informed Decision. Your patient needs to read and understand the information regarding the risks and benefits of breast implants, with an opportunity to consult with you prior to deciding on surgery.

The ARTOURA™ Breast Tissue Expander or CONTOUR PROFILE® Breast Tissue Expander can be utilized for breast reconstruction after mastectomy, correction of an underdeveloped breast, scar revision, and tissue defect procedures. The expander is intended for temporary subcutaneous or submuscular implantation and is not intended for use beyond six months. Do not use the ARTOURA™ Tissue Expander nor CONTOUR PROFILE® Tissue Expander in patients where an MRI may be needed. The device could be moved by the MRI causing pain or displacement, potentially resulting in a revision surgery. The incidence of extrusion of the expander has been shown to increase when the expander has been placed in injured areas.

For detailed indications, contraindications, warnings, and precautions associated with the use of all MENTOR® Implantable Devices, which include MENTOR® Saline-filled Implants, MemoryGel® Implants, MemoryShape® Implants, ARTOURA™ Expanders, and CONTOUR PROFILE® Expanders, please refer to the Product Insert Data Sheet provided with each product or visit [www.mentorwllc.com](http://www.mentorwllc.com).