



Inspiring visualized surgery of the breast

Surgeons worldwide aim to develop, refine, optimize and share their surgical techniques for the benefit of their patients and peers. The number of papers presenting new or refined surgical techniques increase day by day. During the last decade the use of videos as a supplement to the traditional combination of text and images has gained ground. The purpose of this visualized surgery of the breast and focused issue of *Gland Surgery* is to present inspiring videos of surgeons preferred surgical techniques for immediate breast reconstruction, delayed breast reconstruction, oncoplastic surgery, shaping of the breast following massive weight loss as well as imaging techniques used as guidance prior to and during surgery.

Professor Salzberg shows his direct to implant breast reconstruction, which he has developed and refined over the last two decades (1). Dyrberg *et al.* shows the difference between pre- and subpectoral direct to implant breast reconstruction using the authors preferred techniques (2).

The dermal flap can be used in selected patients as an alternative to a mesh for immediate breast reconstruction as shown by Carstensen (3). Viable mastectomy flaps are essential for any successful immediate breast reconstruction. The key to a successful mastectomy is identification of the dissection plane, which is illustrated by Bille *et al.* presenting their preferred surgical technique for identification of the dissection plane during mastectomy (4). Delayed breast reconstruction can be challenging and sometimes has to be divided into several stages including the use of a delay procedure to enhance perfusion through choke vessels between angiosomes prior to reconstruction as illustrated in the paper by Lorenzen *et al.*, who show how they use propeller thoracodorsal artery perforator flaps for a difficult three stage bilateral reconstructive case and the results of the first 16 cases using bilateral thoracodorsal artery perforator flaps for delayed breast reconstruction (5). Kauhanen *et al.* show how a full delayed breast reconstruction can be achieved in selected cases using the lateral “dog-ear” in combination with fat grafting (6). Rancati *et al.* illustrate their preferred technique for oncoplastic surgery of the breast using volume displacement following inferior and medial quadrantectomy (7). Surgery of the breast following massive weight loss is in many cases analogue to oncoplastic surgery of the breast. Söderman *et al.* show how the lateral excess of the breast can be utilized for autologous augmentation of the breast in massive weight loss patients as well as the results of the first 72 cases using the LOPOSAM technique (8).

Three papers present imaging techniques which is used for guidance prior to and during surgery.

Indocyanine green can be used to visualize the perfusion of the flap and guide the surgeon to delineate the borders of the flap perfusion during reconstruction as shown in the paper by Damsgaard *et al.* (9). Professor Rozen *et al.* present an up to date review of literature about CTA of the abdomen prior to autologous breast reconstruction and illustrate how the CTA data is processed and assessed for optimal planning prior to autologous free flap reconstruction using tissue from the abdomen (10,11).

I hope that you enjoy reading the papers and viewing the videos of this focused issue of *Gland Surgery* and also that it will inspire some of you to share your preferred surgical techniques of the breast.

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Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

Ethical Statement: The author is accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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