

PRJournal.com Tip of the Month: Export to PowerPoint

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1. To use **“Export to PowerPoint,”** click **Image Tools** under the figure you would like to export.
2. Click **“Export to PPT Slide”**

PATIENTS AND METHODS

All patients treated with total skin-sparing mastectomy at the University of California, San Francisco, have been tracked prospectively since 2005, using our breast reconstruction outcomes database. From our database, we identified 34 patients who underwent total skin-sparing mastectomy and had a history of breast augmentation for either cosmetic or contralateral symmetry-producing reconstructive purposes, between 2006 and 2013 (Fig. 1). This cohort was matched to 68 patients who underwent total skin-sparing mastectomy without prior breast augmentation, over a similar period. Matching was performed based on mastectomy date, to achieve a representative control group, for comparison. All patients underwent immediate breast reconstruction with tissue expander placement, performed by one of the two senior plastic surgeons (D.S., R.D.F.). Patient demographics and comorbidities, tissue expander coverage method (intramuscular versus acellular dermal matrix-assisted), neoadjuvant and adjuvant oncologic treatment, expander size, intraoperative fill data, and length of expansion process were prospectively recorded. Outcome variables assessed for the two patient cohorts included hematoma, seroma, infection, wound breakdown, mastectomy skin necrosis, partial/complete nipple necrosis, implant exposure, and explantation of the tissue expander. Differences with respect to age, body mass index, smoking, diabetes, irradiation, and chemotherapy between the “prior implant” group and the “control” group were examined using the t test and Fisher’s exact test. Age and body mass index were continuous and reported as mean values. We reported the prevalence of categorical variables. We compared differences in tissue expander size and intraoperative fill volume with the t test, and these were reported as mean values. We also compared the risk of postoperative complications, which were tracked as dichotomous variables, and we reported these as absolute values and percentages of total cases. Odds ratios were obtained for outcomes data, and hypothesis were analyzed with Fisher’s exact test. All statistical analyses were performed using Stata 13 (StataCorp LP, College Station, Texas). All p values were two-tailed, and a value of $p < 0.05$ was considered to be significant. This study, and the use of the prospectively collected breast reconstruction outcomes database, has been approved by the University of California, San Francisco Institutional Review Board.

RESULTS

We identified 51 breasts undergoing total skin-sparing mastectomy in 34 patients, with a history of prior saline or silicone breast implants placed for breast augmentation, labeled as the “history of prior augmentation mammoplasty” group. In all cases, the implant was present at the time of mastectomy, and was removed at that operation. Simultaneously, we identified 117 breasts undergoing total skin-sparing mastectomy in 68 patients, who underwent total skin-sparing



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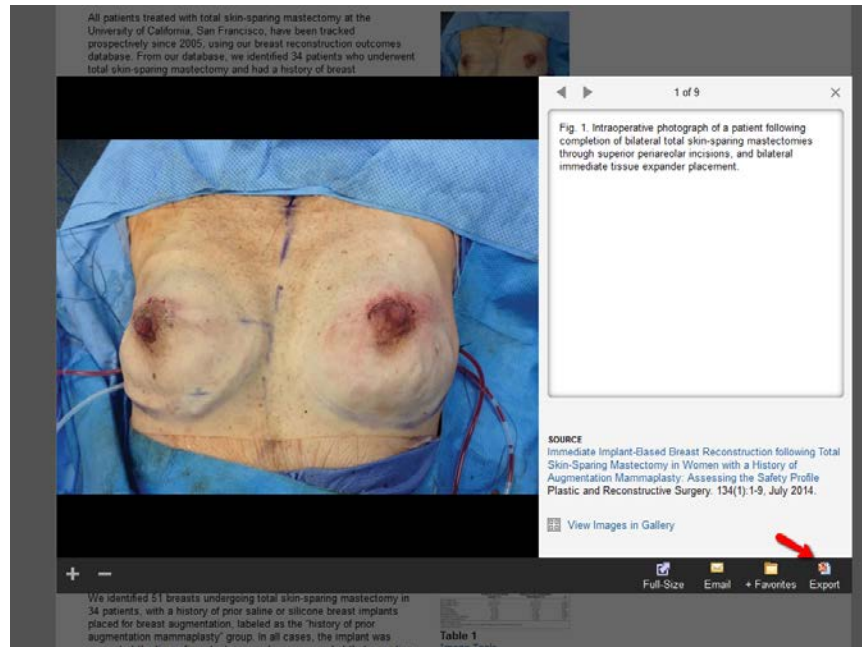
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