

Oncoplastic Reconstructive Breast Surgeon (ORBS) performance and impact on breast reconstructions: Clinical outcome, learning curve, and patient reported aesthetic results- An analysis of 451 procedures.

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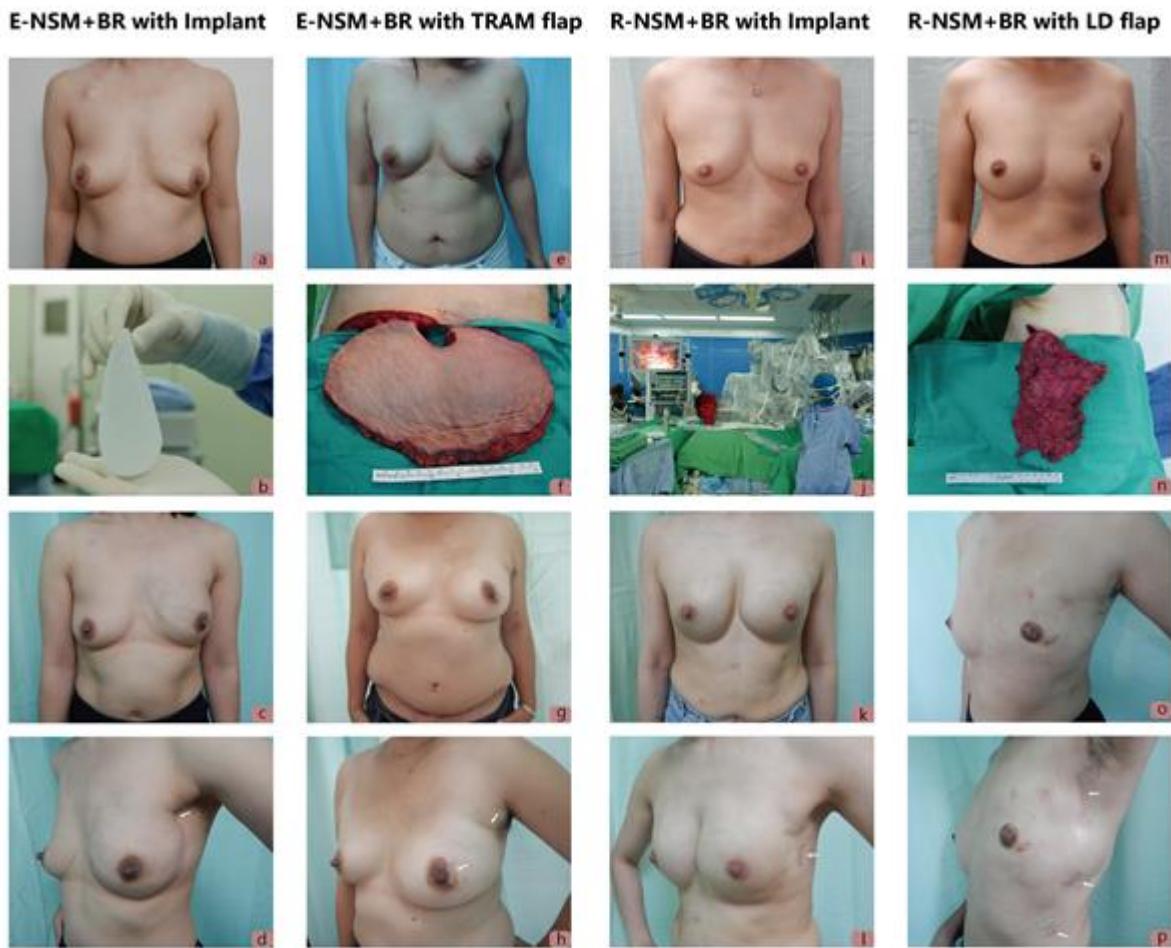
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Running head: Breast reconstruction by oncoplastic and reconstructive breast surgeon.

Synopsis: Breast reconstruction, immediate or delayed performed could improve cosmetic outcome and to increase or maintain health-related quality of life in breast cancer patients. We demonstrated that a breast surgeon with adequately trained in breast reconstruction could become an oncoplastic reconstructive breast surgeon and perform breast reconstructions with adequacy.



Supplementary Figure 1. Post-operation appearance of breast cancer pictures with various breast reconstruction. a-d: Endoscopic assisted sparing mastectomy (E-NSM) with gel implant reconstruction. (a) Pre-operative front view of left breast cancer patients. (b) Gel implant. (c) Post-operative front view. (d) Post-operative lateral view of E-NSM with gel implant breast reconstruction (incisional wound indicated with white arrow). e-h: E-NSM with transverse rectus abdominal myocutaneous (TRAM) flap reconstruction. (e) Left breast cancer pre-operative front view. (f) TRAM flap was harvested for breast reconstruction. (g) Front view of post E-NSM with TRAM flap reconstruction. (h) Post-operative lateral view of E-NSM with TRAM flap breast reconstruction (incisional wounds indicated with white arrows). i-l: Robotic nipple-sparing mastectomy (R-NSM) with gel implant reconstruction. (i) Pre-operative front view of left breast cancer patients (j) R-NSM, operative room. (k) Front view of post left R-NSM and breast reconstruction with gel implant. (l) Post-operative lateral view of R-NSM with gel implant breast reconstruction (incisional wound indicated with white arrow). m-p: R-NSM with latissimus dorsi (LD) flap reconstruction. (m) Left breast cancer pre-operative front view. (n) Harvest of LD flap. (o) Post operative front view of R-NSM and LD flap reconstruction. (p) Post operative lateral view of R-NSM with LD flap reconstruction (incisional wounds indicated by white arrows).

Supplementary file: Self-administered questionnaire used at Changhua Christian Hospital

Question 1: Preoperative breast appearance satisfaction.

Question 2. Postoperative breast appearance satisfaction - with closes.

Question 3. Postoperative breast appearance satisfaction-without closes.

Question 4. Postoperative bilateral breast size satisfaction.

Question 5. Postoperative bilateral breast symmetry satisfaction.

Question 6. Postoperative nipple areola position satisfaction.

Question 7. Scar appearance satisfaction.

Question 8. Scar length satisfaction.

Question 9. Surgical wound position satisfaction.

Question 10. Are you willing to undergo the same operation again if you could choose again?

-This questionnaire comprised of 10 questions and 4 itemized scales, which were graded as “1,

poor”, “2, fair”, “3, good”, and “4, excellent”.

-To evaluate the overall satisfaction score of breast reconstructions, the total score of question #2 to

9 in each patient was tabulated. Those with an overall score of 8–11 was graded as poor, a score of

12–19 graded as fair, a score of 20–27 graded as good, and a score of 28–32 graded as excellent.

Patients with results graded as ‘excellent’ or ‘good’ were defined as being satisfied with the

cosmetic outcome.