FLAP HAPPY
COMBINED BREAST FLAPS

Bob Allen, MD
NYUMC
LSUHSC

ASPSN
Los Angeles
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Passing the Torch
The Ideal Donor Tissue in the Parous Female Lies Transversely Across the Lower Abdomen
DIEP Breast Reconstruction
1992-2016

2265 DIEP Flaps
WHAT WOMEN WANT

- NATURAL BREASTS
  
  FULLER
  
  LIFTED

- MINIMAL DONOR SITE SCARS

- 1 OR 2 OPERATIONS

- BILATERAL RECONSTRUCTION
STACKED FLAPS

- STACKING ADDRESSES
  - Volume
  - Fullness
  - Projection

- ELIMINATES
  - Multisession Fat Grafting
  - Implants for more volume

STACKED FLAPS
WHY STACK FLAPS?
TO AVOID SUPERIOR POLE DEFICIENCY

48 yr old with BRCA gene mutation. Prior abdominoplasty. BL NSM (IMF Incision) & BL SGAP Reconstruction
WHY STACK FLAPS?
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48 yr old with BRCA gene mutation. Prior abdominoplasty. BL NSM (IMF Incision) & BL SGAP Reconstruction.
S-GAP DONOR SITE
BUTOCK DEFORMITY
FLAP HAPPY!

- 96% Patients receive multiple Free Flaps

- 32% Stacked Flaps:
  - DIEP/DIEP
  - PAP/DIEP
  - DIEP/DCIA
  - PAP/PAP
  - LTP/LTP
  - SGAP/DIEP
  - SGAP/SGAP
  - Fleur de Lis PAP
  - ICAP/PAP
  - TDAP/DIEP

- 27% Four Flappers
Triple Stacked DIEP/PAP
Simultaneous PAP and bilateral DIEP harvest
Bipedicle DIEP
Pre and Post Triple Flaps
FOUR FLAP Breast Reconstruction

- Bilateral SGAP/DIEP-1
- Bilateral Fler de Lis PAP-2
- Bilateral DIEP/PAP-30
- Bilateral DIEP/DCIA-2
Pre and Post bilateral DIEP/SGAPs
The DIEP/DCIA Four Flapper
DIEP/DCIA 4 Flapper
DCIA Ascending branch
Bilateral DIEP/DCIA post op
Polands Syndrome Right Breast
One year post Polands Reconstruction

Stacked DIEP Right Breast
Birth of the PAP(600g)
Mexico City 2010
Pre-op PAP Flap
Pre-Op MRA
Post-op left PAP
Bilateral PAPs
Pre and Post op
Pre & Post Bil NSM/PAP
Erogenous Nipple Sensation
Polands Syndrome Pre-op
Failed Implant
Posterior capsule
Stacking PAPs
DIEP/PAP 4 Flapper Revolution
WHY STACK FLAPS?
ADDRESS VOLUME & SUPERIOR POLE DEFICIENCY

42 yr old: BRCA Gene Mutation
Staged 4 Flap Recon: PAP (IM) & DIEP (TD)
Why stack flaps?
Address volume & superior pole deficiency

42 yr old: BRCA Gene Mutation
Staged 4 Flap Recon: PAP (IM) & DIEP (TD)
ESTABLISHING CIRCULATION IN STACKED FLAPS

ANTEGRADE INTERNAL MAMMARY

- Primary flap into Antegrade IM
- Secondary flap into stump or side branch of primary flap
ESTABLISHING CIRCULATION IN STACKED FLAPS

ANTEGRADE & RETROGRADE:

- Antegrade IM
  - Inferior Flap
- Retrograde IM
  - Superior Flap
- Removal of 3rd Rib
  - Full or Partial
OPERATING ROOM

CONSIDERATIONS

- DVT Prophylaxis
  - Heparin 5000 Units
  - SCDs: upper extremity
- 3 Teams:
  1. Mastectomy
  2. Flap Harvest
    1. DIEP
    2. PAP/TGAP
OPERATING ROOM

CONSIDERATIONS

- DIEP FLAP DISSECTION
  - Attention to Stumps
  - Side branches on DIEP
  - Maybe used as back up options
OPERATING ROOM

CONSIDERATIONS

- PAP FLAP DISSECTION
  - Dissection to the Profunda vessels
    - Adequate length
    - Caliber
OPERATING ROOM

- Anastomosis & Flap Inset
  - Superior Flap
    - DIEP
    - Retrograde Flow
  - Inferior Flap
    - PAP
    - Antegrade Flow
2 weeks post op
44 yr old Stage II Left Breast Cancer
L MRM and TE placement → L chest wall
Radiotherapy
44 yr old Stage II Left Breast Cancer
PAP donor site
3 weeks after 1\textsuperscript{st} stage
Obliques pre and post op
RISK REDUCTION NSM/4 FLAPPER
BREAST & DONOR SITE IMPROVEMENT
Stacked SGAP
Pre&Post Stacked SGAPs
Stacked SGAP Flap
Breast Reconstruction
Failed Right Implant Reconstruction
Stacked GAPs

197g  250g
Stacked SGAPS
Post op Stacked SGAPs
Stacked GAP Donor Site
Lateral Thigh Perforator Flaps
Pre op LTPs
Ample Adipose
TFL Septocutaneous Perforator
Bilateral LTP pre and post op
Bilateral LTPs Post Op
Failed Implant Reconstruction
Previous Abdominoplasty
Stacked LTP marking
Stacked LTPs Right Breast Reconstruction
Stacked LTP
Fleur de PAP
Combined PAP and VPAP
4 Flap option
Double Pedicle Fleur de PAP
Bilateral Fleur de PAP
Fleur de PAP donor site
Conclusion: The Power of 2: Long Live Multiple Flap Breast Reconstruction!
The Future is Bob111 aka Bear