

difference in the height of lower angles of shoulder-blades. The women after mastectomy with immediate breast reconstruction with the use of the Becker prosthesis showed statistically essential smaller disorders in body posture in comparison with the group of women after mastectomy.

Conclusions:

1. The obtained results can point to a role of immediate breast reconstruction in maintenance of regular body posture after mastectomy.
2. The selected parameters of estimation of body posture at women after mastectomy with immediate breast reconstruction with the Becker prosthesis show smaller tendency to changes in body posture in comparison with women, who were subjected only to mastectomy.
3. The comparative analysis of the selected parameters of body posture in groups of women after mastectomy with immediate breast reconstruction with the use of the Becker prosthesis and healthy women did not show any statistically essential differences.

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POSTER

Treatment of arm lymphedema in postmastectomy patients by ultrasound liposuction; a preliminary report

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An annual figure of over 8000 women in Poland will undergo mastectomy for cancer and subsequently, some of them will be subjected to adjuvant radiotherapy. Despite conservative prophylaxis, 30% of those patients will develop some lymphatic oedema of the upper limb that will necessitate intensive rehabilitation or other forms of conservative treatment. Notwithstanding that treatment, 20% of the subjects will suffer from permanent lymphatic oedema that will call for a surgical procedure. The aim of the paper was to work out our own method of associated treatment for permanent lymphatic oedema in mastectomy patients and to assess the early and late results of the therapy as well as to compare the effectiveness of treatment instituted on the basis of the degree of oedema subsiding and the patients' quality of life. The study embraced a group of 18 patients coming from the Department of Plastic Surgery and Treatment of Burns, Medical University of Gdańsk. The current paper was conceived to be of prospective character. When qualifying patients for the procedure the pressure test was applied. The lymphedema showed clinical signs of grade II fibrosis. The treatment consisted of ultrasound liposuction and subsequently controlled compression garment. Assessment of treatment results was done by showing percentage differences in the circumference of both upper limbs at particular levels, the average value of oedema volume (the difference between the volume of the oedema-affected upper limb and the volume of the healthy limb), and the percentage reduction of average oedema volume in the two groups under study. Assessment of patients' quality of life was done on the basis of answers to carefully drawn up questionnaires filled in by the subjects before and after the treatment. The material thus obtained was statistically analyzed. With all the research done in the current study, the associated method applied was found to be safe and well tolerated by the subjects. Following the ultrasound liposuction procedure, there was an effective and permanent diminishing of lymphatic oedema – the reduction in oedema was 83.7% one year after the operation. The study also demonstrated some improvement in patients' quality of life after ultrasound liposuction procedure. Treatment of permanent lymphatic oedema continues to be a serious problem Poland-wide, is a difficult, multi-discipline and time-consuming task and as such, should follow the algorithm the current study has proposed and be done by the team of specialists combating the condition.

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POSTER

Local administration of anaesthetics with subpectoral epidural catheters in patients who undergo immediate breast reconstruction with implants

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Purpose: Patients who undergo breast reconstruction with subpectoral implants can respond poorly to opioids. Until now standard post surgical pain treatment has been oral and intravenous administration route using a combination of paracetamol, NSAID and/or opioids, with well documented side effects. Our purpose is to retrospectively evaluate an alternative supplementary method of pain relief following immediate breast reconstruction (IBR).

Patients and methods: Between 2001 and 2003 a total of 30 patients underwent 36 mastectomies with IBR. Inclusion criteria for IBR were risk reducing surgery, DCIS and invasive breast cancer not suitable for breast conservation in low risk patients. Twenty-two patients underwent unilateral reconstruction (one patient was operated on, on two separate

occasions) and 5 had bilateral procedures. Three patients underwent IBR and contralateral reduction mammoplasty. Their mean age was 48.4 years (range 30–63). No patient had any documented regular use of analgesics preoperatively. In 20/36 mastectomies, an epidural catheter was inserted behind the pectoralis major muscle. Postoperatively 10–15 ml ropivacain 2 mg/ml was given every 1.5 hours, when needed through the catheter that extended out through the incision. This regimen was discontinued after 2–7 days. In addition these patients received a standard of oral analgesics when needed. In the group of patients without catheters a combination of analgesics was administered. Antiemetic drugs were given to both groups when needed.

Results: The consumption of opioids was significantly lower in patients with subpectoral epidural catheters. No significant difference in the total consumption of analgesics and antiemetics was found comparing the two groups. The average hospital stay was reduced with 1.3 nights in patients with subpectoral epidural catheters. The method was not associated with any complication.

Conclusion: Our clinical impression is that local anaesthetics administered as described seems to be an effective mode of pain relief after IBR with implants. However, the material to date is too small for any further conclusions and will serve as a source for a prospective randomised study.

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POSTER

Assessment of tumour grade using core biopsy may help to avoid radiotherapy related complications of implant immediate breast reconstruction

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Background: Patients with high-grade breast cancer are likely to receive adjuvant radiotherapy following mastectomy. Implant immediate breast reconstruction is best avoided in these patients to avoid complications and cosmetic failure.

Aim: To assess accuracy of preoperative core biopsy in assessment of tumour grade in women with invasive breast cancer.

Patients and Methods: Forty-six patients with invasive breast cancer were reviewed retrospectively. Materials from core biopsy and definitive resection were available for each of these cases and reviewed independently by two pathologists. Six levels from each core biopsy and 3 sections from each tumour were processed in paraffin and stained with haematoxylin and eosin. Grading of the carcinoma was performed according to Scarf-Bloom-Richardson system.

Results: Thirty-five cases were invasive ductal carcinoma, 5 cases were invasive lobular carcinoma and in 6 cases the tumour was mixed. Histological type detected by core biopsy correlated to the type detected by definitive resection in 40 cases (86.9%).

Core biopsy grade \ Definitive grade	Grade I	Grade II	Grade III	Total
Grade I	6 (13%)	3 (6.5%)	1 (2.2%)	10 (21.7%)
Grade II	2 (4.3%)	24 (52.2%)	6 (13%)	32 (69.6%)
Grade III	–	1 (2.2%)	3 (6.5%)	4 (8.7%)
Total	8 (17.4%)	28 (60.9%)	10 (21.7%)	46

There was concordance in histological grade detected by core biopsy and that detected by definitive resection in 33 cases (71.7%). Among the 13 discordant cases (28.2%), 10 cases (21.7%) were over graded and 3 cases (6.5%) were under graded by the core biopsy compared to definitive resection grading. All discrepancies were within one grade. Sensitivity of core biopsy in grading breast carcinoma was 89.5% and the specificity was 75%.

Conclusion: Our results suggest that core biopsy can be used to assess tumour type and grade in patients with invasive breast cancer. This will help to avoid implant immediate breast reconstruction in patients who may receive postmastectomy adjuvant radiotherapy.

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POSTER

Disorders of body posture at women after mastectomy in photogrametric estimation

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Purpose: An analysis of body posture disorders at women after mastectomy for cancer.

Material and methods: The examination was carried out on 91 women (aged 35–79 average 55.2) with breast cancer who had mastectomy conducted with Patey's method in the Oncological Surgery Department in Leszno Hospital between 1998–2002. Among them 50 women had mastectomy on the right side whereas 41 on the left side. A comparative