rates were 64% (25/39) and 70% (30/41) respectively. The hospitals were covered by the Eindhoven Cancer Registry, which enabled the monitoring of actual treatment policy.

Results: In 1995, 9 surgeons (30%) reported to apply BCT to patients with tumours larger than 3 cm versus one surgeon (4%) in 1987. In 1995, the majority of the surgeons considered multicentric tumour growth, diffuse microcalcifications on the mammogram, and extensive intraductal component as contra-indications for BCT. In 1995, a higher proportion reported rather bad or bad experiences with recurrence after BCT, compared with 1987 (37% versus 13%). Cancer registry data showed an increase in the proportion of patients with operable breast cancer, receiving BCT, from 29% in 1984 to 56% in 1989 ($p < 0.001$). Between 1991 and 1993, the proportion decreased to 46% ($p = 0.07$).

Conclusion: The surgeons in southeastern Netherlands reported a greater use of BCT in larger tumours. The slight decrease in the use of BCT might be attributed to a greater awareness among the surgeons about potential risk factors for local recurrence after BCT.

PP-2-24 Variants of Immediate Breast Reconstruction in Breast Cancer Treatment

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Immediate breast reconstruction IBR followed by different oncological operations is a new perspective direction in surgical breast cancer BC treatment that provides all known kinds of patients rehabilitation and allows to preserves the breast as a femininity symbol. The results of 182 IBR in BC treatment are presented, where Stage I had 11 patients (6%), Singe IIA-76 (41.5%), Stage IIIA-12 (8%), Stage IIB-39 (20.3%), Stage IIIB-44 (24.2%).

Various surgical interventions and reconstructions were performed. 65 patients underwent conserving operations following IBR using transposition the part of latissimus dorsi muscle LDM on the site of the removed breast tissue – 40 (22.4%), 12 (6.6%) using musculocutaneous LDM flap, 6 (3.3%) using TRAM or RAM flaps and 7 (3.8%) with silicone implant or tissue expander. 102 patients underwent subtotal breast removal with nipple-areolar, inframammary fold and about 25% of breast tissue conservation following IBR using LDM flap – 80 patients (44%), TRAM or RAM flafs – 20 (11%) and combination of the implant with different flaps – 2 (1.1%). 15 patients underwent IBR after mastectomy using LDM flap 12 (6.5%), using TRAM flap 2 (1.1%) and 1 (0.6%) with implant.

In case of early BC 24 (12.1%) patients underwent only the surgical intervention, in combination with postoperative radiotherapy RT – 47 (25.8%), with pre- and postoperative RT – 9 (4.9%), and with radiochemotherapy RCT – 9 (4.9%). In case of more extended BC (83 patients – 45.6%) together with RCT, 32 (17.6%) underwent endocrine therapy. 15 patients (8.2%) had postoperative complications after IBR connected with partial skin – 6, and partial flap – 1 necrosis. 6 had the total necrosis of transferred flap, 1 – the partial skin necrosis of abdominal wall and 1 had continued bleeding. In evaluation the results of operations among 168 underwent IBR, 28 patients (16.7%) assessed the cosmetic effect as excellent, 96 – (57.1%) as good, 43 – (25.6%) as satisfied and 1 women as non satisfied. During the period of follow-up that consist from 1 till 6 years 4 patients (2.2%) had local recurrence, 3 – (1.6%) distant methastases and 3 – (1.6%) were died of cancer progression.

Preliminary results of IBR after various surgical intervention in different stages of BC demonstrated it advantage compared with traditional approach of treatment particularly in fast psychological, family, sexual, social and labour rehabilitation.

PP-2-25 Axillary Clearance Without Drainage in Breast Cancer

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Prolonged hospital stay after axillary clearance due to lymphorrhea and subsequent seroma is frequent. In order to reduce these consequences selected patients (pts) underwent after lymphadenectomy an axillary padding by tying together the local muscles. No suction drain was installed. From 10.91 to 12.95, 105 women (mean age: 54 y, extremes: 27–85 y) with breast cancer < 35 mm were operated. Previous (12 pts) or concomitant (93 pts) lumpectomy was associated and followed by breast irradiation. A mean number of 14.9 nodes (extremes: 2–28) was sampled and 38 pts had node involvement. Mean postoperative stay was 2.7 days (extremes 1–14). Nine pts had complications treated conservatively: haematoma (3), infection (2), minor wound dehiscence (4). Seroma occurred in 8 pts needing an unique puncture of 50 and 250 ml in only two of them. Twelve pts complained about axillary pain. Median follow-up at the endpoint (3.96) was 20 months (3–53 months). Six pts have recurred distally and one regionally. Functional outcome was good in 91 pts, 7 pts had mild lymphoedema (+2 cm) and 7 residual pain with a limitation of movement in two of them. Postoperative care is reduced with this technique which should be considered for outpatient treatment.

PP-2-26 Axillary Lymphadenectomy without Drainage

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The technique of axillary padding after surgical conservative treatment of a breast cancer was prospectively evaluated through 152 patients, operated on from december 90 to september 91, and regularly followed since them. This technique avoids any axillary drainage, simplifies the post-operative management, and may decrease early morbidity. However, the question of its physiological mechanism remains unanswered. Our results confirm this method's both feasibility and reproductibility. The absence of drainage simplifies and shortens to 2 or 3 days the post-operative stay in hospital, and this appears as its main benefit. However, early seroma are more frequent, and above all, post-operative pain appears twice as important during the following weeks. Nevertheless, the late functional and plastic results are excellent. Experience has thought us that some patients would or could not expect any profit from this procedure, which we consider only within breast-conserving surgery. As a consequence we do not adopt it on a routine basis, but reserve it for individual situations, the patient being clearly informed of its advantages and temporarily painful inconvenients. The ideal technique resolving the every day question of lymphorrhea remains to be found.

PP-2-27 The Organ-Keeping Operations in the Treatment of the Breast Cancer T1–2 NO MO

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The examinations of the results of the organ-keeping operation in case of the breast cancer T1–2 NO MO stages are held. 1433 patients (T1–2 NO MO stages) with the breast cancer had been treated in the mammological department since 1985 till 1992, for whom were done 1218 radical mastectomies in different modifications and 215 organ-keeping operations — from sectoral resections to radical resection. The advance results of the research confirm the advantages of the organ-keeping treatment so that distant results have no differences from radical mastectomy. The mortality was 15% (patients with metastases during 2–72 months). The rate of the relapse of the tumour was 6.5%.

PP-2-28 Seroma as Complication to Surgery in Breast Cancer. Randomized Study Comparing Drainage and Compressive Dressing of the Wound

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Seroma of clinical significance seems to complicate surgery in breast cancer to a great extent. 17–53% in the literature. In our department seroma was found during two former years in 40% of the cases in spite of two suction drains for 1 day and one drain dependent of volume 3–5 days. In the literature there are only a few papers comparing drainage with other alternatives, but single reports concerning use of compressive dressing.

For two years 200 consecutive patients were randomized to two alternative treatments postoperatively in breast cancer surgery. Patients with breast conservation surgery as well as modified radical mastectomy were included in the study. The axillary dissection procedure was identical in the two types of operation. The patients were after randomization treated as follows: Group 1 got two drains; one drain was removed after one day, whereas the other was kept until volume/24 hours < 50 ml, but not longer than 5 days. Group 2 got on the operation table a firm compressive dressing (Tensoplast) placed in a semicircular manner from sternum to columna. Half of the latitude was overlapped. The following parameters were registered: Days in the hospital. Volume of drainage. Analgesics. Wound infections. Frequency of seromas and need of puncture. Volume of this puncture.

Group 1 had significantly longer stay in hospital, 1.3 days longer. This group had also significantly larger need of analgetics of all sorts. But they had significantly fewer punctures for seroma.