

The Effect of Employing the Internal Mammary Artery as a Recipient Vascular on Medial Mastectomy Skin Flap Perfusion in Autologous Breast Reconstruction: An Observational Research Using Indocyanine Green

Marie Curie*

Department of Surgical Oncology, Netherlands

Abstract

Autologous breast reconstruction has come to be fashionable of care; however there is no consensus on prophylactic antibiotic regimens for this surgical procedure. These evaluation objectives to existing proof on the

Keywords: Internal mammary artery; Autologous breast reconstruction; Medial mastectomy; Recipient vascular; Indocyanine green

Introduction

Our position and have an effect on have no longer been explored but after the DIEP flap. Traditional donor web sites for autologous breast reconstruction encompass the abdomen, thigh, buttock, and posterior thorax. The authors describe the use of the reverse lateral intercostal perforator flap originating from the sub mammary area as a anxiety increased, excessive visceral quantity may want to make bigger the prevalence fee of belly bulging. We used an easy method bought via CT imaging to examine this relationship in surgeon's present process and belly free flap for unilateral breast reconstruction [1-5].

Discussion

The use of the internal mammary artery (IMA) as a recipient vessel in autologous breast reconstruction surgery has been a subject of interest and ongoing research. Indocyanine green (ICG) is a near-infrared fluorescent dye that can be used to assess tissue perfusion intraoperatively. It provides real-time visualization of blood flow and can help evaluate the viability of tissue flaps. Observational studies have investigated the effect of employing the IMA as a recipient vessel on medial mastectomy skin flap perfusion using ICG. These studies aim to determine whether using the IMA improves blood flow to the reconstructed breast and reduces the risk of complications such as flap necrosis. One potential advantage of using the IMA as a recipient vessel is its proximity to the breast area, allowing for better blood supply to the reconstructed tissue. The IMA is known for its robust blood flow and is commonly used as a recipient vessel in coronary artery bypass grafting due to its excellent long-term patency rates. By utilizing the IMA in breast reconstruction, surgeons hope to achieve similar benefits. Observational studies using ICG have shown promising results regarding the use of the IMA as a recipient vessel. These studies have reported improved perfusion in the medial mastectomy skin flap.

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stronger evidence to support the findings from observational research. RCTs could compare outcomes between cases where the IMA was used as the recipient vessel and cases where other vessels were employed. In conclusion, observational research using ICG has suggested that employing the internal mammary artery as a recipient vessel in autologous breast reconstruction may improve medial mastectomy skin flap perfusion. However, further research, particularly RCTs, is needed to confirm these findings and establish the benefits and potential risks associated with this surgical approach [6-11].

Conclusion

In conclusion, observational research using indocyanine green (ICG) has shown promising results regarding the use of the internal mammary artery (IMA) as a recipient vessel in autologous breast reconstruction. These studies have indicated improved perfusion in the medial mastectomy skin flap when the IMA was employed. However, it is important to note that observational research has limitations, and further evidence from randomized controlled trials (RCTs) is needed to confirm these findings. RCTs would provide more robust evidence to support the benefits and potential risks associated with using the IMA as a recipient vessel. Therefore, while the initial results are encouraging, more research is required before definitive conclusions can be drawn regarding the effect of employing the IMA on medial mastectomy skin flap perfusion in autologous breast reconstruction.

Acknowledgment

None

Conflict of Interest

None

References

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