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Omar Tillo

Bedford Hospital NHS Trust, UK

Overview of breast reconstruction options and latest advances and controversies

Breast cancer is the most commonly diagnosed cancer in females affecting 1 in every 8 women in their lifetime. In the majority of cases, surgical excision continues to be the first line of treatment by means of mastectomy or wide local excision. These surgical modalities very often result in breast or chest deformities that can have devastating psychosocial impact on patients, such as low self esteem and feeling incomplete, with adverse impact on their quality of life in terms of sexual activity, relationships, clothing, sport, swimming and other daily activities. Unfortunately, the large majority of women having breast surgery worldwide are not offered even the simplest types of reconstruction due to lack of awareness, training or resources. Even in the developed countries it is estimated that 25-50% of women are still not offered the full range of reconstruction options. This paper provides a step-by-step guide in establishing a new breast reconstruction service starting with setting up a dedicated local staff teaching program, arranging specific logistics and equipment, fulfilling administrative and legislative processes, implementing quality assurance measures, audits and patient reported outcome measures. This is derived from the author's experience in establishing a breast reconstruction service in an NHS General Hospital in the United Kingdom. A view the current and National Guidelines for best practice is also reviewed along with sources of patient's education material. In conclusion, no woman should be denied the right of having breast restoration surgery following the treatment of cancer. This service should be made available universally across the globe. Internet and social media platforms are powerful and cost effective educational tools for patients.

Biography

Omar Tillo is a Plastic and Reconstructive Surgeon who's special interest is breast and body reconstructive and aesthetic surgery. After graduating in 1997 he completed specialty training in general surgery. He later completed a second specialty training in plastic and reconstructive surgery in some of the leading United Kingdom NHS Hospitals. He developed early special interest in breast and body surgery and build a successful NHS and private practice. During his employment in Bedford Hospital NHS Trust he succeeded in establishing a comprehensive breast reconstruction service providing all range of procedures to the local residents from implant based to autologous free flaps. His team was recently nominated for the 'Team of the Year' award.

omartillo@nhs.net