Response to “Avoiding Tension of Wound Closure in Reduction Mammaplasty and Mastopexy in Previously Irradiated Breasts”

Maurice Y. Nahabedian, MD

I thank Dr. Rudolph for his insightful comments with regard to our article on reduction mammaplasty in previously radiated breasts. I agree that radiated tissues are usually not ischemic, that fibroblast activity is compromised, and that excessive tension on the incision can compromise wound healing. Most surgeons who operate in radiated fields will attest to the fact that bleeding is usually robust and not scant. In my 20 years as a practicing plastic surgeon, I have learned that some factors are within the control of the operating surgeon and others are not. In the context of radiated wounds and healing, we frequently intellectualize and cite factors such as overexpression of transforming growth factor and vascular endothelial growth factor as well as compromised activity of fibroblasts and metalloproteinases, but these are factors that surgeons cannot control in the operating room. They have been demonstrated in the laboratory and are useful during conference when we analyze why complications occur but are of no value in the operating room. What is useful in the operating room is what we see and what we feel, both of which are critical factors that assist us with our judgment and technique. The degree of tissue undermining, tension on incisions, and tissue handling are all factors that are within the control of the surgeon. It has been my experience that excessive tension on an incision in a previously radiated wound will more often than not result in compromised healing and manifest as incisional dehiscence or fat necrosis. Thus, I agree with Dr. Rudolph that “excess” tension must be avoided at all costs.

Disclosures

Dr. Nahabedian is a paid member of the Speakers Bureau for LifeCell Corporation (Bridgewater, New Jersey).

REFERENCE