

A scarless surgery for breast cancer



What do you exactly mean by scarless surgery and what is the difference between scarless surgery vs traditional breast cancer surgery?

Scarless surgery is one that uses a Mammotome to excise a tumor. This is a vacuum assisted device to excise small tumors specially the benign ones. You can also use it to diagnose a malignant tumor. The size of the tumor should be less than 3 cm to be resected with a Mammotome. The advantage other than scar prevention is that it can be repeated any number of times. The incision used for the introduction of a Mammotome is 3mm. This can be done under local or general anesthesia. The only problem is that you require a lot of training and a long learning curve. In traditional breast surgery you leave behind a big scar which does not disappear.

How long has this type of surgery been around? Is it a recent entrant in India? The Mammotome has been in India from the past one year but has been used extensively abroad from a few years. Who is eligible to undergo a scarless surgery?

Any tumor less than 3cm and benign like a fibro adenoma or a cyst, which recurs is ideal for Mammotome excisions. Other than leaving no scars, what are some of the other benefits of undergoing a scarless surgery? The benefits are same-day surgery, almost bloodless, can be repeated many times, ideal for multiple fibro adenomas, and ideal for young girls.

What are some of the dangers/complications associated with this type of surgery? The only problem we face is occasional bleeding and the formation of hematomas which take some time to disappear. The other problem is that you should not do it for a malignant tumor. To get negative margins is not possible in such cases.

Typically, how long does such a surgery take to complete? Usually we take around 45 minutes to resect a 3cm tumor. Is this surgery popular among breast cancer victims? If not, why? No, because most hospitals don't have surgeons trained in Mammotome excisions in India. At present we do have around 5 surgeons /centers that use the Mammotome in India regularly. The surgeon should also be good at Ultrasound examination. Do you have any advice for patients contemplating this surgery? Yes – do it for small, less than 3 cm lesions that are benign. You can do it for multiple lesions and recurrent lesions. You can also use it for stereotactic biopsy of a malignant lesion. This is not to be done in case the patient has a bleeding disorder.