

Breast Cancer Surgery

The Wai

Myanmar

Abstract

Breast cancer is the most common cancer in women and second cause of cancer death worldwide. Although multidisciplinary team approach is the mainstay treatment option, surgery also plays an important role in its management. Total mastectomy and axillary clearance is the most commonly performed operation in Myanmar.

The most common morbidity after total mastectomy and axillary clearance is the post operative seroma formation. Several interventions have been tried to reduce the seroma formation such as use of compression bandage, suction drains, but nothings proves significant improvement.

By administration of Tranexamic acid 500mg , 8hrly for 1 day intravenously followed by Per Oral Tranexamic acid 500mg three times a day for 5 days, amount of seroma formation is significantly reduced. In this randomized comparative study, total 36 patients of breast cancer were included and divided into two groups. Effect of Tranexamic acid was compared in two groups during the study period.

This study showed that patients who received Tranexamic acid has less wound drainage (P value < 0.01), less seroma formation, less duration of wound drainage (P value < 0.05) and amount of aspiration needed (P value < 0.05) were reduced compared with control group.

By the use of simple Tranexamic acid in Total Mastectomy and axillary clearance, seroma formation and wound complications can be reduced. Therefore, patients can return to normal daily activities rapidly and can proceed to adjuvant therapies early. Thus, Tranexamic acid can be used to reduce the frequency of post operative complications following surgery for breast cancer.

The breast lies on the front thoracic divider and is made out of skin, subcutaneous tissue, and bosom tissue. Roughly 66% of bosom tissue lays on the pectoralis significant muscle, while the staying 33% lies on the serratus foremost muscle just as the upper part of the slanted. There are two layers of sash, including the shallow belt, which is discovered profound to the dermis, just as the profound sash, which lies only front to the pectoralis significant muscle belt. This life structures is significant during a mastectomy as a basic guideline of this strategy includes eliminating the bosom tissue with clung pectoralis sash to demonstrate a total resection.

The anatomic limits of the bosom are the second rib superiorly and the 6th rib poorly. The average limit is the horizontal outskirts of the sternum, and the sidelong limit is the midaxillary line. Frequently, the tissue of the bosom can stretch out into the axilla; this is known as the axillary tail of Spence.

Breast Cancer includes an interprofessional group to accomplish the most ideal results. This group incorporates oncologic and plastic specialists, clinical oncology, radiation oncology, pathology, radiology, nurture pilots, and different others to talk about every patient and define a therapy plan. Oncology strength nursing staff will help during methods, give post-procedural followup care, and oversee medicine and answer tolerant inquiries. These attendants must keep the clinician staff up to speed on all advancements for the patient's advancement or deficiency in that department. In situations where chemotherapy will be an aide, a board-confirmed oncology drug specialist should work with the oncology group to choose the suitable operators, check dosing, and counsel the patient on unfriendly impacts, likewise announcing any worries to the group. The results for patients with bosom malignant growth keep on improving with the expanded utilization of interprofessional groups, as shown in numerous review considers.

Biography:

Dr The Wai is a medical practioner at Surgical Unit -3 Department of Surgery North Okkalar Pa General & Teaching Hospital

[10th World Congress on Breast Cancer & Therapies;](#)

Singapore- June 11-12, 2020.

Abstract Citation:

The Wai, Breast Cancer Surgery, Breast Cancer Summit 2020, 10th World Congress on Breast Cancer & Therapies; Singapore June 11-12, 2020.