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 anatomic limits of the bosom are the second rib superiorly and the 6th rib poorly. The average limit is the horizontal outskirt 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:
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