

## BÖLÜM 6

# MEME KANSERİNDE TOTAL MASTEKTOMİ SONRASI ÖZ DOKU İLE REKONSTRÜKSİYON

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### GİRİŞ

Amerika Birleşik Devletleri'nde meme kanseri nedeniyle mastektomi geçiren kadınların %40'ından fazlası meme rekonstrüksiyonuna sahiptir. Bu sayı 2019'da yaklaşık 107.000 kadındır <sup>(1)</sup>. Mastektominin fiziksel ve psikolojik iyilik hali üzerindeki olumsuz etkisi tartışılmaz.Çok sayıda çalışma mastektomi sonrası rekonstrüksiyonun yararını göstermiştir. Özellikle, otolog rekonstrüksiyonla ilişkili uzun vadeli hasta memnuniyeti dikkate değerdir <sup>(2)</sup>.

Otolog rekonstrüksiyon (OR), hasta beklentilerine, vücut alışkanlığına ve cerrahın becerisine göre yeni memeyi şekillendirmeyi, yapılandırmayı ve konumlandırmayı vurgulayan bir beceri gerektirir. Amerika Birleşik Devletleri'nde rekonstrüksiyon olgularının yaklaşık beşte biri (%19) rekonstrüksiyon prosedürü olarak otolog rekonstrüksiyon içermektedir <sup>(3)</sup>.

Otolog rekonstrüksiyon'a karar verildikten sonra, kemoterapi ve radyasyon tedavisine göre işlemin zamanlaması ve flep seçimi dikkat edilecek hususlardır. Flep tipleri genellikle flep dokusunun kaynaklandığı anatomik bölge ile tanımlanır. Otolog rekonstrüksiyonda kullanılan flepler derin inferior epigastrik perforatör (DIEP; OR'lerin %52'si), latissimus dorsi (LD; %22), transvers rektus abdominis miyokütanöz (TRAM; %21) ve diğer flepler (%5) olarak kabaca ayrılabilir <sup>(3)</sup>.

OR'da flebinin kaynağına ilişkin seçenekler hastanın vücut yapısı, geçirilmiş cerrahi, tıbbi komorbiditeleri ve tercihi ile sınırlı olabilir. OR zamanlama ve flep

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