

MASTECTOMY + SENTINAL LYMPH NODE BIOPSY (SLNBx) ± AXILLARY
DISSECTION (AD) + BREAST IMPLANT INSERTION

1. Patient Preparation	<ul style="list-style-type: none"> - Supine with both arms adducted on arm boards - Patient will arrange sit up position with pillow under lower limbs for skin mapping and when insertion of implant(s). (Fig 2 & 3)
2. Position	<ul style="list-style-type: none"> - Main surgeon: patient's operation side - Assistant surgeon: patient's operation side - Scrub nurse: opposite to main surgeon
3. Equipment	<ul style="list-style-type: none"> - Covidien Force FX ESD with RapidVac Smoke Evacuator Or Ethicon Megadyne™ Megen1 ESD with Smoke Evacuator (refer to Breast Team ESD Preference) - Suction Unit - Dilon Navigator 2.0 or Sentimag Magnetic Localization System
4. Instrument	<p>For Mastectomy:</p> <ul style="list-style-type: none"> · S002 Abdominal Basic Minor · S507 Mastectomy <p>For Insertion of implant:</p> <ul style="list-style-type: none"> · S002 Abdominal Basic Minor · S507 Mastectomy · D/F Adson 'T' & 'P' · U004 Pint Jug
5. Consumables	<p>For Mastectomy"</p> <ul style="list-style-type: none"> · Short raytec gauze · Long raytec gauze · Abdominal swab · Valleylab™ Telescoping Smoke Evacuation Rocker Switch Pencil (SEP6000) / Megadyne™ Telescoping Smoke Evacuation Pencil (251010J) / Medtronic Plasma Blade™ 3.0S (PS210-030S) {refer to the Breast Team ESD Preference}

	<ul style="list-style-type: none"> • Syringe 3ml luer lock + Patent Blue 1 amp (in blue kidney dish with alcohol prep & green gauze & place on navigator trolley) for marking under the guidance by navigation machine • Universal gamma probe cover • Suction tubing • needle count • 3/0 Vicryl reel • Marking pen & ruler • Specimen bottle(s) (T25) • ± Dental roll (for AD) • ±TESSA handheld retractor (for Sentimag) <p>For Insertion of implant:</p> <ul style="list-style-type: none"> • Long raytec gauze • Abdominal swab • Disposable diathermy pen • Covidien Edge Insulated Blade Electrode 2.75" • Needle count • Suction tubing • Marking pen & ruler • 50ml luer lock syringe x 1 • B.Braun SAFSITE® Injection Site one way valve • Blake Drain Fr. 15 & reservoir @1
6. Drapes	- Univeral Pack
7. Suture & Blade	<p>For Mastectomy:</p> <ul style="list-style-type: none"> • Blade #10 x 1 • 2/0 Mersilk cutting for marking of specimen <p>For Insertion of implant:</p>

	<ul style="list-style-type: none"> · Blade #15 x 1 · 3/0 Vicryl R.B. (311H) · 2/0 Mersilk cutting (W321) for marking specimen · 3/0 Stratafix (SXMP)1B107) or 3/0 V-loc cutting (VLCM0024)
8. Dressing	<ul style="list-style-type: none"> · OPSITE° Post-op Visible 'S', 'L' · Steri-strip L x 2
9. Lotion	<ul style="list-style-type: none"> · Betadine solution · Water for irrigation (for main wound) · Normal saline with <i>room temperature</i> for irrigation (for sizer and antibiotics irrigation of implant)
10. Remarks	<ul style="list-style-type: none"> -Please make sure the patient's implant is available in NDH OT -Please confirm with surgeon of the right implant -Please inform Surg IC Kam of what implant is used by whatsapp -For the MD items, please complete the MD consumption form

Procedure:

1. Patient arrange in supine position with bilateral arm adducted on arm board less than 90°, and then arrange with sitting position for skin mapping by Plastic & Reconstruction team surgeon. After mapping, patient arrange in supine position. Sub-areolar injection of patent blue dye 1ml under aseptic technique and then massage
2. Skin prepared with (\pm alcoholic chlorhexidine), Betadine.
3. Draped with 1 abdominal swab placed at axilla on operative side.
4. Incision along the right axillary skin crease directly over the proposed site of the sentinel lymph node (SLN). Hot and blue SLN identified and sent for frozen section.
5. Circum-areolar incision with extension of the region of the tumor region including the skin overlying the tumor.
6. Skin flap raised and mastectomy performed including the pectoralis major fascia.
7. If frozen section of the confirmed macrometastasis, proceed to axillary dissection.
8. Hemostasis done and wound irrigated with sterile water.
9. Indocyanine green (ICG) examination is done to show viability of the skin flap and nipple.
10. Wound handed over to Plastic & Reconstruction Team for the implant reconstruction.
11. Bilateral subpectoral pocket developed. Hemostasis done. Saline is used and checked for the position and size.
12. Implant rinsed with 500ml normal saline with Cefazolin 1gm and Gentamicin 80mg for 10

minutes.

13. Delivered the implant to sub-pectoral pocket. Fr. 15 Blake drain is placed to breast pocket and secured with 2/0 Mersilk cutting.
14. Non-perfused skin on ICG scan trimmed. ICG scan performed again and confirmed skin flap and nipple viability.
15. Wound closed with 3/0 Vicryl cutting for dermis layer and skin closed with 3/0 Monocryl cutting.
16. Steri-strip and dressing applied to wound.

Remarks:

- Instruct AA to add extension board to the head end of OT table before OT session starts. Test the function of the break joints works properly.
- Patient will arrange in sitting position with bilateral arms placed on arm boards when mapping of the skin before OT start and during the insertion of implants.
- Pillow will be placed under both knees and lower legs and gel blocks over heels of patient. Extra padding and securing of bilateral arms on arm boards with burn pads/Gamgee and cotton bandages prior position of patient is done (refer to Fig. 1).
- TV and light source for ICG scanning is prepared before OT start (if stated in the OT List Remarks).
- When receiving patient at Holding Area, make sure the laboratory frozen section form has been confirmed and signed by surgeon, Cefazolin, Gentamicin and \pm Indocyanine Green are prescribed and available.
- When receiving patient at the HR, make sure the laboratory frozen section form has been confirmed and signed by surgeon and Checklist for Anesthetic Management of Breast Surgical Patient is available. And the pre-med is prescribed and given to patient.
- Please check OT list remarks if "LOLIPOP STUDY" is stated. Make sure consent form for study is available and contact Research Assistant Ms. Candy Lok when patient is arrived.
- If "Sentimag" is marked on OT list remarks column, instrument, bed linen and garbage will not be kept for 24 hours since marker materials contain no radioactive substances. Instrument can be sent to SSD right after OT finish.
- If Sentimag is used, TESSA Handheld Retractor is provided when obtaining the sentinel lymph node. The retractors are kept at the Breast Mobile Cabinet/Cupboard.
- Retrieve the breast implants and implant sizer from the Surgical Implant Cupboard before OT starts. The items will be delivered before OT day. Unused implants have to be returned to Surgical Implant Cupboard and marked down the used item on the Breast Implant Record Folder.
- For the ESD setting, please refer to Breast Team ESD Preference & Settings list (attached to Megadyne MeGen1 and Covidien A4 with RapidVac Smoke Evacuator).

Fig. 1

MASTECTOMY + TRAM FLAP SETTING

**Left side Mastectomy is shown in this diagram. Right side will be vice versa*

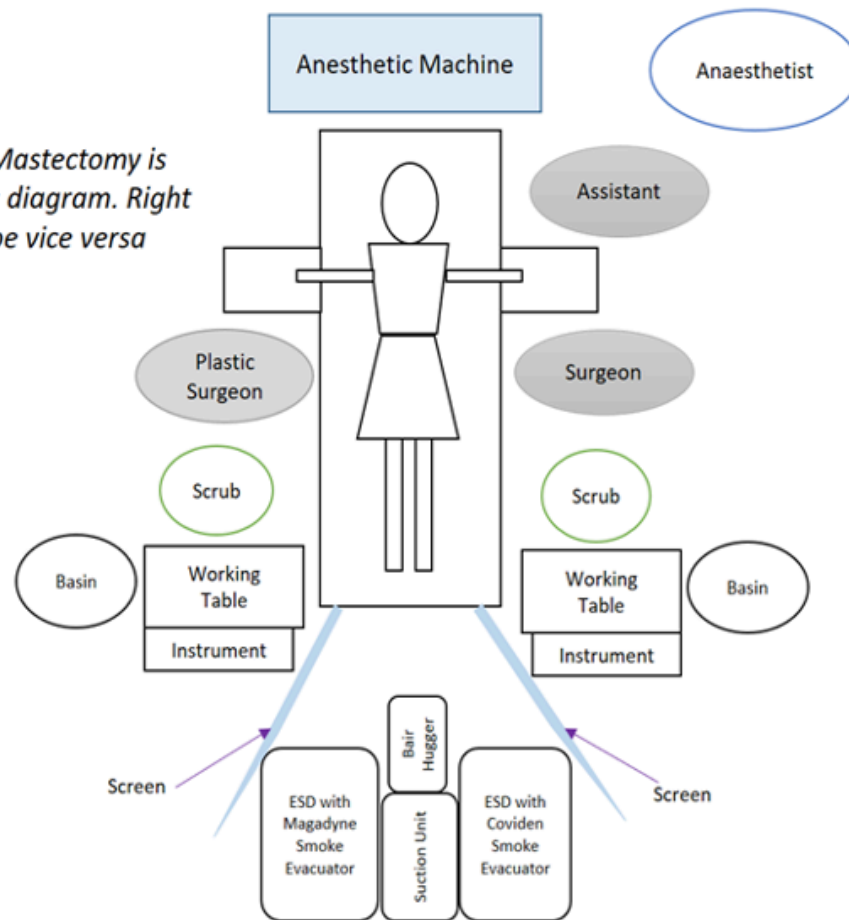


Fig. 2

Supine Position for Mastectomy + TRAM Flap

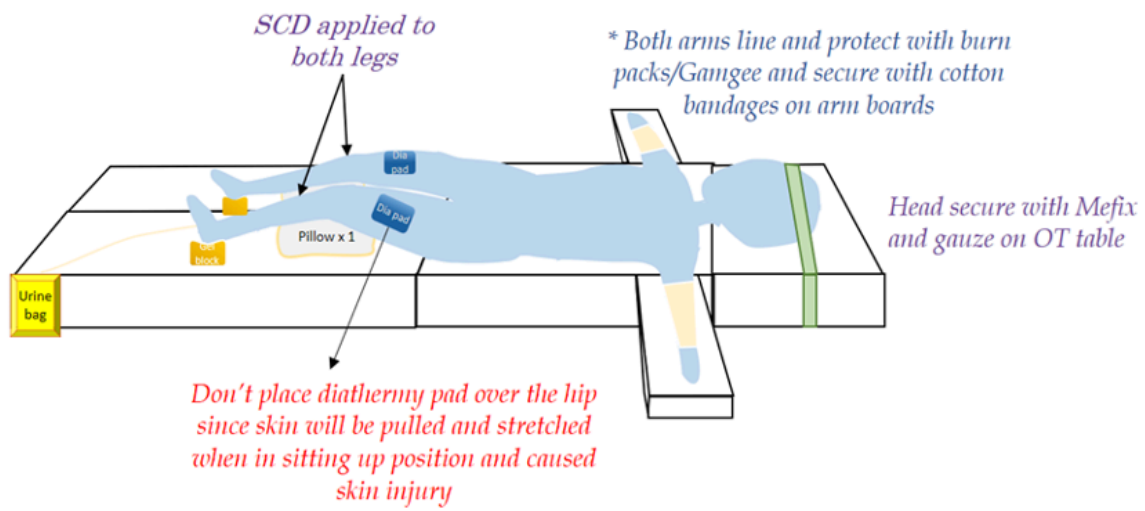


Fig. 3

Sitting Up Position for Breast Reconstruction Surgery (Implants/TRAM Flap)

