



**Surgical Associates of Palm Beach County is the oldest and largest Multi-Specialty Surgical group practice in South Palm Beach County**

**INTRODUCTION**

Surgical Associates of Palm Beach County (SAPBC) is a Multi-Specialty Surgical group practice with over 250 years of combined surgical experience. SAPBC has a reputation for leadership and innovation in the surgical community, and has built a reputation for excellence in surgical care over the past four decades

Our mission is to provide the highest quality, state of the art, and personalized care possible for our patients. We take pride in our individual specialties and work hard to maintain our expertise. Our surgeons are proficient in the latest minimally invasive surgical techniques, including Laparoscopy, Thoracoscopy and Endovascular surgery.

SAPBC is capable of providing skilled care for most General Surgical, Colon and Rectal, Vascular, Thoracic, Breast and Surgical Oncologic conditions. The combined training, experience and technical skill of our surgeons has made our practice a true Center of Excellence. However, if any of us believes a patient would be better served with treatment elsewhere, we will gladly and honestly make that referral and help get a timely appointment.

Because of all the recent advances occurring in Medicine, especially within the field of Surgery, we feel that it is important for our referring physicians to have an understanding of the latest treatment modalities available to their patients and what we as a group have to offer.

With the above in mind, SAPBC will be sending you bimonthly newsletters informing you of the latest treatment modalities available to your patients for various surgical conditions. Our goal is to keep you informed so that you can make the most intelligent recommendation to your patients, and most of all, feel comfortable referring them to our group.

We appreciate the trust you have given us to care for your patient's surgical problems and will endeavor to provide them with the highest quality surgical care. When your patients need surgery, you need to know that they are getting experienced, fully capable care performed to the highest standards.

As always, thank you for your continued support.

*For more information please visit our website*



[www.sapbc.net](http://www.sapbc.net)



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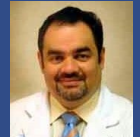
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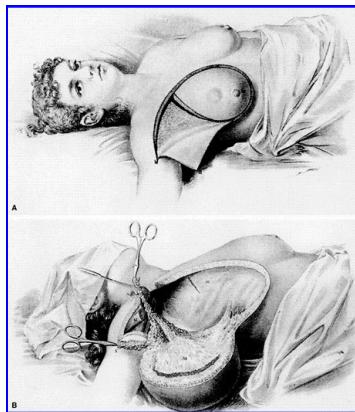
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# Oncoplastic Breast Surgery



July 2010

**T**he Halstead mastectomy was standard of care for patients with breast cancer until late 20th century. This disfiguring, debilitating procedure required removal of the breast and skin, the underlying pectoralis muscles and the entire axillary contents.



The 1970s brought great advances in local therapy for breast cancer patients when the National Surgical Adjuvant Breast and Bowel (NSABP) trials began to show that combining minimal surgery with radiation provided adequate

local control with no difference in mortality. Additionally, when total removal of the breast was required, the muscles were spared; and eventually replacement of the missing gland was offered by either prosthetic implant or various autologous tissue transfer flaps.

The 1980's brought about significant changes in screening and earlier detection of cancers, allowing most patients the option to conserve their breast. This became a very popular choice and many women were now subjected to procedures that would allow them to keep the majority of the breast tissue, but in many cases still leave them mildly to severely deformed (though fully functional).

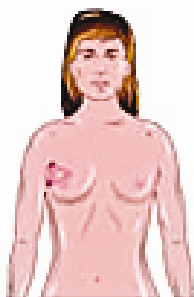
The last 5-10 years has brought about

further evolution of breast cancer care in the form of Oncoplastic surgery. The basic tenets combine sound oncologic principles and esthetic considerations. The term "oncoplastics" includes different levels of involvement of both the breast and the plastic surgeon. These procedures can be represented by something as simple as local tissue transfer or larger internal rotational flaps for large lumpectomies, or as extensive as mastectomy with immediate reconstruction.

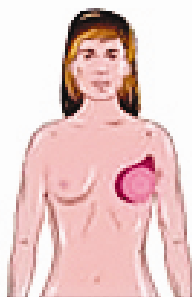
The current goal of breast cancer surgery is to excise the disease with adequate normal tissue margins so as to minimize recurrence, and leave the breast with a normal (but possibly different) shape and volume. Due to the extreme heterogeneity in presentation and behavior of breast cancer, even relatively innocuous cancers



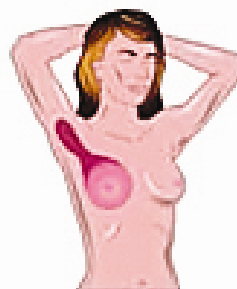
Necessitate mastectomy based on volume and/or location.



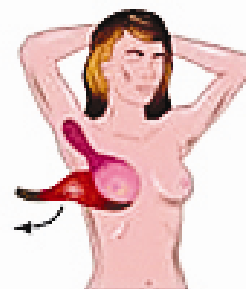
Partial  
mastectomy  
(quadrantectomy)



Simple  
mastectomy



Modified radical  
mastectomy with  
lymph nodes removed



Radical mastectomy  
With chest  
muscle removed

Interestingly, there has been a recent resurgence in interest and desire for mastectomy in women who qualify for conservative procedures, and often they are electing bilateral removal of the breasts. These decisions are more popular amongst women discovering they have one of the BRCA mutations and younger women with elevated anxiety levels regarding continued screening and possible recurrence. They are also preferred by women desiring optimal symmetry and cosmesis.

In our practice appropriate surgical and adjuvant treatment options are reviewed with women at the time of their diagnosis. There is always a physician available to consult and provide guidance with regards to abnormal imaging, biopsy results and genetic testing information. Extensive evaluation, discussion and planning is standard in reaching the decision for operative care. We work very closely with the plastic surgeons in our community to provide not only sound oncologic treatment, but also optimal cosmetic outcome.

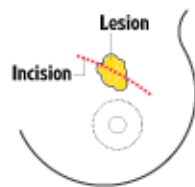


## Making Cancer Surgery Look Better

How a new surgical technique for removing breast-cancer lesions compares to a traditional lumpectomy:

### Standard lumpectomy

Leaves breast with unsightly dent and scar visible on the chest



Typical incision directly over the lesion



Cancer and surrounding tissues are removed



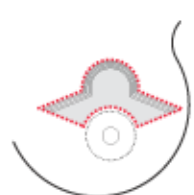
Surgery creates a depression, or defect

### Batwing mastopexy (a common oncoplastic technique)

Breast shape is preserved and scars are hidden under clothing



Half-circle incisions with angled wings to each side



Cancer tissue removed, healthy tissue repositioned



Incision preserves breast mound shape and elevates nipple

Sources: The Lancet; Dr. Melvin Silverstein

**Robyn M. Moncrief M.D., F.A.C.S.**

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Dr. Moncrief and Dr. Colletta specialize in Breast Surgery.

They have a special interest in the treatment of all aspects of breast pathology.

They are Board Certified in Surgery by the American Board of Surgery. Dr. Moncrief and Dr. Colletta are active members of the Department of Surgery at Boca Raton Community Hospital and Delray Medical Center.

