

*Project 20 interviews*

**«Professionals speak about their daily work  
and their missions»**

***Interview with Dr Olivier Jean-Baptiste, Surgeon specialized in breast reconstruction.***

Dr Olivier is a surgeon, specialized in breast reconstruction. Last year, he performed about a hundred immediate reconstructions, meaning at the time of surgery to treat breast cancer.

At the Centre Hospitalier of Luxembourg (CHL), 200 breast operations are done per year. Surgery, where it is possible to conserve the breast, is suitable in 60% of cases. Therefore, a mastectomy is carried out in 40% of cases. This data differs slightly from the European average (70% breast-conserving surgery versus 30% mastectomy)

Dr Olivier is aware of an increasing demand for mastectomies, where there is a possibility of immediate reconstruction. A similar phenomenon can be seen in the United States.

Indeed, on-the-spot reconstruction is an option in 50% of patients undergoing a mastectomy. Such an operation can go ahead once all the necessary information has been given to the patient, and a joint decision reached.

The other 50% of patients, who have delayed reconstruction, need first to undergo radiotherapy. This means that these patients will have to wait a certain length of time before being able to have breast reconstruction.

It should be noted that there are also some patients who decide not to have a reconstruction done at all.

In the case where a reconstruction has been carried out, and the results of a microscopic examination indicate that the nodes are slightly affected, radiotherapy has to be added subsequently (in 5 to 6 % of cases). One should be aware that this radiotherapy could have an impact on the implant, risking fibrosis and possible complications. In this case, the surgeon would perform

adjustment surgery six to eight months after radiotherapy, in order to allow for the full effects of treatment.

Dr Olivier feels that it is essential to treat the breast cancer, but at the same time try to guarantee the physical well-being of the patient, who will need to recuperate both physically and mentally.

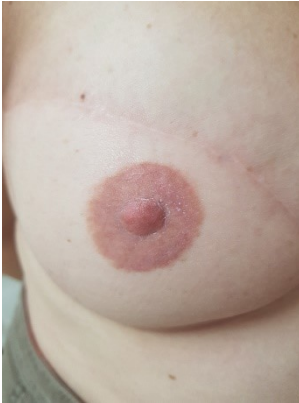
Therefore, it is very important to discuss the aesthetic side of treatment right from the start, and to anticipate all possible scenarios to minimize the patients' discomfort.

Since 2000, surgeons have been using silicone implants with cohesive gel. And apart from two issues — the first due to the use of silicone that hadn't been approved by the EU, and the second due to using macrot textured implants, both which have now been withdrawn from the market — one can say that implants with cohesive silicone are of a very high quality, and last at least 10 years.

In addition, during patients' regular follow-up treatment, such as in mammograms and ultrasounds, the implants are also checked, and if after 10 years, there hasn't been any deterioration, the implants are left. In fact, in the first 10 years of an implant having been done, doctors have only come across spontaneous rupture of the pad in 8 % of cases. These robust implants are inserted between the muscle and the ribs, under the breast.

Dr Olivier also pays particular attention to the reconstruction of the nipple, which for him is an integral part of the whole process. On the one hand, it's important to add volume, shape and form to the breast, and on the other hand accurate reconstruction of the nipple. In order to achieve this, several operations are required (in France two or more are needed in 60% of cases). Good nipple reconstruction can really make a difference to the overall success of the procedure. For example, the surgeon uses tattoo ink to recreate the areola, and in some cases skin grafts are also used (commonly taken from a toe, or from part of the other breast).

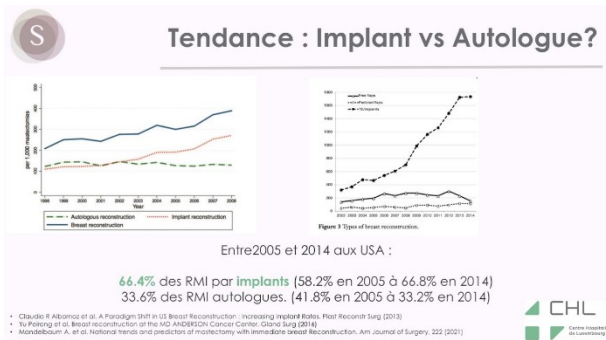
Nowadays, you can say that attitudes towards breast cancer are not what they used to be, partly because of the use of hormonal therapy (not always the systematic use of chemotherapy with its accompanying side effects), and partly because of a less drastic approach taken to surgery than back in the day.



After complete removal, the areola is reconstructed by graft and tattooing

(Photos Dr OLIVIER JB)

Reconstruction of left breast using implant, and reconstruction of areola by graft and tattoo, following mastectomy



Graphs show progression of techniques used in breast reconstruction. Over the last 20 years, in the US and Europe, there's been a strong growth in breast reconstruction. Implants for immediate reconstruction are being used more commonly than taking tissue directly from the patient (autologous tissue transplant)

A personal message from Doctor Olivier:

In all cases, taking care of a patient is on an individual basis, whether we are speaking about treatment, or the chronology of breast reconstruction. One has to take the necessary time needed to assess the situation, and the expectations of the patient.



Thank you so much Doctor Olivier for your interesting and reassuring information.

Thanks to you, and your team, for your constant dedication.

*The interview was conducted by Ms. Françoise Hetto-Gaasch, member of the committee of Europa Donna Luxembourg in June 2022.*

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