COMPONENTS SEPARATION FOR RECONSTRUCTION OF THE ANTERIOR ABDOMINAL WALL FOLLOWING TRAM FLAP BREAST RECONSTRUCTION.

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Background: The efficacy of the components separation technique with and without mesh placement for closure of abdominal wall defects following breast reconstructive surgery using transverse rectus abdominis myocutaneous (TRAM) flaps is unknown. This series examines the common outcomes seen in thirteen patients over a ten-year period of time.

Methods: Over a ten-year period, forty women with breast cancer underwent TRAM flap breast reconstruction. Abdominal wall defects were closed using the components separation technique. Biological and synthetic mesh was used to reinforce the ventral closure in select patients at the discretion of the primary surgeon (D.A.J.). Due to Hurricane Katrina, much of our original cohort of patients was lost to follow up. However, a phone interview with thirteen of the original forty participants was conducted to determine patient satisfaction with the operation and outcome.

Results: In thirteen patients, prolonged hospitalization (greater than seven days) and fluid collections were not seen. Some patients described infection, bulges and partial or total loss of sensation as well as partial or total abdominal wall weakness. The average subjective time to recovery of abdominal wall strength was fifteen weeks, with a range of one week to fifty-six weeks.

Conclusions: The component separation technique is an alternative method for abdominal wall repair following TRAM flap breast reconstruction. Complications and abdominal wall morbidity are similar to other components separation technique series. Further investigation, in the form of a randomized controlled trial, is necessary.