

## Subfascial Breast Augmentation with Crossed Fascial Sling, Under Tumescant Anaesthesia With or Without Sedation and Lower Periareolar Access

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### Introduction:-

Patient awareness and interest in the technical details of breast surgery have grown significantly in recent years. The demand for safe and effective procedures under local anaesthesia, with or without sedation, has become more frequent, especially among young women who desire to preserve breastfeeding and breast sensitivity and who ask the surgeons for safe and noninvasive procedures. We believe that the use of our subfascial implant with a fascial sling, via the tumescent technique, meets all these requirements. We have successfully developed this technique, which implements rapid execution in a clean surgical field, with immediate and good cosmetic results.

### Abstract:-

The tumescent technique is very efficient for subfascial breast implant surgery. A total amount volume of 330 cc (120/160 cc for each breast) secure a clean and bloodless field, leading to less postoperative bruising and prolonged local anaesthesia effects. The surgical procedure can be performed with or without associated sedation. Reduce periareolar anaesthesia allows for good and painless infiltration of the surgical field, up to the prepectoralis plane. A smooth, vertical dissection reached the pectoralis fascia, which was smoothly opened, leaving the gland adhesions in place. Subfascial pocket dissection was performed, and the implant was then inserted. The fascial sling, consisting of 2 strips of approximately 4/5 cm 9 2 cm each, was prepared superiorly and crossed for inferior fixation. One hundred patients were included over 18 months, and all surgeries were performed under tumescent anaesthesia with general sedation. Overall, we did not need to convert from local anaesthesia in general. No complications were observed, and good cosmetic results were achieved. The follow-up periods lasted for 6 months or, in a few cases, for 1 year

### Materials and Methods:-

Between 2017 and 2018, one hundred patients were selected for subfascial breast implantation under local anaesthesia with sedation, via the tumescent technique. The main criteria for selection were as follows: (a) the age, ranging from 23 to 35 years; (b) the indication for implantation only, without mastopexy; and (c) the patient interest in local anaesthesia, with or without sedation. The tumescent solution technique is very effective in obtaining a clean surgical field with no intraoperative bleeding, reduced postoperative bruising and good prolonged anaesthesia.

The total amount we used was as follows: (1) 300 cc of normal saline solution, (2) 30 cc of 2% lidocaine and (3) 0.3 ml of adrenaline. Overall, we did not need to convert from local anaesthesia in general. The lower periareolar approach allows for the shortest and most direct access to the pectoralis fascia, and we considered this approach to be the best method to establish access for breast implants in general, but especially for the subfascial technique with a fascial sling. On the upper fascia, which is usually thicker than the lower fascia, we sculpted two fascial strips, with a random pattern, that were approximately 2 9 4/ 5 cm each before to inserting the implant. When the implant was properly inserted, the fascial strips were crossed and anchored to the inferior fascia, to give more support and to stabilize the implant. All implants used were from Motiva Ergonomix [2] and had a natural shape. The sizes most commonly used ranged from 240 to 350. Only one large size implant (590 cc) was used.

### Surgical Technique:-

We began by marking the area for infiltration. Then, we injected 1 ml of full anaesthetic at the lower periareolar line,

from which we could infiltrate the tumescent solution along the inferior surface of the gland (60/80 cc, according to the breast size). The infiltration followed of the prepectoral plane (60/80 cc for each side). A lower periareolar incision was then made, and the vertical subglandular dissection was initiated, to reach the pectoralis fascia. Using the dissecting scissors, we opened the fascia, at the area of the areolar projection, while preserving the adhesions to the gland superiorly and those to the adipose tissue inferiorly. The pocket did not exceed the size just necessary for the implant to fit. On the upper fascia, which is usually thicker than the lower fascia, we prepared two fascial strips, with a random pattern, that were approximately 2.95 cm each in size, before inserting the implant. When the implant was properly inserted, the fascial strips were crossed and anchored to the inferior fascia, to provide additional support and to stabilize the implant. In the majority of cases, the pectoralis fascia was strong and thick superiorly; in a few cases, the pectoralis fascia was thin, but still strong, and was effective for sling sculpting purposes. Then, we began placing the final sutures of the of the with this technique [1, 3–13]. The pectoralis fascia provides good support for the implant, preventing implant descent and avoiding palpation effects and the ability to feel the implant through the skin. We maintained the adhesions between the gland and fascia, and we rebuilt the continuity of the implant by sculpting a fascial sling. Thus, the gland and implant will constitute a whole unit with pleasant and long-lasting cosmetic results. In some cases, when needed, we can elevate part of the muscle, together with the fascia, to create some technical variations or a dual-plane pocket [3]. Our consolidated experience suggests that additional advantages are offered by tumescent anaesthesia, with or without sedation [14–20]. Thus, the surgical field is clean, and the procedure is quick and bloodless. Correct execution and compliance with the anatomical plans will prevent significant bruising, assuring a painless healing process [3, 5–7]. We consider the lower periareolar access to be the best approach for breast augmentation, especially for the original subfascial augmentation with a crossed fascial sling. The tumescent technique is increasingly used all over the world for plastic surgery procedures, since it allows for greater visibility and clarity in the operating field, leading to greater precision and speed.

We consider the technique very effective, and we use it routinely in all breast procedures (augmentation, reduction and mastopexy). The technique also confers a good local anaesthesia when the tissues are correctly infiltrated, making general anaesthesia unnecessary. Therefore, we generally did not need to convert from local anaesthesia in general. However, it is possible to occasionally decide from time to time whether or not to use general sedation in situations of greater tension at the muscle level, especially when inserting a large implant, or when carrying out the subfascial technique in a dual plane, with partial lifting of the pectoralis muscle in its upper and/ or lower zone. All the surgical procedures carried out in the present research were performed with tumescent anaesthesia and general sedation, to standardize the procedure. Furthermore, 2% lidocaine (25–30 cc) was diluted in 300 cc of a saline solution, and adrenaline was added in low quantities (0.25–0.3 ml). Furthermore, we only used the full volume of solution for large-sized breast implants.

## Results:-

The follow-up period lasted for 6 months or, in a few cases, for 1 year. No complications were observed, and the scar, breast suspension and cosmetic results were good.

## Conclusion:-

In conclusion, the subfascial breast augmentation with tumescent anaesthesia and lower periareolar access constitutes a safe and quick procedure, with immediate and good cosmetic results. In addition, sculpting a sling on the upper fascia and crossing/fixing it on the lower fascia will restore the continuity of the whole unit with better implant suspension and pleasant effects.