

HOW I DO IT

New Bedside Test to Assess Feasibility of Primary Closure After Mastectomy for Locally Advanced Breast Cancer

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Preoperative assessment as to whether primary closure will be possible after mastectomy for large tumors is usually learned by experience. In today's era of small cancers and neo-adjuvant chemotherapy, this question may not arise frequently. However, when planning surgery for chemo-resistant, locally advanced breast cancers and fungating primaries with metastatic disease, an assessment about primary closure is important. Since the experience of individual surgeons to treat large breast cancers is diminishing, this test will prove useful for these occasional cases.

With the patient supine, draw the breast caudally with the flat of your left hand. Hold your right index finger,

parallel to the proposed upper incision line, a few inches in front of the breast. Now, draw the breast cranially and see if the index finger reaches caudal to the tumor. If so, primary closure would be possible without tension.

This test simulates the mobilization of skin flaps and is far more exact than the rough assessment made by palpating the tumor and breast with both hands. I have used it reliably in more than 100 patients with locally advanced breast cancer, which is not uncommon in India.

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