Summary and conclusion

Mastectomy is among the commonly performed surgical procedures. Mastectomy (either radical or conservative) is the mainstay in treatment of cancer breast. It's also indicated in treatment of some benign breast lesions as gynecomastia. Mastectomy is also done as a prophylactic procedure in some patients with an inherited risk of breast cancer.

Many types of mastectomy are being used as a surgical treatment of breast cancer including : modified radical mastectomy, skin-sparing mastectomy, nipple-sparing mastectomy, simple mastectomy and conservative mastectomy with or without post-operative radiation. Assessment of the axillary lymph node status is considered in all types.

Surgery, either modified radical mastectomy or breast-conserving surgery, is the best treatment for most women with breast cancer . Surgical treatment for breast cancer has undergone major changes over the last 30 years; there has been a major shift from radical surgery to breast-conserving surgery, with no harmful effects on survival.

The long-term results of several randomized studies conducted in Europe and North America have definitively confirmed that breast-conserving surgery and radical mastectomy yield similar rates of survival, thus endorsing as the gold standard therapy for most women with breast cancer.

The goals of BCT are to provide the survival equivalent to mastectomy, a cosmetically acceptable breast, and a low rate of recurrence in the treated breast.

Much of the information needed to determine a patient's suitability for breast conservation therapy can be obtained from a detailed history and physical examination, Information obtained from radiological examination and Information obtained from pathological examination

The choice of treatment by BCS is determined by a number of clinical factors including patient age, tumor size, breast size, node status, Family history, Tumor location and others discussed in details in the work.

Oncoplastic breast surgery is one of the most interesting and challenging new developments in the last 20 years. The aims of oncoplastic surgery are wide local excision of the tumor, coupled with partial reconstruction of the defect to achieve a cosmetically good result. Avoidance of total mastectomy and subsequent reduction of psychological morbidity are the principal goals in the development of various oncoplastic techniques.

Prophylactic mastectomy is indicated in some patients with an inherited predisposition to breast cancer. Patients with a significant family history of breast cancer should be referred to a breast or family history clinic for assessment. Those patients with a moderate-to-high life-time risk should be referred to a specialist cancer genetics clinic for assessment and genetic counselling. This should include formal risk assessment and a discussion about the full range of risk-reducing measures. There is no prospective, randomised, controlled data supporting early screening or risk-reducing measures. Patients should,therefore, be encouraged to participate in existing clinical trials.

Breast reconstruction, either immediate or delayed, should be cosidered for all patients undergoing total mastectomy to reduce the psychological hazards of the operation.