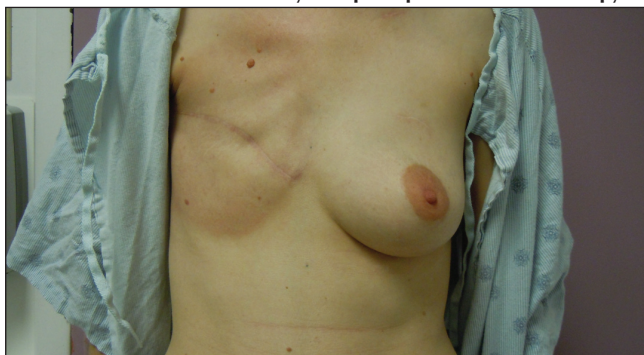


Case 1

Delayed breast reconstruction

A 33-year-old woman diagnosed with breast cancer. Two years ago, she underwent a mastectomy and postoperative chemotherapy



Objective 1: The candidate demonstrates risks associated with reconstruction

Question 1:

What features would be important on history before a discussion of breast reconstruction?

Key Answers 1:

Status of the contralateral breast
Current status of the breast cancer
History of radiation
Smoking
Other medications

Objective 2: The candidate can demonstrate options for breast reconstruction

Question 2:

This patient is a nonsmoker. She has a history of radiotherapy. What options could you offer for breast reconstruction?

Key Answers 2:

Tissue expander (comment on increased risk)
Implant and acellular dermal matrix (comment on increased risk)
Free tissue transfer

- TUG
 - Gluteal flap
 - Insufficient tissue for TRAM/DIEP/SIEA
- Latissimus dorsi and implant

Question 3:

The patient does not want an autologous reconstruction. She requests a contralateral prophylactic mastectomy and bilateral reconstruction with tissue expanders. How would you counsel her about the risks in the setting of radiation?

Key Answers 3:

Extrusion/implant exposure risk

- increased by 50% in radiation
- may result in explantation
- may result in abandonment of reconstruction

Expansion failure

- may have decreased expansion on the radiated side

Aesthetic compromises

- asymmetry compared with non-radiated side

Delayed complications

- increased risk of capsular contracture

Objective 3: The candidate can manage a complication of tissue expansion

Question 4:

You proceed with the insertion of tissue expanders. After six weeks of expansion, the patient has wound breakdown over the expander. How do you manage this complication?

Key Answers 4:

Can attempt salvage of implant but very high failure rate
Explantation and abandonment of reconstruction

Case 2

Escharotomies

A 37-year-old man was filling an oil lamp. The lamp broke and flammable fluid spilled on his jeans. His pants ignited when he dropped a lit cigarette



Objective 1: The candidate can diagnose a compartment syndrome

Question 1:

This patient complains of severe pain in his calf. What features would you investigate on your initial physical examination

Pain

Colour of the foot

Pulses in the foot

Temperature of the foot

Capillary refill

Sensation to the foot (in all nerve distributions)

Temperature of the foot

Question 2:

What is your working diagnosis

Key Answers 2:

Compartment syndrome

Question 3:

You decide that this patient has a compartment syndrome as a result of the burn. What is your next step in management

Key Answers 3:

Escharotomies

Objective 2: The candidate can draw the escharotomies

Question 4:

Please draw your escharotomies

Key Answers 4:

Extend from unburned skin to unburned skin

At least 2 escharotomies

Avoid the subcutaneous nerves