

getting in and out of the bath. All these problems improved with time and the majority had resolved by 4 months post operatively. 9/14 women exercised regularly pre-operatively and all of these women returned to exercise after surgery. 60% of women experienced specific problems with shoulder function and half of these women found that regular stretching exercises were most beneficial.

This questionnaire has identified that the commonest problems after LDF breast reconstruction are back tightness and shoulder stiffness which can limit specific activities of daily living. The back tightness persists, but stretching exercises can improve shoulder function and patients may therefore benefit from early and specific physiotherapy intervention.

On the basis of these results we have devised a specific peri-operative exercise programme for patients undergoing LDF reconstruction.

P36. Correlation between histological characteristics and intra-operative touch imprint cytology in axillary sentinel lymph nodes.

David Thurtle, Gurdeep Mannu, Raman Vinayagam, Sally Owen, Simon Pilgrim, Amy Burger, Simon Pain

Norfolk and Norwich University Hospital, Norwich, Norfolk, UK

Introduction: Touch Imprint Cytology (TIC) has been routinely performed during sentinel lymph node (SLN) biopsy in our unit since 2005. Low sensitivity remains a potential drawback of this quick and simple method. The correlation between histological characteristics and TIC sensitivity has been evaluated in this large series.

Methods: 1238 intra-operative TIC procedures were performed during this period on SLNs, using a single longitudinal bisection technique. A prospectively maintained database of SLN operations was analysed. Final histological data from surgical specimens was input retrospectively.

Results: TIC was positive in 122 (9.85%) patients. However, 283 (22.86%) were histologically positive with an overall TIC sensitivity of 43.11% and specificity 99.89%. Sensitivity of TIC was highest in ductal carcinoma (47.11%) followed by mixed tumour type (30.0%) and lobular (24.24%). TIC sensitivity was greatest when macrometastases were present (57.0%) compared to micrometastases (9.64%). This difference persisted across main tumour types: ductal (61.82% vs 6.67%) and lobular (36.84% vs 7.14%). For invasive ductal carcinoma, TIC sensitivity increased with higher grade (G1: 26.09%, G2: 45.54%, G3: 55.24%). Specificity was 100% for all tumour types except ductal (99.81%), as one TIC positive patient had only isolated tumour cells on final histology.

Conclusion: TIC sensitivity can be optimised by its selective use in ductal carcinomas and higher grade tumours. The sensitivity of TIC in detecting micrometastases may be further improved by multiple slicing of the SLN, as shown in other series.

P37. Autologous fat grafting in breast reconstruction: Our 7 year experience

Konstantinos Seretis, Soni Soumian, Jonathan Staiano, Rado Boca, Guy Sterne, Fazel Fatah

City Hospital, Birmingham, UK

Introduction: Autologous fat grafting has emerged as a versatile technique, and is increasingly being used in breast reconstruction. Our unit has been performing fat grafting since 2005 and we would like to present our experience with lipomodelling after breast reconstruction.

Methods: A retrospective review was performed on all patients treated for breast cancer between September 2002 and December 2011 at our department. Data on patient demographics, indications and type of reconstruction were collected. We analyzed the subgroup of patients on whom lipomodelling was performed.

Results: Breast reconstruction was performed in 620 patients, while 233 sessions of lipomodelling in 144 patients were performed. The main indications were for improvement in shape, volume and symmetry of the breast following reconstruction with extended latissimus dorsi (ELD) flap with or without implant (n= 31, 38, respectively), abdominal flap

(TRAM, n=27, DIEP n=7), or implants (n=16). Fat grafting was also performed after breast conservation therapy (n=17), or after mastectomy defects (n=8). 58% of patients had one session and the remainder required between 2 and 4 sessions. A significant decrease in the use of ELD with implant was identified, since the implementation of fat grafting.

Conclusions: Autologous fat grafting is an effective tool for breast reconstruction. It can be used to improve contour, volume, and overall symmetry. It is particularly useful in avoiding implants or contralateral matching procedures, when autologous flaps are too small, or providing cover in case of rippling or palpable edges after use of implants. In our practice lipomodelling has become an indispensable adjunct of breast reconstruction.

P38. Audit of B3 diagnosis in breast core biopsy: Evaluation of positive predictive value, sufficiency of tissue volume and compliance with minimum dataset

Rosalin Cooper², Sui Chan¹, Doreen Cox¹, Parveen Abdullah¹

¹SWBH NHS Trust, Birmingham, UK

²University of Birmingham, Birmingham, UK

Introduction: Needle core biopsy is the routine biopsy method in the diagnosis of breast lesions. A number of lesions are classified as B3 uncertain malignant potential, according to the NHS Breast Screening Programme (NHSBSP). These lesions pose considerable clinical challenge as a proportion will prove malignant on excision. This study aims to estimate the PPV of B3 diagnosis at this Trust, to compare it to that described in the literature, to assess whether a greater breast tissue volume at biopsy would increase the likelihood of definitive diagnosis and to assess compliance with RCPATH minimum dataset.

Methods: B3 breast core biopsy results from Birmingham City and Sandwell Hospitals between 01/11/2009-31/10/2010 were correlated with the subsequent surgical excision histology to estimate the PPV and whether greater tissue volumes at diagnostic biopsy would have increased diagnostic accuracy. Mention of atypia, calcification and lesion quadrant in the biopsy report was recorded.

Results: Surgical excision histology was available for 53 lesions diagnosed as B3. PPV was 32% (95% CI 19-45%), with variation between B3 sub-types. A larger volume of tissue would have produced definitive diagnosis in 55% of lesions (95% CI 41-68%). 87, 91 and 77% of core biopsy reports included mention of atypia, calcification and lesion quadrant respectively.

Conclusions: PPV of a B3 diagnosis at this centre was consistent with those reported in the literature. Biopsy methods that obtain larger tissue samples, such as vacuum-assisted biopsy, may reduce under-diagnosis of breast malignancy. Minimum dataset reporting falls short of 100%.

P39. Patient satisfaction following mastectomy and breast reconstruction in a district general hospital

Yogesh Jain, Khalid Amin, Jalal Kokan

Macclesfield District Hospital, Macclesfield, UK

Introduction: Patient satisfaction is one of the important outcome measures following breast reconstruction (BR). We carried out this survey of patients who had mastectomy and breast reconstruction in our hospital by a single surgeon.

Methods: Patients were asked to complete a questionnaire sent anonymously to assess quality of life and satisfaction following BR. Patients were sent a questionnaire at least 6 months after completion of BR. Questions included six items assessing both general and aesthetic satisfaction with their BR. 1) would do it again, 2) outcome met their expectations, 3) Will they recommend the operation to others, 4) Satisfaction about types of reconstructions offered, 5) Carrying out normal daily activities and 6) Use of shell/padding following procedure. Patients were asked to respond to each item using a five-point Likert scale. Item responses ranged from 1, indicating high satisfaction, to 5, reflecting low satisfaction. In the data