

Study summary
Breast Reconstruction
with TiLOOP® Brawww.pfmmedical.com**Implant-Based Breast Reconstruction Using a Titanium-Coated Polypropylene Mesh (TiLOOP® Bra): A Multicenter Study of 231 Cases**

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Method

In this retrospective, multicenter observational study, 207 patients with implant-based breast reconstruction, using the titanium-coated mesh TiLOOP® Bra, were assessed.

Primary Endpoints

- ▶ Identification of factors that were predictive for an adverse outcome.
- ▶ Development of recommendations for patients eligible for implant-based breast reconstruction using titanium-coated polypropylene mesh.

Secondary Endpoints

- ▶ Complication rate
- ▶ Implant loss

The average follow-up was 14 months.

Results

From April 2008 until October 2011, an observational study was carried out on 207 patients. The patients either had a skin or a nipple sparing mastectomy, or a modified radical mastectomy, with immediate or delayed implant-based breast reconstruction, using the titanium-coated mesh TiLOOP® Bra.

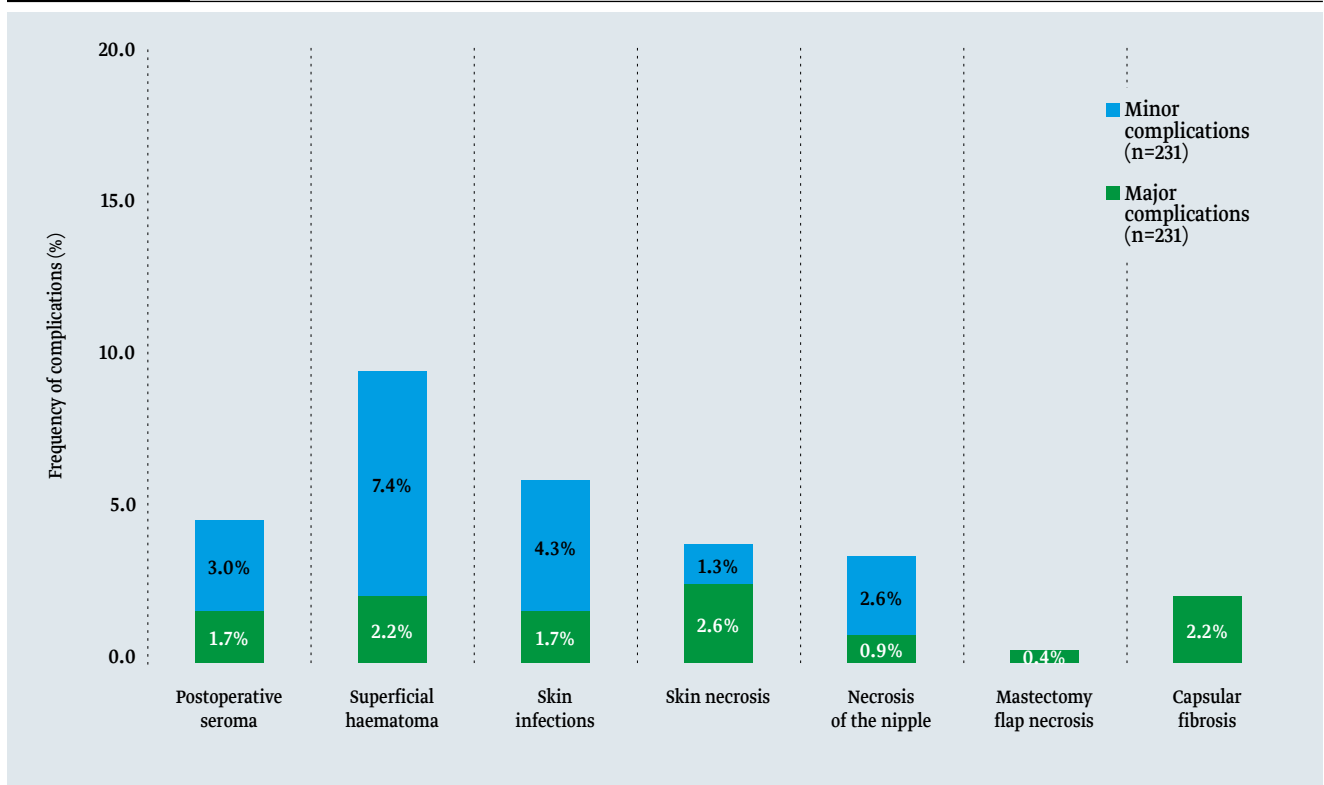
- ▶ 24 patients had bilateral surgery, and in 183 patients unilateral procedures were performed.
- ▶ In 202 breasts primary reconstruction, and in 29 breasts secondary reconstruction was performed.
- ▶ In 12.4% of the primary reconstructions, major complications occurred, and in 16.8%, minor complications occurred. In the secondary reconstructions, major complications occurred in 20.7%, and minor complications in 6.9% of the reconstructions.
- ▶ In 7.8% of the patients, the titanium-coated mesh had to be removed due to complications.
- ▶ Smoking, diabetes and age were not among the patient-related risk factors.

Conclusion

The titanium-coated mesh TiLOOP® Bra demonstrates acceptable complication rates, and it can be helpful for implant-based breast reconstruction. The titanium-coated polypropylene mesh is a safe and convenient option in primary cases and in implant-based breast reconstruction, provided that the suggested indications are adhered to.

Suggested indications are primary reconstruction, prophylactic mastectomy and two-stage reconstruction, using expanders, with secondary replacement with a silicone implant.

Complications



References

Further information:
www.pfmmedical.com/meshimplants-professionals

PubMed:
www.ncbi.nlm.nih.gov/pubmed/23806958



Contact

Should you have any questions our Regulatory and Clinical Affairs Team will be glad to assist you.

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