



## Surgeon

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Center  
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## Facility

Medical City Dallas Office  
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## Axxent Applicator Placement:

5-6 cm spherical balloon  
applicator was placed in an  
office setting using local  
anesthetic

## Clinical History

- 65 year old, postmenopausal, G2, P2
- No prior history of breast cancer

## Indication for APBI

Patient was referred for surgical consultation for evaluation of left breast cancer/infiltrating ductal carcinoma.

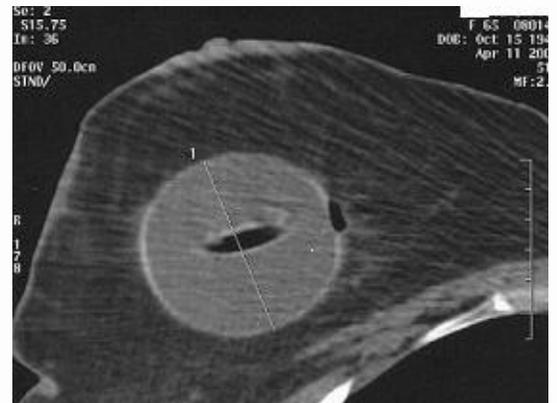
- IDC, T1c, NO, MO
- 1.8 cm tumor
- ER+ PR+

## Procedure - Dr. Beitsch's Technique

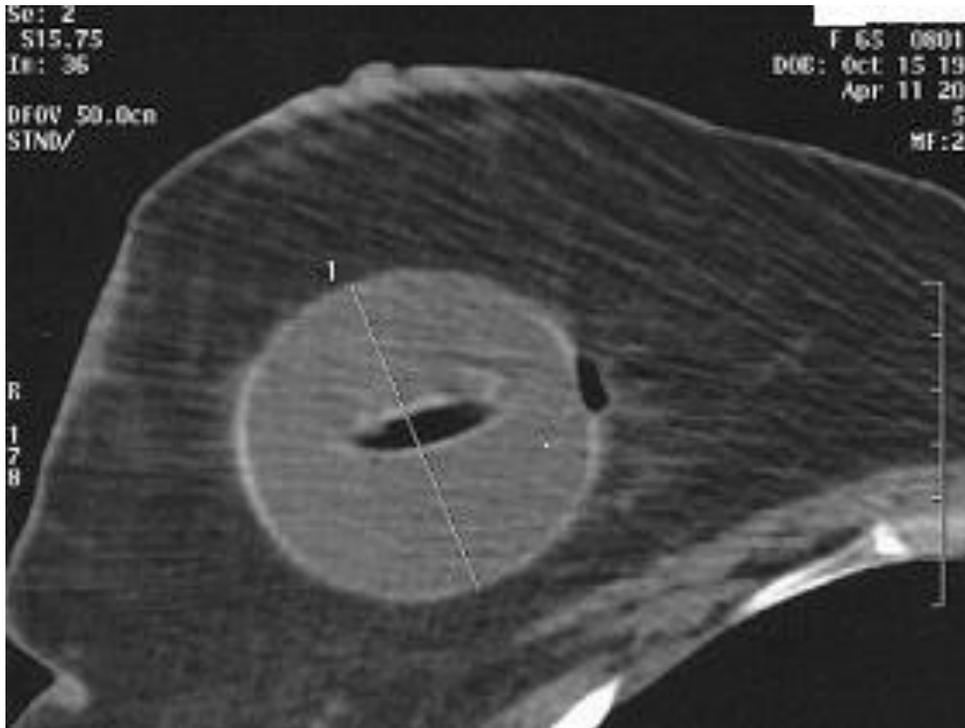
Incision technique varies depending on lesion location. Commonly, a radial incision is made with elliptical skin resection if the lesion is in the lower pole; if the lesion is located in the upper portion of the breast, a curvilinear incision with an elliptical skin resection is made. Making an elliptical skin excision helps to prepare the cavity for adequate skin to balloon spacing. Skin closure is performed in two layers; the deeper layer is closed with interrupted 3-0 Monocryl subcutaneous stitches and the skin is closed with interrupted 4-0 Monocryl subcuticular stitches.

Axxent Balloon Insertion: Because this patient's lumpectomy cavity was at least 5 cm, the Xofig 5-6 cm spherical balloon applicator was placed. The seroma cavity was entered under ultrasound guidance; the trocar provided in the Axxent tray was used to allow for easier entry into the cavity. This patient was a little over one week post lumpectomy, ideal for balloon applicator placement as the cavity wasn't replaced with fibrous tissue. This also allows for a greater chance of tissue conformance around the balloon. The balloon was placed and then inflated with saline to a volume of 120 cc. Cavity conformance was visualized by ultrasound.

Post Applicator Instructions: Prophylactic antibiotics and an ace wrap to promote comfort and conformance.



Symmetrical balloon and excellent  
cavity conformance noted on CT.



CT of inflated balloon used for treatment planning. Note the 21 mm balloon to skin distance measured by CT.



Drainage port is optimal to help maintain balloon-cavity conformance by draining any fluid build up that occurs post lumpectomy.