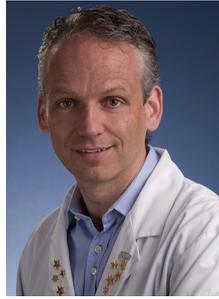


# Preface



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## Editors

Breast reconstruction has evolved immensely over the past decades. The initial satisfaction of just being able to create a resemblance of a breast mound has evolved into the current possibilities to re-create a virtually normal-appearing and -feeling breast. Advances in management of breast cancer as well as surgical techniques and materials have greatly contributed to these improvements in outcomes. Now, it seems we have come to a crossroads in breast reconstruction. The field has evolved in such an exponential way that the possibilities of performing breast reconstruction are manifold. This makes sound decision making in selection of the optimal technique for breast reconstruction for an individual patient more difficult than it ever was before. Decision making has become especially difficult in the immediate setting where reconstructive options should be paired with the oncologic demands to get an outcome with the least amount of morbidity or risk of complication but with the maximum longevity of the result.

Breast reconstruction has become more than just an afterthought, and if performed at the highest level, has become part of the integrated program of breast cancer management, allowing breast reconstruction surgeons to be fully focused on making the best personalized decision for each individual patient providing the best physical and psychological outcomes long term.

This issue of *Clinics in Plastic Surgery* has brought together experts in breast cancer care and breast reconstruction to critically review all the current forms of breast reconstruction management. Throughout the issue, we have tried to give objective evidence for and against the currently available techniques in breast reconstruction to help readers with developing

the skills to provide personalized comprehensive breast reconstruction for their patients, who all have different circumstances that they must cope with. Through this knowledge, we hope that readers will get more insight into what techniques are available and when to select these.

We are confident that this issue of *Clinics in Plastic Surgery* will be not only interesting to read but also a valuable resource for the surgeon faced with standard and more complex breast reconstruction patients in the clinic and operating theater.

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