
OBJECTIVE: Standard axillary lymph node dissection causes postoperative morbidity with pain, reduced arm mobility and axillary seromas. Endoscopy-supported axillary dissection using the same incision as was used for the breast tumor excision eliminates the necessity for a second axillary incision and potentially reduces operative trauma. This new technique is described and evaluated in a feasibility study. METHODS: Parallel observational study of a non-selected patient group with breast cancer (FIGO I-III) operated on with this less invasive technique from 11/2002 to 03/2003 in an oncological unit at the university level. RESULTS: 18 patients were operated on, with an average age of 74.7 (49-88) years, and a follow-up of 8.3 (5-10) months. Breast tumors could be removed in all quadrants. The single incision was 2.5-8.0 cm in length; operation time was 17-45 minutes and on the average, 14.2 (7-28) lymph nodes were removed. Only one patient was below the oncological standard of a minimum retrieval of 10 lymph nodes. There were no intra- or postoperative complications. Laparoscopic dissection was combined with sentinel lymph node biopsy, segment and quadrant resection as well as immediate breast reconstruction with latissimus dorsi flap or implant. Axillary pain and sensitivity effects were minimal. Advantages of this new technique are elimination of a second
axillary incision and a remarkable increase of postoperative recovery regarding arm mobility and morbidity. CONCLUSIONS: The technique of endoscopy-supported axillary dissection with access minimized (ADAM) is feasible and safe and can be performed according to oncological standards.