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28641 – BATWING TECHNIQUE IN BREAST ONCOPLASTIC SURGERY: A BIBLIOGRAPHIC REVIEW

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Introduction: In the context of breast oncologic surgery, the major advantage of the oncoplastic approach lies in embracing the medical principle of *primum non nocere*, aligning with the needs for breast conservation and aesthetic outcomes in oncologic treatment. This approach expands surgical options, reduces the rates of mastectomy, and helps prevent deformities. The initial record of oncoplastic surgery dates back to Grisotti's publication in 1994, which reported that approximately 15% of patients experience poor aesthetic results after purely conservative surgery—outcomes influenced by factors such as the extent of excision relative to breast size, tumor location, and the effects of radiotherapy. In this scenario, there arises a need to seek the best functional and aesthetic results in the primary surgical procedure. With the consolidation of oncoplastic surgery within the range of oncologic surgical interventions, various techniques have been developed to achieve adequate tumor excision while avoiding excessive tissue removal that could lead to deformities. Among the most common oncoplastic techniques are elliptical segmentectomy incision, circum-areolar approach for segmental resection, progressive mastopexy, batwing (or bat wing) technique, hemibatwing, donut mastopexy/round-block, bilobed excision, central quadrantectomy, triangular incision, inframammary incision, and reduction mastopexy. Among these techniques, the batwing stands out as a suitable approach for excising cancers located in the upper or central quadrants of the breast, due to its short operative time, low complication rate, good applicability across different breast profiles, minimal dissection and remodeling requirements, low delay for adjuvant treatment, and favorable aesthetic outcomes, with high patient satisfaction. In this context, an integrative bibliographic review of the topic Batwing Oncoplastic Surgery was conducted, based on data collected from studies published in the last 15 years (2008–2023) in the United States National Library of Medicine database (PubMed). **Methodology:** This is an integrative review study, with data collection carried out through a bibliographic survey to achieve the proposed objectives, based on the examination of relevant research to the theoretical foundation, identified and analyzed through published evidence related to the topic Batwing Oncoplastic Surgery. The study in question is a literature review of an integrative type, with a qualitative approach. For the continuation of this study, the following steps were followed: a) definition of the topic; b) formulation of the guiding question; c) search for descriptors; d) database research; e) establishment of inclusion and exclusion criteria for articles; f) evaluation of information extracted from the selected articles; g) discussion of the results; and finally, h) compilation of the review. For the foundation, the following guiding question was posed: What information is available about the oncoplastic breast surgery technique Batwing? The search for studies was conducted in January 2024 through the United States National Library of Medicine database (PubMed), using the keywords: “oncoplastic” AND “breast surgery batwing technique.” The inclusion criteria were: full text available; languages: English, Spanish, and Portuguese; published within the last 15 years. For exclusion, the following criteria were used: articles outside the specified time frame, duplicates, coursework papers, or studies that did not address the guiding question. **Conclusion:** The literature review reveals that breast oncoplasty is becoming a fundamental part of breast cancer treatment. This approach allows surgeons to perform extensive tumor resections without compromising aesthetic outcomes, prioritizing both tumor removal and cosmetic results. Given the variety of surgical techniques available, it is crucial to consider the patient's profile, lesion characteristics, systemic conditions, comorbidities, healing capacity, breast volume, and tumor location to identify potential risk factors for surgical complications. A key principle in any breast reduction procedure is preserving vascular supply to the areola–nipple complex and the remaining breast tissue. Therefore, planning the skin incision is the first and most critical step, tailored to the tumor's location. Considering these principles, the Batwing technique stands out as it is recommended for lesions located in the upper and central quadrants, and is also applicable to deep or adjacent tumors near the areola–nipple complex. This approach is favored due to its shorter surgical time, lower tissue dissection, and highly satisfactory aesthetic results, positioning it as a major advantage among oncoplastic surgical options.