ANNUAL SCIENTIFIC MEETING
IMMERSE
IN PERFECTION
ADVANCES IN COSMETIC SURGERY

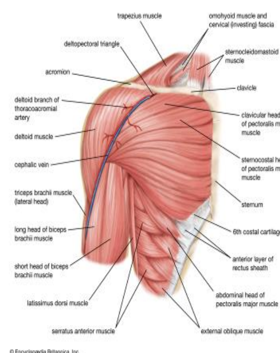
Introduction

- TUBA involves placement of saline breast implants above or below the pectoralis major muscle through the umbilicus.
- TUBA requires a different skill set including endoscopic skills, tactile feedback and intermittent blind, yet safe, dissection.

Operative technique

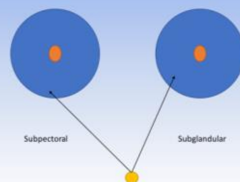
- Proper tumescence anesthesia is key in performing a successful TUBA.
- The technique varies slightly based on subpectoral versus subglandular pocket creation.
- Tumescence: 1 L LR + 750 mg lidocaine + 1 mg of epi 1/1000.
- Tumescence is injected using 20 gauge spinal needle connected to tumescence infusion pump.
- Subglandular: 500 mL into each breast, Subpectoral: 250 mL into each breast
- 100 - 150 ml into each abdominal wall tunnel including the umbilicus.

Pectoralis Major



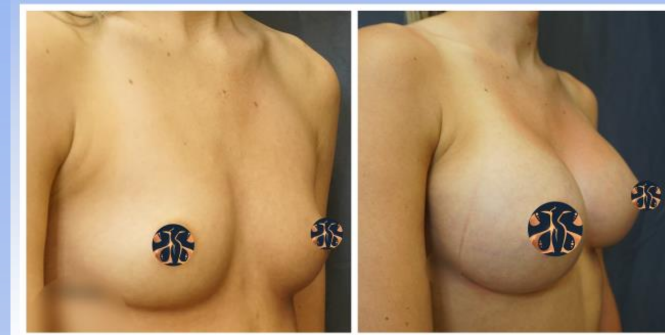
Medial → Tight
Lateral → Loose

Tunnels & IMF access

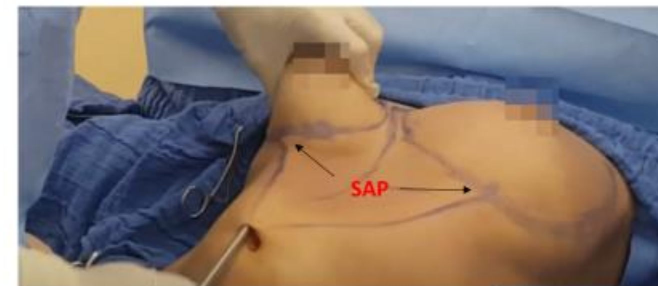


Operative steps

- For subglandular dissection: The IMF is incised medial to the NAC.
- For subpectoral dissection: The IMF is incised lateral to the NAC.



- A critical note when performing TUBA is to use this SAP consistently
- SAP = intersection of the tunnel mark with the IMF
- All instruments are kept parallel to the rib cage to avoid thoracic injury.
- A hockey stick dissector is used to take down the inferomedial attachments of the pectoralis major in subpectoral dissection and used to lower the IMF if needed.



-The tissue expander is then delivered into the pocket using the mammotube. It is then removed after confirming proper dissection.

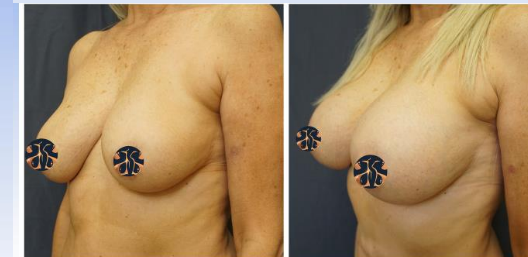
- A 10/0 or 10/30 degree endoscope, placed in a mammotube, is used to examine the pocket during the different stages of the procedures.

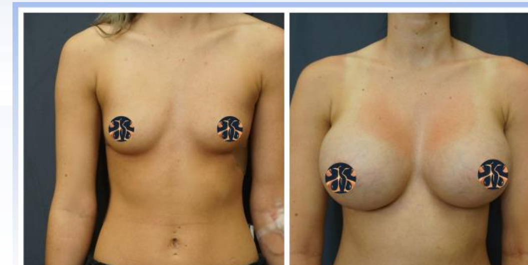
- The pocket is irrigated with antibiotic irrigation flushed through mammotube that is placed in the pocket .

- Saline implants are placed into the pockets using the mammotube.

- The patient is sat up to confirm proper implant position.

- The fill tubes are disconnected and the umbilical incision is closed using 4-0 chromic interrupted subcuticular suture.





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