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Optimizing tailored DIEP flap inseting in unilateral immediate free autologous breast reconstruction.

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We thank Li and colleagues for their letter regarding our article on optimizing DIEP flap inseting in immediate autologous breast reconstruction. We agree with some of their comments but our aim was to harvest tailored flaps to achieve breast symmetry and not to satisfy the need of contralateral symmetrisation. We agree with their statement as to the perfusion of the DIEP flap, identifying lateral and medial row perforators, may be another factor which may influence results. As we developed our study with the aim of achieving symmetry we found the use of lateral and medial rows was not a critical factor to achieve this goal but we agree that in some cases this may have an impact on reliable flap perfusion.

Regarding the second question, we agree that a baseline assessment could have generated more accurate information about changes in BREAST-Q. Historically, it was difficult to obtain a BREAST-Q at baseline and we felt, being all patients immediate reconstructions, the bias were reduced and the risk of patients being unsatisfied with their native breast could have been low. However, BREAST-Q at baseline is now offered to all our patients undergoing breast reconstruction as standard. We do hope to share our results in the next future.

As to the role of a sensate flap, in literature there is controversy on the evidence of benefits of nerve coaptation in DIEP flap breast reconstruction. Progressive spontaneous sensitive recovery at 6 and 12 months after surgery is reported¹ and majority of centers do not routinely perform nerve coaptation in autologous breast reconstruction. However, due to the need of more research with this technique, we are following the work of the Maastricht group with great interest².

As to the last point, regarding measurement of thickness of DIEP flap, we do agree with the authors' suggestion and we encourage them to read our article on DIEP flap volume assessment³. We are fully aware of the differences in thickness within a same flap laterally and medially. However, to develop a standardized algorithm we had to simplify this variable, taking into consideration the higher measurement.

We are very pleased to have generated interest and questions of such a high level and we feel our published algorithm will support the safe development of individually tailored DIEP flap breast reconstructions for the benefit of our patients.

ACCEPTED

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