AB023.The outcome of post-mastectomy breast reconstruction within a five-year period—a single centre study

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Background: Breast reconstruction offers a variety of significant psychological benefits to patients undergoing mastectomies. Therefore, it is critical for both patients and surgeons to have comprehensive information about the relative risks of the available options of reconstruction.

Methods: This is retrospective study consisting of solely female patients who underwent either first time, immediate or delayed reconstruction following mastectomies for cancer treatment or for prophylactic management from January 2014 until December 2018. Procedures included expander/implant, latissimus dorsi (LD) flap or combined reconstruction. Pre- and post-operative records were used to gather data. The Chi-square test then compared the statistical differences among the different groups. All calculations were performed using SPSS for Windows, Version 25.

Results: A total of 69 patients were analysed. Forty-two patients (60.9%) underwent expander/implant reconstructions, 23 (33.3%) received latissimus dorsi reconstructions and 4 (5.8%) received combined procedures. The most commonly recorded complications were seroma (30.4%), infection (24.6%) and pain (18.8%). Over all, LD procedures were associated with higher risks of all complications; these risks were noted to be statistically significant in seroma, pain and wound dehiscence with P values of 0.04, 0.012 and 0.009 respectively. However, the risk of returning to theatre was found to be higher in the expander/implant group: 33% compared to 20% in the LD group with a P value of 0.4. The number of risks were also found to be significantly higher with immediate reconstructions and exposure to radiation.

Conclusions: In this small-scale study, we found that implant-based reconstruction was more frequently performed and that it was associated with relatively fewer complications. The timing of reconstruction and radiation exposure were significant variables affecting the outcome. With these results, we hope to help both surgeons and patients in making more informed decisions surrounding the planning of reconstructions.

Keywords: Breast reconstruction; post-mastectomy complications

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