

Breast reconstruction using patient's own tissues yield higher satisfaction rates

December 29 2014

For women who have undergone mastectomy, breast reconstruction using the patient's own tissues—rather than implants—provides higher satisfaction scores, reports a study in the January issue of *Plastic and Reconstructive Surgery*, the official medical journal of the American Society of Plastic Surgeons (ASPS).

But the findings may at least partly reflect differences in the characteristics of [women](#) choosing different options for [breast reconstruction](#), according to the study by plastic surgeon Dr. Yassir Eltahir and colleagues of University Medical Center Groningen, the Netherlands.

Higher Satisfaction Score with Autologous Breast Reconstruction...

The researchers used the recently developed "BREAST-Q" questionnaire to analyze [patient satisfaction](#) and quality of life after breast reconstruction. The BREAST-Q was designed to gauge these important outcomes from the patient's point of view.

The study included BREAST-Q surveys completed by 92 women who had breast reconstruction between 2006 and 2010. Forty-seven women underwent autologous reconstruction, with the patient's own tissues—generally "donor" flaps from the abdomen—used to create the new breast. The remaining 45 women underwent alloplastic

reconstruction, using implants.

The results suggested that women choosing reconstruction with their own tissues were more satisfied with the results. Scores for satisfaction with the reconstructed breasts averaged about 75 (on a 100-point scale) after autologous reconstruction versus 65.5 for implant-based reconstruction.

Overall patient satisfaction scores were also higher with autologous reconstruction: about 82 versus 74.5. Scores for various aspects of quality of life—including psychosocial, sexual, and physical well-being—were not significantly different between groups.

...But Significant Differences in Patient Characteristics

The researchers also noted some important differences between the two groups of patients. Women choosing autologous reconstruction were older: 51 versus 44 years. Autologous reconstruction was performed on a delayed basis, an average of 21 months after mastectomy; whereas implant-based reconstruction was usually performed immediately.

Women receiving implant reconstruction were also more likely to undergo reconstruction of both breasts. Many of these women underwent preventive double mastectomy because of high genetic risk of breast cancer.

Women undergoing autologous reconstruction were more likely to receive radiation therapy, had a higher average body weight, and were less educated. Complication rates were similar between groups, although the autologous reconstruction group had a higher rate of secondary corrective surgeries.

Women have several options for breast reconstruction after mastectomy, in terms of the type of reconstruction and immediate versus delayed reconstruction. Studies comparing the outcomes of autologous versus implant-based reconstruction have reported conflicting results. The new study, using the validated BREAST-Q questionnaire, suggests higher patient satisfaction rates for women undergoing reconstruction using their own tissues.

But the findings may reflect differences in patient characteristics between groups. For example, younger women undergoing immediate implant reconstruction may have higher expectations, compared to women who have waited several months for delayed autologous reconstruction. The researchers plan further studies to evaluate some of the questions raised by their preliminary results.

Meanwhile, Dr. Eltahir and coauthors emphasize that both methods of breast reconstruction provided good outcomes, with similar scores for quality of life. "The study found no ideal breast reconstruction suitable for all patients," the researchers write. "However, [it] may inform patients and medical teams in making decisions about breast reconstruction."

More information: [Click here](#) to read "Which Breast Is the Best? Successful Autologous or Alloplastic Breast Reconstruction: Patient-Reported Quality-of-Life Outcomes."

Provided by Wolters Kluwer Health

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