

Investigating quality of life after breast reconstruction

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After a mastectomy, women who underwent autologous breast reconstruction—where the breast is rebuilt using tissue taken from the patient's own body—reported greater psychosocial and sexual well-being than those who chose implant-based reconstruction, according to a recent Northwestern Medicine study.

The study, published in the *Journal of Clinical Oncology*, also found that women who elected for either type of [breast](#) reconstruction reported overall satisfaction with their breasts at levels equal to or greater than baseline. However, patients in both groups also reported worse physical well-being, at one-year follow-up, than before their mastectomies.

"This is a big step in our search for better information to inform women of what they may expect after breast reconstructive [surgery](#)," said Neil Fine, MD, clinical associate professor of Surgery in the Division of Plastic Surgery, and a co-author of the paper.

In recent years, the rate of women undergoing mastectomies for [breast cancer](#) has risen, along with the rate of patients choosing breast reconstruction, which can help restore body image and reduce some of the distress associated with a mastectomy. But data on patient-reported outcomes and quality of life after such reconstruction has been limited.

The Mastectomy Reconstruction Outcomes Consortium (MROC), a five-year prospective study, was designed to address these knowledge gaps and compare outcomes of two major categories of [breast reconstruction](#):

autologous and implant-based.

The current paper, a sub-study of the MROC, included 1,183 women who had undergone immediate reconstruction after a mastectomy at 11 medical sites across the United States and Canada. The patients completed questionnaires before and one year after surgery.

The investigators discovered that [women](#) who elected for autologous reconstruction had greater overall satisfaction with their breasts than those who chose implants, and reported better outcomes on other quality of life measurements. Physical well-being, however, did not return to pre-surgery levels in either group, with patients reporting increased pain and tightness after implants, as well as abdominal discomfort and weakness after autologous reconstruction.

"This data is the most comprehensive available today, but it is not perfect," Fine said. "Women who require [mastectomy](#) need to be cautioned that this is averaged information. It is also important to always consider alternatives, including the option of not having [reconstruction](#)."

More information: Andrea L. Pusic et al. Patient-Reported Outcomes 1 Year After Immediate Breast Reconstruction: Results of the Mastectomy Reconstruction Outcomes Consortium Study, *Journal of Clinical Oncology* (2017). [DOI: 10.1200/JCO.2016.69.9561](https://doi.org/10.1200/JCO.2016.69.9561)

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