

Direct-to-implant breast reconstruction provides good results in older women

January 31 2018

For older women undergoing mastectomy for breast cancer, direct-to-implant (DTI) breast reconstruction provides good outcomes in a single-step procedure, while avoiding some of the inconvenience and risks of staged approaches to breast reconstruction, reports a study in the February issue of *Plastic and Reconstructive Surgery*, the official medical journal of the American Society of Plastic Surgeons (ASPS).

"The DTI approach is a powerful tool for [breast reconstruction](#) in elderly patients," comments ASPS Member Surgeon Andrea Moreira, MD, of the Cleveland Clinic. The researchers believe the DTI technique may expand the options for [older women](#), who are less likely to undergo breast reconstruction.

Good Results with DTI Breast Reconstruction in Women over 65

Direct-to-implant breast reconstruction has emerged as a single-stage approach to immediate breast reconstruction after mastectomy. So far, however, most studies of DTI have focused on younger women.

"Half of all breast cancers occur in women over 65, yet only four to 14 percent of these women undergo reconstruction," Dr. Moreira and coauthors write. Most studies of breast reconstruction in older women have focused on multiple-step techniques such as tissue expander implant (TEI) reconstruction.

The researchers identified women over age 65 who underwent DTI reconstruction at the Cleveland Clinic between 2012 and 2015. They identified a total of 24 breasts reconstructed by DTI in 19 patients, all with at least 30 days' follow-up and most with one year of follow-up

Patient characteristics and outcomes were compared to those of 109 breasts with TEI reconstruction in 98 patients. The women undergoing DTI reconstruction were older (73.5 versus 69.2 years) and had a higher body mass index, compared to the TEI group.

Both DTI and TEI were safe and effective options for breast reconstruction. Complication rates were similar between groups, including blood and fluid collections (hematoma and seroma), infection, unplanned surgery, and failed reconstruction.

However, DTI had some important advantages. Women in the DTI group were less likely to be readmitted to the hospital and spent fewer total days in the hospital. In the year after surgery was completed, women in the DTI group made an average of 6.5 office visits, compared to about 12 visits in the TEI group.

The DTI group also spent fewer days with a surgical drain in place: average about 13 days, compared to 23 days in the and had fewer total days in the hospital. That's an important consideration, as drains require antibiotic treatment to prevent infection, in addition to causing discomfort for the patient.

The authors note some important limitations of their study—particularly the fact that it was a review study of one hospital's experience with a relatively new procedure. Dr. Moreira and colleagues write, "These reported cases include our learning curve [patients](#) as we familiarized ourselves with appropriate patient selection and surgical technique."

The researchers emphasize that DTI isn't an option for every patient, depending on [breast](#) shape and other factors. Despite these limitations, their experience suggests that complications of the DTI approach in older [women](#) are similar to those of the more commonly used TEI technique. Dr. Moreira adds, "In appropriately selected cases, DTI [reconstruction](#) is a viable alternative to staged techniques requiring multiple surgeries."

More information: Rebecca Knackstedt et al. Direct-to-Implant Breast Reconstruction in Women Older than 65 Years, *Plastic and Reconstructive Surgery* (2018). [DOI: 10.1097/PRS.0000000000004015](https://doi.org/10.1097/PRS.0000000000004015)

Provided by Wolters Kluwer Health

Citation: Direct-to-implant breast reconstruction provides good results in older women (2018, January 31) retrieved 3 May 2024 from <https://medicalxpress.com/news/2018-01-direct-to-implant-breast-reconstruction-good-results.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.