

Breast reconstruction after radiotherapy less risky without implants

February 23 2018, by Anna Kellett

New research from the University of Auckland has found women who use their own tissue in breast reconstruction have fewer post-op complications then women who receive implants.

The study, "Limiting complication rates in implant-based <u>breast</u> <u>reconstruction</u>," has just been published in the *New Zealand Medical Journal* and was led by Dr. Michelle Locke of the University's School of Medicine, with Dr. William LE Malins, Newcastle University Medical School, Jia Le See of the University's School of Medicine, and Dr. John Kenealy of Counties Manukau DHB.

Breast cancer is the most prevalent cancer of women in New Zealand and around the world. Breast reconstruction is commonly undertaken after mastectomy, to improve the quality of life and functional wellbeing of affected women.

The study looked at <u>patients</u> who were undergoing <u>external beam</u> <u>radiotherapy</u> (XRT) who had received implant-based breast reconstruction (IBBR) and found these patients had a greater complication rates post-surgery.

The aim of the study was to assess the outcome of IBBR at Counties Manukau District Health Board (CMDHB) Plastic and Reconstructive Surgery Department for two years, between January 2012 and December 2013.



Over two years, 77 IBBRs were performed in 53 patients. In 2012, 11 patients underwent radiotherapy before or after their surgery, compared with five in 2013.

Radiotherapy was significantly associated with higher reconstructive failure rates while pre-operative XRT was associated with more complications overall, including infections, wound healing problems and fluid collections (seroma).

Over the two years, the number of IBBRs with any complication fell from 16 (43.2 percent) to 11 (27.5 percent) while reconstructive failure fell from six (16.2 percent) to four (10 percent).

"Our study has found that the complication rate in patients having implant-based <u>breast reconstruction</u> after radiotherapy for <u>breast cancer</u> treatment is very high," Dr. Locke says.

"We now encourage patients to use their own tissue, for example, from their abdomen, to reconstruct their breasts if they have had radiotherapy. We have shown a lower complication rate in women who use their own tissue rather than implants for reconstruction following radiotherapy."

Dr. Locke says they advise their patients with a history of previous XRT or a high likelihood of requiring post-operative XRT of the high risk of complications of IBBR. These patients are encouraged to favour autologous reconstructive options instead, where the patient's own tissue is used.

"We are always striving to give patients the best possible results with the fewest complications. That way we try to alleviate any further stress on our patients."

More information: Limiting complication rates in implant-based



breast reconstruction. *New Zealand Medical Journal*. www.nzma.org.nz/journal/read-t ... 470-23-february-2018

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