

Study explores satisfaction, quality of life after breast reconstruction

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More than 60 percent of women who undergo a mastectomy to treat breast cancer choose breast reconstruction, and the demand for that surgery is rising. However, due to the previous lack of evidence-based, patient-centered data available about post-breast reconstruction, most patients aren't properly informed about satisfaction and quality-of-life measures over time.

In a new study, building on the previous one-year, patient-reported outcomes of the Mastectomy Reconstruction Outcomes Consortium (MROC), researchers from Brigham and Women's Hospital evaluated patient-reported [satisfaction](#) and well-being outcomes prior to, and two years after their initial surgery for more than 2,000 women across the United States. These women received either autologous—or "flap" [breast reconstruction](#), which uses skin, fat or muscle from elsewhere in the body to rebuild the [breast](#)—or implant-based breast reconstruction.

Researchers found that patients who underwent autologous reconstruction had greater satisfaction with their breasts, as well as a greater psychosocial and sexual well-being two years after surgery, than did those who underwent implant reconstruction. Results are published in *JAMA Surgery* on June 20.

"Patient-centered data can best inform patients and clinicians about the potential risks and expected outcomes of breast reconstruction when making a decision between implant-based or autologous breast reconstruction," stated Andrea L. Pusic, MD, chief of Plastic and

Reconstructive Surgery at Brigham Health, and senior author of the study. "Given the personal and intimate nature of breast reconstruction, patient-centered data are arguably the best measures of outcomes. An understanding of the expected satisfaction and quality of life is central to the decision-making process."

The multi-cohort, prospective study included patients from 11 centers, including 1,490 implant and 523 autologous patients. The primary outcomes of interest—satisfaction with breasts, psychosocial well-being, physical well-being and sexual well-being—were measured in scores on the BREAST-Q, a validated breast-surgery specific, patient-reported outcome instrument, calibrated to detect differences between specific procedure groups and patients over time.

Researchers also found that two years of follow-up provided new insight into patient-reported outcomes. The differences in patient satisfaction with their breasts as well as sexual well-being became greater at two years. For patients who underwent implant-based reconstruction, satisfaction worsened over time, likely due to symmetry issues and the inability of the implant to age naturally. After one year, no difference in the physical well-being of the chest was reported. At two years, patients who received autologous reconstruction reported favorable outcomes for physical well-being of the chest, compared with implant reconstruction, but the difference remained small.

Importantly, although patients reported overall high breast satisfaction with autologous reconstruction, physical well-being of the abdomen was not fully restored, even though approximately two-thirds of the autologous [patients](#) had muscle-sparing or perforator flap procedures. The authors affirmed that further research and innovation is required to further minimize the negative impact of flap harvest on abdominal wall function.

Researchers said additional studies with even longer term follow up are warranted to determine the association of type of [reconstruction](#) with patient-reported outcomes when radiation is required.

More information: Long-term Patient-Reported Outcomes in Postmastectomy Breast Reconstruction, *JAMA Surg.* Published online June 20, 2018. doi:10.1001/jamasurg.2018.1677 , [jamanetwork.com/journals/jamas ... /fullarticle/2685263](http://jamanetwork.com/journals/jamas.../fullarticle/2685263)

Provided by Brigham and Women's Hospital

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