Combined breast and gynecologic surgery: Study says not so fast

July 15 2019, by Garth Sundem

Sarah Tevis, MD. Credit: University of Colorado

Breast cancer patients and women undergoing cancer-preventive breast surgeries may consider combining these procedures with hysterectomy and/or ovarian removal. However, a University of Colorado Cancer Center study published in *Breast Journal* argues against this combined approach: Patients undergoing coordinated breast and gynecologic procedures had a significantly longer length of hospital stay, and higher

complication, readmission, and reoperation rates compared with patients who underwent single site surgery.

"This is something I talk with patients about on a weekly basis. Patients have the impression, "I just want to have one surgery and have everything done." But complication rates are higher with that approach. In patients at high risk of developing breast cancer and ovarian cancer, 2e recommend doing the prophylactic bilateral mastectomy along with breast reconstruction, but then trying to keep gynecologic surgery separate. It's safer and easier to do them separately," says Sarah Tevis, MD, CU Cancer Center investigator and breast surgeon at UCHealth University of Colorado Hospital.

The study used the National Surgery Quality Improvement Program (NSQIP) database to identify 77,030 women who had undergone breast surgery from 2011 to 2015, of whom 124 also had concurrent gynecologic surgery. Interestingly, it was generally younger, healthier women who chose to have combined breast and gynecologic surgeries, "and still their rate of complications was higher," Tevis says.

In addition to a higher rate of complications, choosing combined surgery may lead to treatment delays. First, the need to coordinate three surgeons—breast, reconstructive, and gynecologic—plus the need to schedule a full day in an operating room often leads to pushing back the date of surgery. Second, breast cancer patients are often treated with chemotherapy following surgery, and complications can delay the start of this important chemotherapy, leading to worse outcomes for patients.

"A few times, a patient has a medical problem that makes it better, for example, to only have one anesthesia. But outside these rare cases, we recommend separating breast and reconstructive surgery from gynecologic surgery," Tevis says.

Tevis and colleagues hope the current study shows the baseline level of complications associated with these surgical strategies. Future work will seek to discover features that may predict individual women who fare better and worse with each approach.

More information: Sarah E. Tevis et al, Postoperative complications in combined gynecologic, plastic, and breast surgery: An analysis from National Surgical Quality Improvement Program, *The Breast Journal* (2019). DOI: 10.1111/tbj.13429

Provided by CU Anschutz Medical Campus