

Study: Patients report higher satisfaction after breast reconstruction using their own tissues

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Women undergoing autologous breast reconstruction—in which the breast is reconstructed using the patient's own tissues—report higher

satisfaction with their breasts at follow-up, compared to those undergoing implant-based reconstruction, reports [a study](#) in a special October supplement to *Plastic & Reconstructive Surgery*.

"The findings were unexpected, since autologous breast reconstruction is a more complex procedure, with a higher rate of severe complications," comments lead author Nadia Sadok, MD, Ph.D., of University Medical Center Groningen, the Netherlands. The article appears as part of a supplement devoted to new research on current outcomes in breast reconstruction.

Higher psychological and sexual well-being after 'flap' reconstruction

The study compared quality of life (QoL) measures in women choosing different options for [breast reconstruction](#) after mastectomy for breast cancer. The analysis included 63 women who chose autologous reconstruction, performed using a flap of the patient's own skin and underlying tissues; and 75 women who opted for implant-based reconstruction.

Using the validated BREAST-Q questionnaire, patients rated "satisfaction with breasts" and other QoL outcomes before [surgery](#) and at six weeks and six months afterward. Before surgery, women in the autologous group had lower scores on all BREAST-Q measures. That included lower scores for satisfaction with breasts: average 49 points (on a 0-to-100 scale) compared to 59 points for women choosing implant-based reconstruction.

Women opting for autologous reconstruction had higher rates of severe complications: 27% versus 12%. That was consistent with the more extensive surgery required for flap reconstruction. Because of the

differences in preoperative satisfaction and complication rate, the researchers expected that women in the autologous group would have lower QoL scores at follow-up.

However, the BREAST-Q ratings told a different story. Women undergoing autologous reconstruction had higher scores for satisfaction with breasts at both six weeks (average 62 versus 51) and six months (68 versus 57). Scores for satisfaction with breasts were higher for women who underwent immediate versus delayed reconstruction, and for those who had one-stage versus two-stage reconstruction.

Scores for psychosocial and sexual well-being were also higher in the autologous group. Most other QoL ratings, including overall satisfaction with outcomes, were similar between groups.

Supplement assembles new research on breast reconstruction options and outcomes

Why did women in the autologous group have higher satisfaction, despite lower preoperative scores and a higher complication rate?

"It is possible that the differences in preoperative scores is not merely explained by the timing of reconstruction but that it is also related to body type and related to self-perceived body image and body satisfaction," Dr. Sadok and co-authors write.

The 2023 "Special Breast Edition" of *Plastic & Reconstructive Surgery* presents seven original, non-solicited studies of complications and patient-reported outcomes in autologous and implant-based breast reconstruction. "This collection of articles celebrates some of the advances and innovations that continue to help improve the quality of care our [breast cancer](#) patients receive," comments guest editor and

Plastic and Reconstructive Surgery Co-Editor Amy S. Colwell, MD.

The special issue is timed to coincide with Breast Cancer Awareness Month and Breast Reconstruction Awareness Day. Celebrated October 17 this year, "BRA Day" is designed to educate women about post-cancer breast [reconstruction](#) options and outcomes—including the federal requirement for insurance coverage for [breast reconstruction surgery](#).

More information: Nadia Sadok et al, Short-Term Quality of Life after Autologous Compared with Alloplastic Breast Reconstruction: A Prospective Study, *Plastic & Reconstructive Surgery* (2023). [DOI: 10.1097/PRS.00000000000010496](#)

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