

Immediate breast reconstruction reduces psychological impact of mastectomy

September 29 2016

Immediate breast reconstruction (IBR) can avoid some of the psychological effects of undergoing mastectomy for breast cancer, compared to waiting for delayed breast reconstruction (DBR), reports a study in the October issue of *Plastic and Reconstructive Surgery*, the official medical journal of the American Society of Plastic Surgeons (ASPS).

Although immediate reconstruction isn't always an option, "Mastectomy with IBR may protect [breast cancer patients](#) from a period of psychosocial distress, poor [body image](#), and diminished sexual well-being, compared to those waiting for DBR," write Toni Zhong, MD, MHS, and colleagues of University of Toronto.

Some Psychological Outcomes Better with Immediate versus Delayed Breast Reconstruction

The study included 106 patients with breast cancer undergoing mastectomy followed by autologous (using the patient's own tissues) breast reconstruction. Thirty patients underwent IBR, performed at the same surgery as mastectomy. The other 76 patients underwent DBR, performed an average of three years after mastectomy.

Before and at six, 12, and 18 months after mastectomy, the two groups completed questionnaires assessing a range of psychological factors. Scores were compared to assess differences in the psychosocial impact

of and recovery from mastectomy with IBR versus DBR.

Before mastectomy, 26 percent of patients had abnormal anxiety scores and nine percent had abnormal depression scores, with no difference between the IBR and DBR groups. In both groups, anxiety decreased after breast reconstruction.

After mastectomy, women in the DBR group scored lower on measures of body image, sexuality, and health-related quality of life. That suggests that they experienced significant psychosocial distress during the waiting period between mastectomy and breast reconstruction.

Six months after reconstruction, there was no longer any difference in body image between the IBR and DBR groups. At 12 and 18 months, the differences in sexuality scores had disappeared as well. "Body image and appearance concerns may be restored in a relatively short timeframe once the breast mound has been created," Dr. Zhong and coauthors write. "However, intimacy and sexuality disruptions may require a longer period."

There were some important differences between groups, including a higher rate of [invasive breast cancer](#) among women undergoing DBR. This reflects the fact that IBR is typically offered to women with earlier-stage cancers that don't need additional treatments (such as chemotherapy and radiation therapy).

Lessening the psychosocial impact of breast cancer and its treatment is an important goal of breast reconstruction. While the study is not the first to show psychological benefits of IBR, it provides new information on the course of recovery, compared to DBR.

The researchers note that their study was performed at a specialized breast cancer center in Canada. Compared to the United States, most

Canadian centers still tend to perform DBR more frequently than IBR.

The results suggest that, when appropriate, IBR can avoid a period of psychosocial distress associated with mastectomy. "In patients who are suitable oncological candidates for IBR and are strongly motivated, every effort should be made to coordinate IBR with [mastectomy](#)," Dr. Zhong and colleagues conclude. They add that, when the decision is made to delay [breast reconstruction](#) until other [breast cancer](#) treatments are completed, "the wait-time should be expedited to minimize the duration of psychosocial distress."

More information: Toni Zhong et al. A Comparison of Psychological Response, Body Image, Sexuality, and Quality of Life between Immediate and Delayed Autologous Tissue Breast Reconstruction, *Plastic and Reconstructive Surgery* (2016). [DOI: 10.1097/PRS.0000000000002536](#)

Provided by Wolters Kluwer Health

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