

A Retrospective Analysis of Patient Satisfaction with Reduction Mammoplasty After Conservative Surgery for Breast Cancer

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Background: Breast-conserving surgery has been suggested as the treatment of choice in properly selected patients with early breast cancer.¹⁻³ Among the immediate reconstruction techniques, the reduction mammoplasty remains a useful procedure, according to the initial breast volume, ptosis and amount of glandular tissue resected.¹⁻⁴ The purpose of this investigation was to evaluate the complication rate and patient satisfaction of this technique.

Methods: The authors performed a retrospective review of patients who underwent immediate reduction mammoplasty after breast conservative surgery, in a three-year period (2008-2010). The technique of reduction, radiation, complications, and cancer recurrence/persistence were analyzed. Patients reported their level of satisfaction in a 0-10 scale and willingness to undergo the procedure again ("Yes" or "No" options).

Results: A total of 27 patients submitted to breast-conserving surgery and reduction mammoplasty were included. The supero-medial pedicle, like the inferior pedicle were the most utilized techniques (11% each one). All the majority of patients (24- 88,9%) underwent postoperative radiotherapy. There was a total complication rate of 25,9% with an overall major complication rate of 7,4% concerning to an hematoma and breast infection requiring re-intervention; minor/non-surgical complication rate was 18,5%. Two patients underwent mastectomy due to cancer persistence, no recurrence was observed and there was no re-operation for poor aesthetic result. When asking the patients if they would repeat the breast reconstruction, twenty-five said "Yes" and one said "No". In a 0-10 scale questionnaire of level of satisfaction, 84,6% (22 patients) attributed a value equal or superior to 8; mean of 8,4, minimum of 1 (1 patient) and maximum of 10.

Conclusions: Reduction mammoplasty is a technique that should be considered in breast-conserving reconstruction due to the high level of patient satisfaction and low complication rate. This technique should be an option for patients with early breast cancer and large breasts.

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