

A Retrospective Analysis of Patient Satisfaction After Immediate Breast Reconstruction

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Background: It has only been during the last decade that immediate breast reconstruction has become accepted as part of the treatment of breast cancer.¹⁻⁵ The standard treatment is to achieve an acceptable aesthetic result with minimal postoperative complications, high level of satisfaction and improvement in quality of life of the patients.¹⁻⁵

Methods: The authors performed a retrospective review of patients who underwent immediate breast reconstruction surgery, in a two-year period. The complications were analyzed and the 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 55 patients (57 breasts) submitted to immediate reconstruction after breast surgery were included in this study. Twenty reduction mammoplasties (35%) were performed after conservative surgery. After skin sparing mastectomy, patients were submitted to autologous reconstruction with TRAM flap (16%), *latissimus dorsi* flap with implant (10%), tissue expander (23%) and mammary implant (16%). The total complication rate was 29,9% (major/surgical complication rate - 7%). When asking the patients if they would repeat the breast reconstruction, fifty-one said "Yes" and just one said she wouldn't repeat ("No" answer). In a 0-10 scale questionnaire of level of satisfaction, the reconstruction with flaps (TRAM and *latissimus dorsi* flap with implant) had the highest mean value of 9,28; among the prosthetic group (expander and implant) the mean was 8,88 and in reduction mammoplasty the mean value was the lowest (8).

Conclusions: Immediate breast reconstruction is now integrated in the breast cancer treatment due to a low complication rate and high patient satisfaction. In this process it is important to select the ideal procedure for each patient.

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