



Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com



GENERAL REVIEW

Morbidity in combined-procedure associating abdominoplasty and breast surgery: A systematic review



Morbidité de la chirurgie combinée de l'abdomen et des seins: revue systématique de la littérature

A. Michot^{a,*}, J.-M. Alet^a, P. Pélissier^a, J.-L. Grolleau-Raoux^b,
F. Bodin^c, B. Chaput^b

^a Service de chirurgie plastique, reconstructrice et chirurgie de la main, CHU de Bordeaux, université Bordeaux Segalen, Bordeaux, France

^b Service de chirurgie plastique et reconstructrice, CHU de Toulouse, université de Rangueil, Toulouse, France

^c Service de chirurgie plastique et reconstructrice, CHU de Strasbourg, université de Strasbourg, Strasbourg, France

Received 31 May 2015; accepted 24 July 2015

KEYWORDS

Systematic review;
Bariatric surgery sequelae;
Breast surgery;
Abdominoplasty;
Morbidity;
Complication;
Combined-surgery

Summary

Objectives. – Combined aesthetic procedures are an increasing procedure and demands of the patients. The authors have assembled concrete arguments detailing the risks of combined-surgery associating abdominoplasty and mammoplasty relative to abdominoplasty alone. The purpose of this study was to compare abdominoplasty alone versus abdominoplasty combined with breast surgery in terms of short-term complications, in support of surgical choices.

Research strategy. – Through application of the PRISMA criteria, we have realized a systematic review of the literature from 1969 to April 2015 in English and French languages by searching in MEDLINE[®], PubMed central, Embase and Cochrane Library databases.

Data collection and analysis. – The levels of evidence for each article were evaluated. Statistical analysis of the results was carried out through association parameters including statistical tests and Odds ratios were calculated for each complication when data was available.

* Corresponding author at: Service de chirurgie plastique, reconstructrice et chirurgie de la main, CHU de Bordeaux, université Bordeaux Segalen, CFXM, place Amélie-Raba-Léon, 33000 Bordeaux, France.

E-mail address: Audrey.michot1@gmail.com (A. Michot).

MOTS CLÉS

Revue systématique ;
Chirurgie bariatrique ;
Chirurgie mammaire ;
Abdominoplastie ;
Morbidity ;
Complications ;
Chirurgie combinée

Results. — We included 32 observational studies that met the inclusion criteria but only four with usable data. We highlighted a combined Odds ratio of respectively 5.35 and 14.71 for major complications in these studies for combined-surgery compared with abdominoplasty alone.

Conclusions. — The results of this systematic review appears in favor of an increase in major complications related to abdominoplasty combined with breast surgery compared to abdominoplasty alone but the level of evidence of included studies is low or moderate. Prospective cohort comparative studies are necessary to provide strong evidence. However, we recommend to avoid this procedure in massive weight loss patients or patients with thromboembolism history.

© 2015 Elsevier Masson SAS. All rights reserved.

Résumé

Objectifs. — La chirurgie plastique combinée est de plus en plus demandée et recherchée par les patients. C'est pourquoi les auteurs ont recherché des arguments concrets détaillant les bénéfices et risques de la chirurgie combinée associant abdominoplastie et chirurgie mammaire versus abdominoplastie seule. Le propos de cette étude est de comparer abdominoplastie seule et abdominoplastie avec chirurgie mammaire en termes de complications à court terme afin d'orienter le geste chirurgical.

Stratégie de recherche. — En accord avec les critères PRISMA, une revue systématique de la littérature a été réalisée entre 1969 et avril 2015 en anglais et en français, à partir des bases de données MEDLINE[®], PubMed central, Embase et Cochrane Library.

Données et analyse. — Les niveaux de preuve de chaque article ont été évalués. Au travers d'une analyse statistique, l'association avec différents paramètres a été obtenue en calculant un rapport de cotes pour chaque complication dès que les données étaient utilisables.

Résultats. — Trente-deux études observationnelles ont été incluses. L'Odds Ratio des principales études était de 5,35 et 14,71 respectivement en termes de majoration de complication pour la chirurgie combinée versus abdominoplastie seule.

Conclusions. — Les résultats de cette revue systématique sont en faveur d'une augmentation des complications majeures en rapport avec la chirurgie combinée associant abdominoplastie et chirurgie mammaire en comparaison à la chirurgie d'abdominoplastie isolée bien que le niveau d'évidence de ces études soit faible à modéré. Des études comparatives prospectives de cohorte seraient nécessaires en vue d'obtenir des niveaux de preuve statistique valables. Cependant, nous recommandons d'éviter ce type de chirurgie chez les patients ayant présenté une perte de poids massive ou avec antécédents thromboemboliques.

© 2015 Elsevier Masson SAS. Tous droits réservés.

Introduction

Patients and surgeons tend to consider more and more combined-surgery as a good solution [1], on account of the increase in population with massive weight loss. Because of the dreams of the patients, sometimes influenced by the media, surgeons are more likely to perform several surgical procedures in the same operative time. Patients, who ask for a same time of convalescence and a return to work earlier, are attracted to this solution. Surgeons see it as a way to improve patients' satisfaction and reduce the number of anesthesia.

Combined-breast and abdominal procedure is not a new concept. Rao described it for the first time in 1969 [2] (Table 1). A few numbers of publications have studied combined plastic surgery and especially breast with abdominal surgery in a single-stage, apart from deep inferior epigastric perforator (DIEP) [3,4] or transverse rectus abdominis muscle (TRAM) [5,6] flaps reconstruction.

However, there have been some raising concerns about the potential risks associated to those combined-procedures. Longer time of anesthesia and its complications,

especially higher risk of deep venous thrombosis and even more in this overweighed population may influence the rate of postoperative complications [1,7,8].

The objective of this systematic review was to assess evidence-based answers on the potential risks of complications in combined-breast and abdominal surgery in comparison to isolated abdominoplasty procedure.

Material and methods

Search strategy

The following electronic databases were searched from 1969 to April 2015: The MEDLINE[®], PubMed central, Embase and Cochrane Library. This search was conducted using appropriate keywords in the English language combined with Boolean logical operators as follows: ("morbidity" OR "complication") AND ("combined-procedure" OR "combined" OR "plastic surgery" OR "breast surgery" OR "mammoplasty" OR "breast reconstruction" OR "mastopexy" OR "breast augmentation" OR "breast reduction"

Download English Version:

<https://daneshyari.com/en/article/3184423>

Download Persian Version:

<https://daneshyari.com/article/3184423>

[Daneshyari.com](https://daneshyari.com)