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REVIEW

# Breast reconstruction in older patients: A literature review of the decision-making process



K.E. Hamnett <sup>a,\*</sup>, A. Subramanian <sup>b</sup>

<sup>a</sup> Department of Plastic Surgery, Whiston Hospital, Warrington Road, Prescot, Liverpool, L35 5DR, United Kingdom

<sup>b</sup> Department of Breast Surgery, East Sussex Healthcare NHS Trust, King's Dr, Eastbourne, East Sussex, BN21 2UD, United Kingdom

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## KEYWORDS

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**Summary** *Aim:* Women not undergoing breast reconstruction after mastectomy tend to be older. This review aims to aid in effective, evidence-based choices regarding breast reconstruction in an older population, appraising the influencing patient factors described in the literature and those directing the reconstructive surgeon. This may refute current misconceptions and ensure surgical decisions are made based on evidence without ageist assumptions. The review forms the basis of an evidence-based algorithm addressing each step of the decision-making process.

*Method:* A literature search was conducted using PubMed, Medline, [Evidence.nhs.uk](http://evidence.nhs.uk) and the Cochrane database. Search terms initially were breast reconstruction, mastectomy, elderly, older, decision, reasons and rationale. A separate literature search was performed for each of the individual 'steps' in the decision-making process.

*Results:* Overall, 44 papers were obtained. For each section of the decision-making process, titles and abstracts were screened for relevance. Only English language papers were included.

*Conclusion:* If reconstruction is oncologically plausible and co-morbidities and frailty formally assessed, older women should be actively informed about breast reconstruction, receive support and engage in 'shared decision-making'. The older patient is less likely to do research independently. Amongst other factors, body image, cancer fears, employment and carer responsibilities play a part in the decision. With adequate preoperative and frailty assessment and early involvement of the geriatrician and anaesthetist, microsurgical reconstruction is safe. Autologous reconstruction has better long-term outcomes than implant-

\* Corresponding author. Tel.: +44 1514301600x1999; fax: +44 01514301855.  
E-mail address: [Kathrynnelson80@gmail.com](mailto:Kathrynnelson80@gmail.com) (K.E. Hamnett).

based reconstructions in this age group, correlating with improved survival and longevity of reconstruction. Age alone should not be considered a contraindication to breast reconstruction.

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## Introduction

Women over 70 years of age account for 30% of all breast cancer diagnoses. Survival rates following diagnosis in all ages are improving, as the prevalence of cancer survivors living into older age is increasing. Despite this, the National Mastectomy and Breast Reconstruction Audit (NMBRA) 2010 was clear that the uptake of breast reconstruction following mastectomy is lowest in this age group.<sup>1</sup>

The reasoning behind reconstructive choice, though it should be respected, is sometimes unfounded. It is possible

that some older women are currently not offered reconstruction due to generalised presumptions over needs, aesthetic awareness or 'age-related safety'.

## Aim

Existing reviews look broadly at breast reconstruction in the elderly or reconstructive choices in women in general. This review will discuss the factors directing the patient and reconstructive surgeon as described in the literature in order to provide evidence that refutes or supports. The primary aim is to use this evidence to improve the current

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