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Impact of increasing age on breast reduction surgery: A single centre analysis



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Received 11 July 2015; accepted 15 November 2015

KEYWORDS

Breast reduction surgery;
Reduction mammoplasty;
Reduction mammoplasty;
Elderly women;
Increasing age

Summary *Background:* Women with hypertrophic breasts suffer for physical and psychological reasons. Breast reduction surgery is a safe procedure that can effectively improve symptoms and quality of life. As most studies have been performed in younger women, little is known about complications and long-term patient satisfaction in elderly women.

Patients and methods: We analysed complication rates and patient satisfaction in women aged 60 years and older who underwent a bilateral reduction mammoplasty. Patient satisfaction was measured with a validated questionnaire (client satisfaction questionnaire (CSQ)-8). The results obtained were compared to those of a control group including women aged 35 years and younger.

Results: Twenty-five women met the inclusion criteria in each group. The mean age in the elderly and young was 65.4 and 23.4 years, respectively. Older women had more comorbidities (35 vs. 9, $p < 0.05$). The average overall resection weight was 1684.4 g with slightly lower resection weights in younger women (1541 vs. 1828 g; $p = 0.34$). Eight women in the young group and 11 in the elderly developed minor complications ($p = 0.56$). Two women in the young group had major complications. Patient satisfaction was significantly higher in older women, with a mean score of 27.3 in the young and 30.3 in the elderly (maximum score of CSQ-8: 32, $p < 0.05$).

Conclusions: Age is not a contraindication for reduction mammoplasty. Breast reduction surgery is a safe procedure in elderly women and leads to even higher patient satisfaction. Level of evidence: IV

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Introduction

Women with heavy, pendulous breasts often suffer for physical and psychological reasons. They suffer from back and neck pain, grooves from the pressure of brassiere straps, a poor posture and exercise intolerance more often than women with smaller breasts. The skin in the inframammary region is subject to rashes and maceration and women may suffer from chronic breast pain.^{1,2} The teenage girl as well as the woman in her advanced years might be subject to psychological problems due to harassment and an unwanted focus of attention.³

As macromastia is not associated with a decreased expectation of life, an increase of quality of life is the major incentive for these women to undergo surgery.⁴ Physical and psychological sequelae of breast hypertrophy can effectively be reduced by reduction mammoplasty. Multiple studies with validated questionnaires have shown excellent long-term improvements of patient satisfaction and most women would opt for surgery again.^{5–11}

As people get older and stay active and healthy for longer time, more women in their advanced age request for breast reduction surgery. Although breast reduction surgery seems to be a safe and reliable procedure in older women, it has become apparent, that sole reduction of breast weight and volume is not sufficient to achieve high patient satisfaction. As aesthetic and body contour become increasingly important in the elderly, aesthetic improvement is often equally important. However, only few studies specifically address age-related issues concerning symptoms, complication rates and patient satisfaction.^{3,12–14}

Our study specifically addresses complication rates and differences in patient expectations and satisfaction between age groups. We retrospectively analysed 25 women who underwent breast reduction surgery at age ≥ 60 years at our department and compared this group to a younger (age ≤ 35 years) control group.

Patients and methods

All women of age ≥ 60 years who underwent a bilateral breast reduction surgery due to breast hypertrophy at our institution between 1998 and 2011 were included. Patients with unilateral breast reductions, for example, matching procedures after breast reconstruction, were excluded. Patients were identified through the electronic operation logbook database. A control group with women of age ≤ 35 years was selected and includes an equal number of women, who consecutively underwent a bilateral reduction mammoplasty between 2008 and 2010.

The operative procedures included superomedial pedicles with either inverted-T or vertical scars as described by Höhler, Lejour and Hall-Findlay.^{15–17}

The local ethics committee was consulted about the study, and formal ethical approval was deemed unnecessary.

Thorough retrospective analyses of the notes were conducted. Complications recorded were classified into minor and major. Minor complications involve superficial wound infections, partial nipple–areolar complex (NAC) necrosis, minor wound dehiscence, small seromas and

haematomas that do not need surgical intervention, scars to be revised and small contour defects (dog ears, lateral dropout, asymmetry and NAC inversion). Major complications include deep infection, haematomas requiring return to theatre, total NAC necrosis and life-threatening systemic complications. Reoperation includes patients who returned to theatre due to acute complications or subsequent touch-up procedures. Minor wounds involving small superficial areas and local suture disintegration, which did not require local wound care with an increase in the visit frequency were not included.

In addition, patient satisfaction was measured with a validated questionnaire. The format of the test was adopted from the client satisfaction questionnaire 8 (CSQ-8), which has been shown to provide good test/retest reliability and validity and has been successfully used to score results after breast surgery.¹⁸ The CSQ-8 is easily scored and consists of eight items. Each item of the CSQ-8 shows a score of 1–4. Final scoring is conducted by summing up the individual item scores to yield a range of 8–32, with higher scores representing greater satisfaction.¹⁹ An English translation of the employed German CSQ-8 questionnaire can be found in the supplemental materials section (Suppl. Table 1).

In order to evaluate patient satisfaction, an attempt was made to contact all patients. Patients were informed that participation in the study is voluntary and that answers would be anonymised and would not influence subsequent care in our department.

Statistical analysis was performed using GraphPad Prism 5. Two medical statisticians reviewed the results. Comparison of normally distributed, continuous data between the two groups was performed with unpaired *t*-test and categorical data with Fisher's exact test.

Results

We analysed complication rates and patient satisfaction in women with advanced age and young patients (Table 1). Each group consisted of 25 patients, both elderly (average age: 65.4 years; range: 60–82) and young (average age: 23.4 years; range: 16–32). All women underwent a reduction mammoplasty with a superomedial pedicle and scars were of either vertical or inverted-T type. Procedures included 34 inverted-T scars and 16 vertical scars, with more inverted-T type operations in the young (18 vs. 16, $p = 0.76$). The average overall resection weight was 1684.4 g (standard deviation (SD) ± 1046 g) with slightly lower resection weights in younger women (1541 g ± 1017 g vs. 1828 g ± 1075 g; $p = 0.34$). There was no significant difference in the resection weights between both breasts (young: right: 788.3 g, left: 752.9 g, $p = 0.81$; elderly: right: 891.5 g, left: 936.0 g, $p = 0.77$). The average follow-up was 9.3 months in the young group and 16 months in the older group. The body mass index (BMI) was similar between both groups (young: 28.3 kg/m²; elderly: 28.8 kg/m², $p = 0.75$). Elderly women had significantly more comorbidities (35 vs. 9; $p < 0.05$). Smoking was more common in the young (5 vs. 1; $p = 0.19$). A detailed list specifying each group can be found in the supplemental information (Suppl. Table 2).

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