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# Aesthetic outcome, patient satisfaction, and health-related quality of life in women at high risk undergoing prophylactic mastectomy and immediate breast reconstruction<sup>☆</sup>

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Received 14 September 2006; accepted 23 August 2007

## KEYWORDS

Hereditary breast cancer;  
Prophylactic mastectomy;  
Immediate breast reconstruction;  
Aesthetic outcome;  
Patient satisfaction;  
HRQL

**Summary** Prophylactic mastectomy is an effective risk-reducing option in women with hereditary increased risk of breast cancer. It may be combined with immediate reconstruction, with the intention of improving aesthetic outcome and health-related quality of life.

Sixty-one women underwent prophylactic mastectomy and immediate breast reconstruction in Malmö, Sweden, between 1995 and 2003. Forty women underwent bilateral prophylactic mastectomy and immediate reconstruction. Ten of these had a previous breast cancer diagnosis. Twenty-one women underwent contralateral prophylactic mastectomy and immediate reconstruction after a previous breast cancer. Fifty-four of the women (89%) were evaluated clinically for aesthetic results and complications. Patient satisfaction and quality of life were evaluated with one study-specific and two standardised health-related questionnaires administered at time of clinical follow-up. Median follow-up time was 42 months (range 7–99 months).

The position of the reconstructed breasts was judged as satisfactory in 77% of breasts. Symmetry in relation to the midline was adequate in 89% of breasts. A capsular contracture grade III according to Baker and indentation tonometry was observed in 1% of breasts (1/104). The complication rate was 18% (7% early and 11% late). Secondary corrections were carried out in 11% of breasts.

The study-specific questionnaire revealed a high degree of satisfaction. No woman regretted the procedure, and all women would have chosen the same type of surgery again. An age-stratified

<sup>☆</sup> A preliminary abstract of this manuscript was presented at the XXXI Nordic Congress in Plastic Surgery, Malmö, Sweden, and 11–13 May, 2006.

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comparison of Swedish women using the Short Form 36 Health Survey Questionnaire (SF-36) questionnaire was carried out for this study. The study population scores were high, suggesting that prophylactic mastectomy and immediate reconstruction on both physical and psychological issues in this retrospective study had no negative effect. Also, the Hospital Anxiety and Depression Scale (HAD) questionnaire did not suggest any increased anxiety or depression among the patients.

Prophylactic mastectomy and immediate breast reconstruction in women at risk of hereditary breast cancer may be carried out with a satisfactory aesthetic outcome and an acceptable rate of complications comparable to those in other studies, and does not in itself seem to be associated with a decreased quality of life.

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Hereditary breast cancer accounts for 5–10% of all breast cancers. Women with a BRCA1 or BRCA2 mutation may have a lifetime risk of 60–85% of developing breast cancer.<sup>1,2</sup> Also, women belonging to high-risk families without an identified mutation may have a risk of up to 35–40% of developing breast cancer.<sup>3</sup> Typical features of hereditary breast cancer, whether associated with an identified germ line mutation in a dominant predisposing gene or not, are young age at onset and an increased risk of a subsequent contralateral breast cancer compared with women without a positive family history.<sup>4–6</sup>

For families with an identified mutation and those with a pedigree indicating an increased risk of developing breast cancer, the most challenging issue is to identify strategies to reduce the high cancer risk and ultimately to reduce the increased mortality associated with the increased cancer risk. Available options for women at increased risk for breast cancer include regular surveillance and prophylactic mastectomy. In southern Sweden, women are informed about these options and, if they consider prophylactic surgery, they are referred to the plastic surgeon for information as part of cancer genetic counselling.

Regular surveillance contributes to early detection of breast cancer, but it will not prevent the cancer itself. Unfortunately, there is a lack of evidence of a beneficial effect on survival of surveillance with mammography, magnetic resonance imaging scanning and clinical examinations below the age of 40 years, even if some studies suggest that tumours detected as a consequence of such activities tend to present at a relatively favourable stage.<sup>7–9</sup> Between the ages of 40 and 70 years, it is possible that regular mammography screening can reduce breast-cancer mortality in a high-risk population, just as it does in the general population. However, it is not known to what extent. In addition, although prophylactic tamoxifen reduces the number of oestrogen receptor-positive cancers,<sup>10</sup> chemoprevention with tamoxifen cannot be recommended for routine use. However, several retrospective and prospective studies have shown a substantial relative risk reduction in the risk of having cancer of at least 90% after a prophylactic mastectomy (for primary prevention and secondary prevention after a diagnosis of previous contralateral breast cancer has been made).<sup>11–14</sup> A prophylactic mastectomy is an irrevocable measure with great consequences for the woman considering it, but with a potential to favourably affect survival in the long term.<sup>15</sup> Contralateral prophylactic mastectomy does also

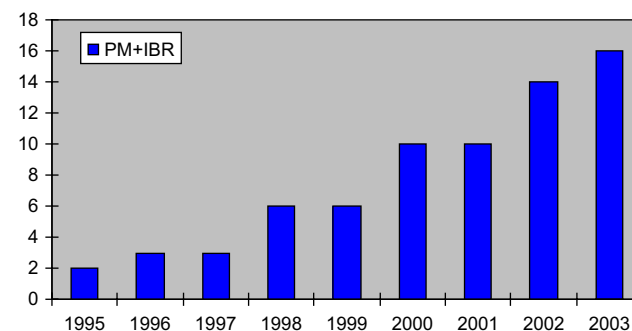
effectively reduce the incidence of contralateral cancer but has not formally been shown to increase survival.<sup>14,16</sup>

Increased disease-free survival is the main goal in treating or preventing breast cancer. However, recognition of the importance of the breasts to female physical and psychological integrity is increasingly taken into account, and breast reconstruction has become an option for many women undergoing mastectomy. The number of women undergoing prophylactic mastectomy and immediate breast reconstruction at our department has increased annually since 1995 (Figure 1). Women who have undergone prophylactic surgery should be monitored in order to evaluate the efficacy of the procedure, in addition to psychological and surgical side-effects.

Few studies have reported on health-related quality of life and surgical outcome after prophylactic mastectomy and immediate breast reconstruction.<sup>17–20</sup> Our knowledge of outcomes after prophylactic mastectomy and immediate breast reconstruction remains therefore insufficient. The purpose of the current study was to investigate long-term results of aesthetic outcome, patient satisfaction, health-related quality of life and complication rates among women undergoing prophylactic mastectomy and immediate breast reconstruction in a single institution.

## Patients and methods

Sixty-one otherwise healthy women with an increased risk of developing breast cancer underwent prophylactic mastectomy and immediate breast reconstruction at the



**Figure 1** Number of operations (PM + IBR) performed 1995–2003. PM + IBR = prophylactic mastectomy and immediate breast reconstruction.

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