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Abstract

Background: Reduction mammaplasty is one of the most common reconstructive procedures performed by plastic surgeons. Over 100,000 procedures are performed annually. Although important for relieving the painful symptoms associated with macromastia, complication rates of this procedure are not insignificant. They are reported in up to half of cases. Reported risk factors for adverse outcomes include obesity, preoperative wound infection, and advanced ASA status. Smoking has been described as a risk factor for breast reduction. There remains disagreement in the literature regarding the effect of smoking on patient outcomes. To further describe and investigate smoking as a risk factor, we undertook the largest multicenter retrospective study of the subject.

Methods: Data on 13,984 patients was identified from the 2009-2014 American College of Surgeons National Surgical Quality Improvement Program. Smoker and non-smoker cohorts were compared to assess unadjusted differences in demographics, comorbidities, and intraoperative details, as well as 30-day outcomes and readmission rates. Univariate analysis was performed using χ^2 (chi-square) or Fisher's exact and Wilcoxon signed-rank tests. A multivariate logistic regression model was created to identify independent risk-factors for complications and readmission. Odds-ratios were computed at the 95% confidence interval.

Results: After adjusting for potential confounders, smokers had a higher likelihood of any wound complication (OR 1.72; p=0.001) following reduction mammaplasty compared to non-smokers.

Conclusion: Smoking has been shown to be a significant risk factor for wound complications following reduction mammaplasty. Comprehensive preoperative counseling and documentation should be performed with patients who smoke regarding the potential for increased risk of adverse outcomes.

The authors have no disclosures or conflicts of interest to declare with respect to this study.

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