



ELSEVIER

JPRAS
An International Journal of
Surgical Reconstruction
www.JPRASurg.com

Differences between patients and medical professionals in the evaluation of aesthetic outcome following breast reconstruction with implants

T. Wachter^a, M. Edlinger^b, C. Foerg^a, G. Djedovic^a,
C. Mayerl^c, J. Kinzl^d, T. Bauer^a, D. Wolfram^{a,*}

^a Department of Plastic, Reconstructive and Aesthetic Surgery, Innsbruck Medical University, Anichstrasse 35, 6020 Innsbruck, Austria

^b Department of Medical Statistics, Informatics and Health Economics, Innsbruck Medical University, Schoepfstrasse 41/1, 6020 Innsbruck, Austria

^c Division of Biological Chemistry, Biocenter, Innsbruck Medical University, Innrain 80-82, 6020 Innsbruck, Austria

^d Department of Psychiatry and Psychotherapy, University Hospital for Psychosomatic Medicine, Innsbruck Medical University, Anichstrasse 35, 6020 Innsbruck, Austria

Received 6 March 2013; accepted 16 April 2014

KEYWORDS

Aesthetic outcome evaluation;
Implants;
Breast reconstruction;
Questionnaire

Summary *Background and aim:* Most studies on breast reconstruction evaluate different surgical techniques, types of implant or time of reconstruction. Moreover, evaluations are usually performed either by surgeons or by patients, but are rarely compared. We conducted a study on aesthetic outcome following breast reconstruction with implants comparing the evaluation by patients versus medical professionals.

Methods: Forty-seven patients, who had a breast reconstruction with implants between 2001 and 2010 (median follow-up 71 months), underwent a clinical examination, standardized photo documentation and filled out a questionnaire to evaluate their aesthetic result (rate 1 very good to 5 very poor). Photo documentation was independently evaluated by 18 medical professionals using the same evaluation instrument and the results were compared. Gender and patient aspects were taken into account.

Results: We found statistically significant differences between patients and medical professional ratings. The patient evaluation was better through all categories as compared to the evaluation by medical personnel. The degree of medical education or gender aspects did

* Corresponding author. Tel.: +43 512 504 82050; fax: +43 512 504 22732.

E-mail address: dolores.wolfram@i-med.ac.at (D. Wolfram).



CrossMark

not significantly affect the professional ratings. Age at reconstruction, length of follow-up or primary versus secondary reconstruction did not seem to make a difference in the evaluations of the patients versus the medical professionals.

Conclusion: The differences between patient and expert opinion in rating of aesthetic results indicate that patient satisfaction is influenced by multiple factors and not only by good aesthetic outcome. Patient evaluation should therefore be carefully considered in treatment and outcome studies of breast reconstruction..

© 2014 British Association of Plastic, Reconstructive and Aesthetic Surgeons. Published by Elsevier Ltd. All rights reserved.

Introduction

Breast cancer is one of the leading cancers among women worldwide.¹ Although the last decade has seen a paradigm shift towards less invasive surgical approaches, up to one-third of breast cancer patients still require a mastectomy and consequently some type of breast reconstruction.² As surgical techniques are steadily refined and reconstruction rates increase, the demand for an aesthetic outcome becomes more and more important.^{3–5} In addition to surgical and oncological aspects, patient satisfaction and quality of life are key goals of treatment.

Breast cancer diagnosis and reconstruction itself present a woman with not only strong physical but also psychological challenges.^{6,7} While the diagnosis is commonly associated with elevated levels of anxiety and depression, the consequences of mastectomy range from pain and major scarring to psychological distress and sexual dysfunction.⁸ There is considerable evidence that breast cancer survivors may experience protracted psychological alterations related to a negative perception of body image, although the women may be cured.⁹

For many patients, a reconstructive operation of the breast offers the opportunity for restoring physical integrity and therefore reducing psychological distress.^{10–12} Independent of the type of reconstructive procedure, improvements concerning psychosocial variables occur for all patients following breast reconstruction.¹³

Most studies evaluating breast reconstruction focus on the comparison of different surgical techniques, types of implant or time of reconstruction.^{14–16} Interestingly, the literature lacks definitive aesthetic criteria for the reconstructed breast as well as reliable evaluation methods. The aesthetic evaluation in many studies is performed by either surgeons or patients and rarely a comparison between the evaluators is made. Sneeuw et al. showed low levels of concordance between patients' and observers' ratings after breast-conserving treatment for early-stage breast cancer.¹⁷ Beesley et al. investigated the factors that influence patient evaluation of breast reconstruction and the sources of disagreement between patients and their treating physicians.¹⁸ From our general clinical experience, we can confirm that patients often evaluate their reconstructive result differently from the medical personnel. For this reason, we conducted a study comparing the evaluation of breast reconstruction by patients versus that of medical professionals based on the same evaluation instrument.

Material and methods

Study design

A retrospective study design was used and all data were analysed anonymously. The local ethics committee approved the study and all patients gave their written consent. Women after implant breast reconstruction underwent a clinical examination, standardized photo documentation, and filled out a questionnaire to evaluate the aesthetic result (1 very good to 5 very poor). The questions addressed patient satisfaction concerning aesthetic aspects of the breast, characteristics of the nipple–areola complex (NAC), the inframammary fold (IMF) and the scar (Figure 1). Patients evaluated only their own reconstructive outcome based on their subjective perception. Photographic images of all patients were evaluated by a panel of 18 persons at different levels of medical training, applying the same questionnaire. The images were presented on a screen and the questionnaire was filled out simultaneously by all medical investigators in a single session.

Patients and patient images

Forty-seven patients with breast cancer followed by reconstruction with a breast implant were included in the study. Exclusion criteria were bilateral reconstruction, radiotherapy and pregnancy. Twenty-five women underwent immediate breast reconstruction (53%), and 22 women underwent secondary reconstruction (47%). Median patient age was 56 years (range 49–68 years) at the time point of evaluation. The average follow-up time (time from the last reconstructive surgery until evaluation) was 71 months (range 42–111 months) (Table 1). Follow-up included a clinical examination and photo documentation. Photographic images of the patients were taken in frontal, oblique and sagittal views.

Questionnaire

An instrument to evaluate the appearance of implant breast reconstruction was created by the authors on the basis of a literature review of previous work performed on appearance outcomes of autologous breast reconstruction.^{4,17–20} The instrument (Figure 1) included 10 criteria: size, form and volume of the reconstructed breast;

Download English Version:

<https://daneshyari.com/en/article/6214723>

Download Persian Version:

<https://daneshyari.com/article/6214723>

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