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ORIGINAL ARTICLE

Multicenter evaluation of quality of life and patient satisfaction after breast reconstruction, a long-term retrospective study

Évaluation multicentrique de la qualité de vie et de la satisfaction des patientes après reconstruction mammaire, étude rétrospective à long terme

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KEYWORDS

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Breast reconstruction;
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Summary

Introduction. — Breast reconstruction techniques are multiple and they should be chosen in order to improve women's satisfaction and well-being, thus obtaining a personalized treatment. This report's major purpose was to study, through the Breast-Q questionnaire, how the functional and aesthetic outcomes, as well as the complications, of the main autologous breast reconstruction techniques, can affect patients quality of life and well-being at long-term. The secondary purpose was to analyse, thus to identify, the independent factors characterizing the different reconstructive techniques, which may affect patients' satisfaction.

Methods. — Women who underwent autologous breast reconstruction through deep inferior epigastric artery perforator or *Latissimus dorsi* muscle flap from May 2006 to May 2013 were included. The assessment was based on the Breast-Q reconstruction questionnaire. All times of post-mastectomy reconstruction were concerned: immediate, delayed, after previous procedure failure or conversion to another reconstructive technique due to the patient's dissatisfaction.

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MOTS CLÉS

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Reconstruction du sein ;
Qualité de la vie ;
Breast-Q

Results. — A total of 98 patients were included. Concerning patients satisfaction, the breast-Q score is highest in patients who underwent immediate breast reconstruction, while scores after delayed breast reconstruction, previous surgery failure or conversion to another technique are generally equivalent. Higher scores have been observed in patients who underwent reconstruction through autologous *Latissimus dorsi* compared to *Latissimus dorsi* with prosthetic implant reconstruction.

Conclusion. — The authors identified factors of higher patients' satisfaction, like absence of major complication and advanced patient's age, in order to personalize the surgical planning according to the patient's priorities.

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Résumé

Introduction. — Les multiples techniques de reconstruction du sein doivent être appréhendées au mieux pour obtenir la satisfaction et le bien-être des patientes, obtenant ainsi un traitement personnalisé. L'objectif principal de cette étude était d'analyser, par le questionnaire Breast-Q, comment les résultats fonctionnels et esthétiques, ainsi que les complications des principales techniques de reconstruction mammaire autologues, pouvaient affecter la qualité de vie et le bien-être des patientes à long terme. L'objectif secondaire était d'analyser les facteurs qui caractérisaient les différentes techniques de reconstruction, qui pouvaient affecter la satisfaction des patientes.

Méthode. — Les femmes qui ont bénéficié d'une reconstruction autologue du sein par lambeau perforateur de l'artère épigastrique inférieure profonde ou lambeau de *Latissimus dorsi* de mai 2006 à mai 2013 ont été incluses. L'évaluation a été basée sur le questionnaire : *Breast-Q reconstruction*. Tous les temps de la reconstruction post-mastectomie ont été concernés : immédiate, secondaire, après échec de la reconstruction précédente ou conversion à une autre technique de reconstruction pour l'insatisfaction de la patiente.

Résultats. — Un total de 98 patientes ont été incluses. Le score du Breast-Q sur la satisfaction des patientes était plus élevé chez les reconstructions immédiates, plutôt que secondaires. La prise en charge après précédent échec ou en cas de conversion à une autre technique donnait des scores équivalents. La reconstruction par *Latissimus dorsi* plutôt que par *Latissimus dorsi* avec pose d'implant prothétique donnait des scores plus élevés.

Conclusion. — Les auteurs ont identifié certains facteurs de meilleur pronostic quant à la satisfaction des patientes permettant alors une personnalisation de la prise en charge chirurgicale en fonction des priorités de la patiente.

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Introduction

Breast reconstruction is a part of main concern in global breast cancer treatment. Surgical techniques are multiple and should be chosen in order to improve women's satisfaction and well-being, thus obtaining a personalized treatment. Usual breast cancer treatments are associated with long-term disease-free and overall survival, hence, quality of life becomes an important consideration. Over 60% of women that now survive for 20 years following initial cancer presentation [1–3], nearly 40% of patients report dissatisfaction with the surgical decision-making process [4]. Thus, the reconstruction's purpose is double, it must achieve cosmetic results as well as psychological satisfaction. Concerning reconstruction with autologous tissue, the two most common procedures are the deep inferior epigastric artery perforator (DIEP) flap and the latissimus dorsi (LD) flap [5]. Several studies report an enhanced quality of patient care through the evaluation of data from patient reported outcome measures (PROMS) in clinical practice [6]. In oncological breast surgery, "Breast-Q" was developed to measure patient's perceptions before and after breast reconstruction by examining quality of life domains

(psychosocial, physical and sexual well-being) and satisfaction domains [6]. Our major purpose was to study how the functional and aesthetic outcomes, as well as the complications, of the main autologous breast reconstruction techniques, can affect patients quality of life and well-being at long-term. The secondary purpose was to analyse, thus to identify, the independent factors characterizing the different reconstructive techniques, which may affect patients' satisfaction in the postoperative follow-up.

Patients and methods

Patient selection

Women who underwent autologous breast reconstruction from May 2006 to May 2013 were included. A retrospective long-term evaluation was conducted. All included patients were reconstructed, following breast oncological surgery, through free deep inferior epigastric perforator flap (DIEP) or latissimus dorsi flap, either without (autologous [ALD]) or with implant (LDI). Patients were operated by two senior surgeons (VP, AR) in two different centres: university hospital

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