

Patient perspectives on breast reconstruction following mastectomy

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Less than 42 percent of women underwent breast reconstruction following a mastectomy for cancer, and the factors associated with foregoing reconstruction included being black, having a lower education level and being older.

Background: The Women's Health and Cancer Rights Act in 1998 guaranteed insurance coverage for breast reconstruction following a [mastectomy](#). Still, most women who undergo a mastectomy do not have breast reconstruction surgery. Little is known about patient attitudes regarding reconstruction.

The authors used Surveillance, Epidemiology and End Results (SEER) registries from Los Angeles and Detroit to identify women (ages 20 to 79 years) with specific types of [breast cancer](#). Eligible women were asked to complete a survey. The analytic sample for the authors' study included 485 patients who initially reported undergoing a mastectomy and four years later reported remaining disease free.

Of the 485 women who had a mastectomy, 24.8 percent underwent immediate [breast reconstruction](#) and 16.8 percent had delayed reconstruction (total, 41.6 percent). Common reasons for not undergoing reconstruction among women of all racial/ethnic groups were the desire to avoid additional surgery (48.5 percent) or feeling that reconstruction was not important (33.8 percent). Another reason was a fear of breast implants (36.3 percent). Factors associated with not undergoing reconstruction were being black, a lower education level, being older, a major coexisting illness and chemotherapy. Some women (23.9 percent) were concerned about reconstruction and interference with the detection of later [cancer](#). Most women were satisfied with the decision-making process about whether to undergo reconstruction

"Our study suggests that room exists for improved

education regarding the safety of [breast implants](#) and the effect of reconstruction on follow-up surveillance, information about which could be readily addressed through decision tools. Finally, development of specific approaches to address patient-level and systems factors with a negative effect on the use of reconstruction among minority [women](#) is needed." Monica Morrow, M.D., of the Memorial Sloan Kettering Cancer Center, New York, and colleagues wrote in their *JAMA Surgery* article.

More information: *JAMA Surgery*. Published online August 20, 2014. [DOI: 10.1001/jamasurg.2014.548](#)

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