

# No increase in complications of breast reconstruction over age 65

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Older women don't have an increased overall risk of complications from breast reconstruction after mastectomy, reports the February issue of *Plastic and Reconstructive Surgery*.

"Older patients should be counseled that their age does not confer an [increased risk](#) of complications after implant-based post-mastectomy breast reconstruction," concludes the study by ASPS member surgeon Mark Sisco, MD, of NorthShore University HealthSystem and University of Chicago and colleagues. However, the results do suggest that women aged 65 or older are at increased risk of blood clot-related complications after tissue-based breast reconstruction.

## No Difference in Overall Complications by Age...

Using a national surgery database, the researchers identified nearly 41,100 women who had unilateral mastectomy (removal of one breast) between 2005 and 2012. Of these, about 11,800 patients underwent breast reconstruction. Women aged 65 or older were less likely to have breast reconstruction: 10.8 percent, compared to 39.5 percent for younger women.

Compared to mastectomy only, women undergoing breast reconstruction had more complications, including increased hospital days and repeat surgeries. The complication rate after breast reconstruction was 6.8 percent for [older women](#) and 5.2 percent for younger women.

The overall risk of complications did not differ significantly between age groups, after adjustment for other factors. The risk remained the same for older and younger women undergoing breast reconstruction using implants.

## ...But Higher VTE Risk in Older Women after Autologous Reconstruction

However, after autologous reconstruction—creation of a new breast using the patient's own tissues—the risk of blood clot-related complications called venous thromboembolism (VTE) was significantly higher for older women. VTE is a common and serious condition in which blood clots form in the leg or other veins (deep vein thrombosis) or lung (pulmonary embolism).

On adjusted analysis, VTE risk was nearly four times higher in women aged 65 or older, and more than six times higher for those aged 70 to 75. The overall rate of VTE after autologous reconstruction was just under one percent. Other types of complications were similar between age groups.

Breast reconstruction "is an important option for women undergoing mastectomy and may improve patient self-esteem, body image, and quality of life," the researchers write. Older women are much less likely to undergo breast reconstruction—partly because of a perceived increase in surgical risk.

While older women may have reasons for not undergoing breast reconstruction, there's little evidence on how age affects complication risk. "As such, it is impossible for older women to make informed decisions about the risks and benefits of post-mastectomy breast reconstruction that take into account their age," according to Dr. Sisco and colleagues.

The new study shows a similar overall [complication rate](#) for older versus [younger women](#) undergoing breast reconstruction. "Older women considering implant-based reconstruction should be assured that their age is not a factor in determining the risk of [complications](#)," the researchers write.

"However, they should be counseled that their age may confer an increased risk of VTE," Dr. Sisco and coauthors add. They suggest that older women may need special attention to preventing VTE after autologous [breast reconstruction](#)—possibly including

longer use of blood-thinning medications.

**More information:** "Advanced Age Is a Predictor of 30-Day Complications after Autologous but Not Implant-Based Postmastectomy Breast Reconstruction" [journals.lww.com/plasreconsurg ... tor of 30 Day.6.aspx](https://journals.lww.com/plasreconsurg/abstract/2015/01060/Advanced_Age_Is_a_Predictor_of_30-Day_Complications_after_Autologous_but_Not_Implant_Based_Postmastectomy_Breast_Reconstruction.aspx)

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