

Good results with autologous breast reconstruction after failed implant reconstruction

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Implants are usually the first choice for breast reconstruction after mastectomy. But when implant-based reconstruction fails, autologous reconstruction—using the patient's own tissues—is a safe procedure that improves patient outcomes, reports a study in the February issue of *Plastic and Reconstructive Surgery*, the official medical journal of the American Society of Plastic Surgeons (ASPS).

"Autologous [breast reconstruction](#) after failed [implant](#)-based reconstruction is associated with significantly improved [patient satisfaction](#) and quality of life," concludes the study by ASPS Member Surgeon Joseph J. Disa, MD, and colleagues of Memorial Sloan Kettering Cancer Center, New York.

Study Shows Safety and Good Outcomes of Repeat Breast Reconstruction

Implants are the most frequent option for [breast](#) reconstruction after mastectomy, used in about 80 percent of [patients](#). But in some cases, the initial reconstruction fails, due to complications or other reasons. In this situation, some patients opt for the autologous technique, with the breast reconstructed using the patient's own tissue—typically using a flap obtained from a "donor site" in the abdomen.

Dr. Disa and colleagues analyzed 137 women who underwent autologous breast reconstruction after failed implant reconstruction. In about three-fourths of patients, the initial reconstruction failed due to scarring around the implant (capsular contracture) causing pain or deformity. Other patients had infections or other implant-related complications, or were dissatisfied with the appearance of the reconstructed breast.

The second reconstruction was performed an average of about 3.5 years after the initial procedure. Both breasts were reconstructed in 55 patients, for a total of 192 flaps. Outcomes were assessed using the validated BREAST-Q questionnaire, which evaluates various aspects of quality of life after breast reconstruction.

The results suggested that autologous reconstruction after failure of initial implant reconstruction is a safe procedure. Complication rates were similar to previous studies, despite the additional challenges posed by capsular contracture or previous radiation therapy.

Analysis of BREAST-Q responses showed "a high degree of satisfaction and quality of life" after autologous reconstruction. About one-fourth of patients filled out the BREAST-Q after both implant procedures. This group had significant improvements in satisfaction with the appearance of the breasts, psychosocial well-being, and physical well-being of the chest.

The women also reported improved satisfaction with overall well-being on the BREAST-Q. That was despite a decrease in physical well-being of the abdomen, related to the tissue donor site in the abdomen.

Implant and autologous reconstruction each have advantages for breast reconstruction after mastectomy. While reconstruction using the patient's own tissues may provide a more natural-looking breast, implant-based reconstruction is more widely available and less costly. Both procedures are safe and provide good reconstructive outcomes.

The new study is one of only a few to assess the outcomes of autologous reconstruction after failed

implant-based reconstruction, and the first to use the validated BREAST-Q questionnaire. The results show improvements in physical and psychological well-being for this group of breast cancer survivors, as well as increased satisfaction with the appearance of the reconstructed breast or breasts.

"Regardless of reason for implant failure, this study shows changing to autologous tissue after implant removal is safe," Dr. Disa and coauthors conclude. While there may be some additional challenges related to previous breast cancer treatment and [reconstruction](#), they add, "The procedure has an acceptable complication rate."

More information: *Plastic and Reconstructive Surgery* (2019). [DOI: 10.1097/PRS.00000000000005197](#)

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