Benefits of Breast Reconstruction Last Long Term

BY MICHELE G. SULLIVAN Mid-Atlantic Bureau

NEW ORLEANS — The benefits of breast reconstruction after mastectomy persist into the long-term survivorship period, Dr. Emily Hu reported at the annual clinical congress of the American College of Surgeons.

Dr. Hu presented surveys that demonstrated greater emotional and physical well-being in breast cancer survivors who had reconstruction surgery than in those who had mastectomy only. Her cross-sectional surveys also showed that women who underwent transverse rectus abdominis myocutaneous (TRAM) reconstruction more than 8 years ago were more satisfied with the aesthetics of their reconstructed breast than were those who received an expander or implant.

Dr. Hu and her colleagues surveyed 391 women who had been treated at the University of Michigan, Ann Arbor, for breast

Both groups rated their quality of life as high; among short-term survivors, those who had breast reconstruction reported a significantly higher QOL.

cancer since 1977. The mean follow-up period was 7 years, ranging from 3 to 30 years. Most of the group (247) had breast reconstruction surgery, while the rest (144) had only mastectomy. The groups were divided into three

survivorship periods: 5 years or less since surgery, 6-8 years since surgery, and more than 8 years since surgery.

Women rated their current general quality of life on a scale of 0 to 100, and their quality of life with regard to their breast surgery on a Likert scale (1 to 5).

Overall, both groups rated their quality of life as high (84 for the reconstruction group and 82 for the mastectomy-only group). Although there was no significant difference in overall quality of life between the groups, there was a significant difference among the short-term survivors: those who had reconstruction reported a significantly higher quality of life (88 vs. 81).

This difference disappeared over time, however, said Dr. Hu of the plastic surgery department at the university.

When the women rated specific quality of life issues with regard to their breast surgery, significant differences emerged over the long term, all of which favored reconstruction. "We asked women to compare their current quality of life in these areas to that which they experienced before their surgery," Dr. Hu said. "In the long-term group, women who had reconstruction were 4.5 times as likely to report improvement in emotional well-being, and 4 times as likely to report improvement in physical well-being."

These women were also six times as likely to report improved social interaction and eight times as likely to report improved sexual function as were their mastectomy-only counterparts.

"The psychosocial benefits of breast reconstruction persist into the long-term survivorship period," Dr. Hu said. "We should continue to recommend reconstruction to patients and work to improve access for all those who desire it.'

The investigators also surveyed a group of 228 women who had undergone breast reconstruction since 1977 with either TRAM (117) or expander or implant (111). The groups were stratified into the same three follow-up periods.

In the short-term groups, there were no significant differences in overall satisfaction or aesthetic satisfaction (appearance, shape, softness, or projection of the reconstructed breast).

In the long-term group, however, significant differences emerged. Compared with survivors who received an expander or implant more than 8 years ago, TRAM patients were 6 times as likely to be satisfied with the appearance of the reconstructed breast, 24 times as likely to be satisfied with its shape, and 30 times as likely to be satisfied with its softness.

The percent of expander or implant patients satisfied with their aesthetic outcomes fell significantly from the shortterm to the long-term periods, dropping from 82% to 45% satisfaction with appearance, 71% to 35% satisfaction with shape, and 67% to 35% satisfaction with softness. The number of TRAM patients satisfied with these outcomes remained consistent (75%-80%) over all the periods.



Now there's a way to reduce adhesions after gynecological laparoscopic adhesiolysis. ADEPT.

Unlike site specific barriers, ADEPT provides simple temporary hydroflotation within the peritoneal cavity.1 It's the first FDA-approved device for use as an adjucnt to good surgical technique for the reduction of post-surgical adhesions in patients undergoing gynecological laparoscopic adhesiolysis.² A clinical study showed that 52.9% of infertility patients showed a reduction in AFS score from first to second look compared with 30.4% of patients treated with lactated ringers (p=0.001).1

To learn more about ADEPT or to request a product evaluation, please call 1-800-423-2090 or contact your local Baxter representative.



ADEPT is for direct intraperitoneal administration only. NOT for intravenous (IV) administration. Adept is contraindicated in patients with known or suspected allergy to cornstarch based polymers e.g. icodextrin, or with maltose or isomaltose intolerance, or with glycogen storage disease. ADEPT is contraindicated in laparotomy, in cases involving bowel resection

There have been rare reports of sterile peritonitis following the use of icodextrin. Leakage of ADEPT from port sites may lead to wound healing complications; meticulous fascial closure may reduce reported in a few patients. Maltose metabolites of icodextrin may interefere with blood glucose measurement in diabetic patients who use rapid blood glucose systems that are not glucose specific

In the pivotal study, the most frequently occurring treatment-related adverse events between surgeries were post procedural leaking from port sites, labial, vulvar or vaginal swelling and abdominal

RX Only: For safe and proper use of this device, please refer to full device Instructions For Use

1. Adept Adhesion Reduction Solution [4% Icodextrin] Instructions For Use, 620850IEH01.

2. Johns A., Martin D., Luciano, A., Rosenberg S., Young P.E., Brown C.B., Peers E., Scrimgeour A., diZerega G.S. Adept (icodextrin 4% solution) reduces adhesions after laparoscopic surgery for adhesiolysis: a double-blind, randomized, controlled study. Fertility and Sterility, In Press, Corrected Proof, Available online 26 March 2007.

Baxter and Advancing Surgery, Enhancing Life are registered trademarks of Baxter International Inc. ADEPT is a registered trademark under license from Innovata plc.

BioSurgery | ADVANCING SURGERY, ENHANCING LIFE

Baxter