

EFFECTIVE BREAST RECONSTRUCTION IN FEMALE VETERANS

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Background: Women now comprise 7% of the veteran population. This proportion is increasing, enhancing the need to provide healthcare resources specific to this group. Post-mastectomy breast reconstruction has high patient satisfaction and substantially improves patients' quality of life. However, literature regarding breast reconstruction in the veteran population is lacking. This study examined post-mastectomy reconstructive outcomes at a tertiary Veterans Affairs hospital.

Methods: Female breast cancer patients undergoing breast reconstruction (1997-2008) were identified using the Michael E. DeBakey Veterans Affairs Medical Center tumor registry database. Records were retrospectively reviewed using Computerized Patient Record System (CPRS). Demographics, tumor stage, oncologic procedures, and chemoradiation therapy were reviewed. Reconstructive type (implant-based/autologous), procedural timing (immediate/delayed), flap design, recipient vessels or implant size and model and complications were noted.

Results: Seventeen patients with a mean age of 51 (42-62) years underwent breast reconstruction. Three patients had bilateral reconstruction. Immediate reconstructions were performed in twelve patients while five were delayed. Seven reconstructions used implants alone. Two of these were subsequently converted to TRAM/DIEP reconstructions due to patient dissatisfaction with implant-based aesthetics. Autologous primary TRAM reconstructions were performed in seven patients (plus two revisions discussed above). Free tissue reconstructions were only performed since 2004. One unilateral and two bilateral latissimus dorsi plus implant reconstructions were performed. There were no mortalities. Five patients sustained complications/outcomes necessitating hospitalization/reoperation. Three were implant-related and one sustained breast skin flap necrosis. Only one TRAM required dressing/intravenous antibiotic therapy. Outcomes were not statistically correlated to co-morbidities in this group. All patients ultimately achieved good aesthetics.

Conclusions: Breast reconstruction, including autologous free tissue transfer, can be effectively performed within the VA system with few complications and good outcomes. It is therefore incumbent upon VA healthcare delivery systems to deploy adequate resources to address the reconstructive needs of an increasing female veteran population.