Breast cancer represents a significant cause of morbidity and mortality in the United States and more women choose a proactive stance in preventing it. Prophylactic mastectomy (PM) effectively minimizes the risk of breast cancer in high-risk patients. There has been an increase in the number of contralateral (CPM) and bilateral (BPM) prophylactic mastectomies during the last decade.

This study aims to:

- Characterize the complication profile associated with PM;
- Compare CPM with therapeutic mastectomy (UM) and BPM complication rates;
- Identify risk factors for complications.

METHODS

Patients:

- Women undergoing PM (CPM or BPM) at our institution from 2010 to 2015.

Complications:

- Categorized according to the Clavien-Dindo Classification of Surgical Complications.
- Comparison CPM with UM and BPM.

Statistical analyses:

- Pearson’s χ² test and Fisher’s exact test.
- Univariate and multivariate analysis (binary logistic regression).

RESULTS

The overall complication rate was 16.3%; minor complications 15.1% and major 6.5%.

CPM, UM (P<.821) and BPM (P<.641) complication rates were not significantly different.

Risk factors for minor or major complications: age (≥65), obesity, ASA class (≥3), smoking, hypertension, anxiety, tissue expander (+ADM), and implant-only reconstructions.

CONCLUSION

Prophylactic mastectomy in combination with reconstruction is becoming safer and more popular. Our data suggest that autologous reconstructions result in fewer complications than other techniques. Careful preoperative patient selection and optimization of modifiable risk factors is important in improving outcomes.

“I do not feel any less of a woman. I feel empowered that I made a strong choice that in no way diminishes my femininity.”

- Angelina Jolie after getting a double prophylactic mastectomy.

REFERENCES