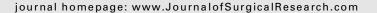


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Patient involvement in the decision-making process improves satisfaction and quality of life in postmastectomy breast reconstruction

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ARTICLE INFO

Article history:
Received 16 February 2013
Received in revised form
15 April 2013
Accepted 24 April 2013
Available online 15 May 2013

Keywords:
Breast reconstruction
Breast cancer
Mastectomy
Shared decision making
Patient satisfaction
Quality of life

ABSTRACT

Background: The patient-physician relationship has evolved from the paternalistic, physician-dominant model to the shared-decision-making and informed-consumerist model. The level of patient involvement in this decision-making process can potentially influence patient satisfaction and quality of life. In this study, patient-physician decision models are evaluated in patients undergoing postmastectomy breast reconstruction.

Methods: All women who underwent breast reconstruction at an academic hospital from 1999–2007 were identified. Patients meeting inclusion criteria were mailed questionnaires at a minimum of 1 y postoperatively with questions about decision making, satisfaction, and quality of life.

Results: There were 707 women eligible for our study and 465 completed surveys (68% response rate). Patients were divided into one of three groups: paternalistic (n=18), informed-consumerist (n=307), shared (n=140). There were differences in overall general satisfaction (P=0.034), specifically comparing the informed group to the paternalistic group (66.7% *versus* 38.9%, P=0.020) and the shared to the paternalistic group (69.3% *versus* 38.9%, P=0.016). There were no differences in aesthetic satisfaction. There were differences found in the SF-12 physical component summary score across all groups (P=0.033), and a difference was found between the informed and paternalistic groups (P<0.05). There were no differences in the mental component score (P=0.42).

Conclusions: Women undergoing breast reconstruction predominantly used the informed model of decision making. Patients who adopted a more active role, whether using an informed or shared approach, had higher general patient satisfaction and physical component summary scores compared with patients whose decision making was paternalistic.

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0022-4804/\$ – see front matter © 2013 Elsevier Inc. All rights reserved. http://dx.doi.org/10.1016/j.jss.2013.04.057

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