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AESTHETIC OUTCOMES AND PATIENTS SATISFACTION AFTER DELAY/IMMEDIATE AUTOLOGOUS BREAST RECONSTRUCTION

Renata S. Brondi¹, Vilmar M. Oliveira¹, Fabio Bagnoli¹, José Francisco Rinaldi¹, Evandro Mateus Falacci¹, Fabrício P. Brenelli¹

¹Faculdade de Ciências Médicas, Santa Casa de São Paulo, Universidade Estadual de Campinas – Campinas (SP), Brazil.

Aim: The timing and aesthetic outcome of the breast reconstruction may be affected by the need for radiation therapy (RT). Autologous reconstruction is a novel surgical approach for patients in whom the need for adjuvant RT after mastectomy is preoperatively unknown. The aim of this study was to evaluate the outcomes and satisfaction of breast reconstruction using a fat-grafted latissimus dorsi flap in immediate and late reconstruction. **Method:** A total of 18 patients were submitted to autologous latissimus dorsi flap, with 11 immediate and 7 late reconstructions. Patient demographics, surgical characteristics, and complications were recorded. During outpatient follow-up, the reconstruction was evaluated and compared to the contralateral breast in relation to shape, volume and symmetry. Patients scored their satisfaction using a like scale between 12–18 months after surgery, and two surgeons performed their evaluations in that same time interval. **Results:** Of the eleven patients submitted to immediate reconstruction, ten performed neoadjuvant chemotherapy, and 9 performed adjuvant radiotherapy. All patients who underwent late reconstruction had undergone radiotherapy prior to reconstruction. All the flaps received autologous fat only in a surgical time prior to the confection of the flap. All flaps had 100% viability. In the subjective evaluation through the like scale of the shape, volume and breast symmetry, it was evidenced that the patients were more satisfied than the physicians in all parameters analyzed, with good and excellent evaluation of greater than 80% in relation to the shape and symmetry, this evaluation proved to be in agreement with the medical evaluation, and by the physicians the evaluation was better in relation to the symmetry, 64% classified between good and excellent. In the separate assessment of patient groups, we can note that even after adjuvant radiotherapy patients who underwent immediate reconstruction were more satisfied than patients submitted to late reconstruction, concentrating the evaluation in excellent in 77,8% in relation to the form, 55,6% volume and 44,4% in symmetry. Radiotherapy does not seem to cause great damage to the breast reconstructed by this technique. We conclude that the autologous latissimus dorsi flap is an accessible procedure, with long-term and lowcost results to the health system, and can be performed in small centers and with a high patient satisfaction rate