Better aesthetic results after oncoplastic surgery than after total breast reconstruction according to patients and surgeons

Fabiana Christina Araujo Pereira Lisboa¹, Régis Resende Paulinelli², Lucimara Priscila Campos Veras³, Luiz Fernando Jubé Ribeiro⁴, Rosemar Macedo Sousa Rahal², Ruffo Freitas-Júnior², João Batista de Sousa¹

¹Universidade de Brasília – Brasília (DF), Brazil.

²Universidade Federal do Goiás – Goiânia (GO) – Brazil.

³Fundação de Ensino e Pesquisa em Ciências da Saúde – Brasília (DF), Brazil.

⁴Hospital de Câncer Araújo Jorge – Goiânia (GO), Brazil.

Objective: Patient satisfaction after breast cancer surgery has an impact on body image, sexual life, self-esteem, and quality of life and may differ from the surgeon's perception. The objective of our study was to compare the aesthetic results and satisfaction after breast conservation and oncoplastic surgery with mastectomy and total breast reconstruction. Methodology: We included 760 women with breast cancer or phyllodes tumors, who returned after at least 6 months from surgery or radiotherapy at two public hospitals and one private clinic between 2014 and 2022. Data were collected from medical records and patient interviews, after signing the informed consent. Aesthetic outcomes and quality of life were evaluated using the BREAST-Q, Harris scale, and BCCT.core software. Data were analyzed using the SPSS statistical package. A p-value <0.05 was considered statistically significant. **Results:** A total of 405 (53.29%) partial reconstructions and 355 (46.71%) total reconstructions were performed. Patients undergoing partial reconstruction were older and had a higher body mass index. Patients undergoing total reconstruction had larger tumors, higher clinical and pathological staging, and more complications. There was a higher need for reparative surgeries and lipofilling in total reconstructions. Women's satisfaction with their breasts, satisfaction with the results, psychosocial and sexual well-being, satisfaction with information, and satisfaction with the reconstructive surgeon were significantly higher in the partial reconstruction group, according to the BREAST-Q. Only physical well-being was slightly higher in total reconstructions. Results were qualified as good or excellent in most cases. Physicians considered the results of partial reconstructions to be better than those of total reconstructions, although this difference was not perceived by the BCCT.core software. Conclusion: Women who underwent partial breast reconstruction had higher levels of satisfaction in several domains and less frequent complications and needed fewer procedures to complete the reconstruction than women who underwent total reconstruction. Physicians were also more satisfied with partial reconstruction results.

Keywords: breast cancer; mammaplasty; mastectomy; breast reconstruction; patient satisfaction.