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Scenario of breast reconstruction in the unified health system in Brazil

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Objective: This study evaluated the number of breast reconstructive surgeries performed in the SUS, in the period from January 2019 to January 2023, making a comparative analysis between mastectomies and breast reconstructions performed in the same period, in addition to observing the impact of the COVID-19 pandemic on a possible reduction in the number of breast reconstructive surgeries in the SUS after the year 2020. **Methodology:** It is a retrospective, cross-sectional, and descriptive study of available records of Health Centers linked to the Unified Health System, including data collection regarding the number of mastectomies and reconstructive breast surgeries performed in Brazil. Data were extracted from DATASUS. **Results:** In the period observed, 13,609 breast reconstruction surgeries after mastectomy with breast implants were recorded; 59,325 were non-aesthetic female breast plastic surgeries and 54 were bilateral reconstructive breast plastic surgeries, including bilateral silicone breast implants and silicone breast implants. There were also 288,599 radical mastectomies with axillary lymphadenectomy in oncology; 24,591 radical mastectomies with lymphadenectomy and 50,524 simple mastectomies in oncology; and 17,119 simple mastectomies. Therefore, we found a total of 380,833 radical breast oncological surgeries. When we take into account the year in which the procedures were performed, we noticed a trend toward a lower number of surgeries between the years 2020 and 2021, which may be related to the period of the COVID-19 pandemic. In 2019, 103,802 radical breast surgeries were performed with 20,312 reconstructive surgeries in total, while in 2020 and 2021, 89,958 and 86,085 mastectomies were performed, with 13,730 and 15,389 reconstructive surgeries, respectively. **Conclusion:** We found a rate of 19% of reconstructive surgeries in relation to radical surgeries for breast cancer, which corroborates data from the national literature. We believe that better training of surgeons who provide care in the SUS, as well as a better subdivision of medical teams, forming groups responsible only for reconstructive surgeries, can increase the number of immediate reconstructions, without jeopardizing the treatment of less aggressive cases with surgery of less complexity.

Keywords: mastectomy; radical mastectomy; breast cancer; breast reconstruction; SUS; DATASUS.