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Role of immediate reconstruction for elderly breast cancer patients

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Role of immediate reconstruction for elderly breast cancer patients
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Introduction
With rising numbers of elderly women developing breast cancer, treatment options must evolve which take into consideration quality of life and functional status. Although few women at all ages are undergoing mastectomy, for those elderly women who undergo mastectomy, reconstruction options should be offered. Over the past 5 years, increasing numbers of elderly women are electing immediate reconstruction (IM).

Methods
Experience with women undergoing mastectomy from 1999 through 2005 was reviewed. Patient demographics, indication for surgery and decision regarding immediate reconstruction were collected using retrospective analysis of medical records, with attention to women over the age of 60.

<table>
<thead>
<tr>
<th>Age</th>
<th>Total Patients</th>
<th>Reconstructed</th>
<th>%</th>
<th>TE</th>
<th>TRAM</th>
<th>LDRF</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-65</td>
<td>131</td>
<td>61</td>
<td>46.50</td>
<td>20</td>
<td>23</td>
<td>18</td>
</tr>
<tr>
<td>66-69</td>
<td>75</td>
<td>23</td>
<td>31.00</td>
<td>10</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>70-75</td>
<td>95</td>
<td>19</td>
<td>20.00</td>
<td>14</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>76-79</td>
<td>31</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Over 80</td>
<td>40</td>
<td>1</td>
<td>2.50</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>371</td>
<td>104</td>
<td>28.00</td>
<td>44</td>
<td>27</td>
<td>33</td>
</tr>
</tbody>
</table>

TE (tissue expander), LDMF (latissimus dorsi myocutaneous flap reconstruction)

Results
During this time period, 34% of patients with breast cancer were 60 years or older. Approximately, one third required or elected mastectomy as primary treatment. Of the 371 women evaluated, 104 (28%) elected IM. For women between the ages of 60 and 70, 50.5% elected IM. (Table 1) Patients with tissue expanders were discharged within 2 days, and although initially, tissue expander reconstruction was preferred, with the introduction of latissimus dorsi myocutaneous reconstruction (LDMR), the percentage of women electing LDMR went from 30% in 2002 to 70% in 2005. Over 90% of patients undergoing LDMF were discharged by the 4th postoperative day, with no reoperations for bleeding or flap loss.

Conclusions
Elderly women undergoing with mastectomy should be offered immediate breast reconstruction as part of their treatment. Physicians and patients need to be educated regarding surgical options, the minimal associated morbidity and mortality, and excellent functional and cosmetic outcomes. With extended life expectancy, immediate reconstruction enhances these aspects of quality of life. Future management guidelines should include immediate reconstruction in the algorithm.