

# THE IMPACT OF DELAYING BREAST RECONSTRUCTION ON PATIENT EXPECTATIONS AND HEALTH RELATED QUALITY OF LIFE: AN ANALYSIS USING THE BREAST-Q

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## PLASTIC SURGERY

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### BACKGROUND:

An understanding of patient expectations predicts better health outcomes following breast reconstruction. No study to date has examined how patient expectations for breast reconstruction and pre-operative health-related quality of life vary with time since breast cancer diagnosis.

### METHODS:

Women consulting for breast reconstruction over a thirteen-month period completed the BREAST-Q. A retrospective chart review was then performed on eligible patients. Scores were transformed using the Rasch method. Multivariate linear regression models were constructed to assess the association between BREAST-Q scores and time since diagnosis.

### RESULTS:

Sixty-five patients met inclusion criteria for analysis and are characterized by a mean age of  $53 \pm 11$  (33-79) and a mean BMI of  $28 \pm 6$  (19-49). At the time of retrospective review, 29 patients (43%) had undergone reconstruction, most of which were delayed (59%). The mean latency from diagnosis to reconstruction was  $685 \pm 867$  days (range: 28-3322 days). Latency from diagnosis to reconstruction was associated with greater expectation of pain ( $\beta=0.5$ ; SE=0.005; 95% CI: 0.003 – 0.027;  $p<0.05$ ), and slower expectation for recovery ( $\beta= -0.5$ ; SE=0.004; 95% CI: -0.021 – -0.001;  $p<0.05$ ). Latency from diagnosis to reconstruction was associated with increased pre-operative psychosocial wellbeing ( $\beta =0.578$ ;SE 0.009; CI: 0.002 –0.046;  $p<0.05$ ).

### CONCLUSION:

Delaying breast reconstruction may negatively impact patient expectations of post-operative pain and recovery. Educational interventions aimed at understanding and managing patient expectations in the pre-operative period may improve health-related quality of life and patient-related outcomes following initial breast cancer surgery.