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“Outpatient Autologous Breast Reconstruction”

Abstract

Background: Autologous breast reconstruction using perforator flaps is considered one of the best methods for treating breast cancer mastectomy patients. There are many different methods, such as the deep inferior epigastric artery perforator flap (DIEP), the free thoracodorsal artery perforator flap (f-TDAP), the profunda artery perforator flap (PAP), the gluteal artery perforator flap (GAP) or a combination of flaps. Generally, these procedures are followed by extended inpatient hospital stays for monitoring of the flap. In this study, we review 90 patients having undergone one of the aforementioned breast reconstructive methods in an attempt to show that they can be effectively monitored with an outpatient ambulatory 23 hour stay with no significant change in their long-term recovery and procedural outcome. This is desirable as it limits the unloading of significant costs to the healthcare system.

Methods: 90 patients having undergone one of the aforementioned reconstructive methods (DIEP, f-TDAP, GAP, PAP) between January 2022 to June 2023 were used for this retrospective study. All patients were treated with Exparel intra-operatively, NSAIDs and opioids immediately postoperatively and sent home with ibuprofen, opioids, and muscle relaxers for at home pain management.

Results: Of the 90 patients used in this study, only 6 patients had complications before their discharge that required an additional procedure. 5 of these complications were mastectomy related hematomas and 1 complication was a nipple necrosis. The other 84 patients were discharged successfully from the hospital with no complications.

Conclusion: When these autologous breast reconstructive techniques (DIEP, f-TDAP, GAP, PAP) are done properly with adequate postoperative care as mentioned previously, they can consistently be done with an outpatient ambulatory 23 hour stay.