

BACKGROUND

- Soft tissue support (STS) has contributed to the rise of prepectoral breast reconstruction by facilitating the surgeon's ability to shape the breast pocket

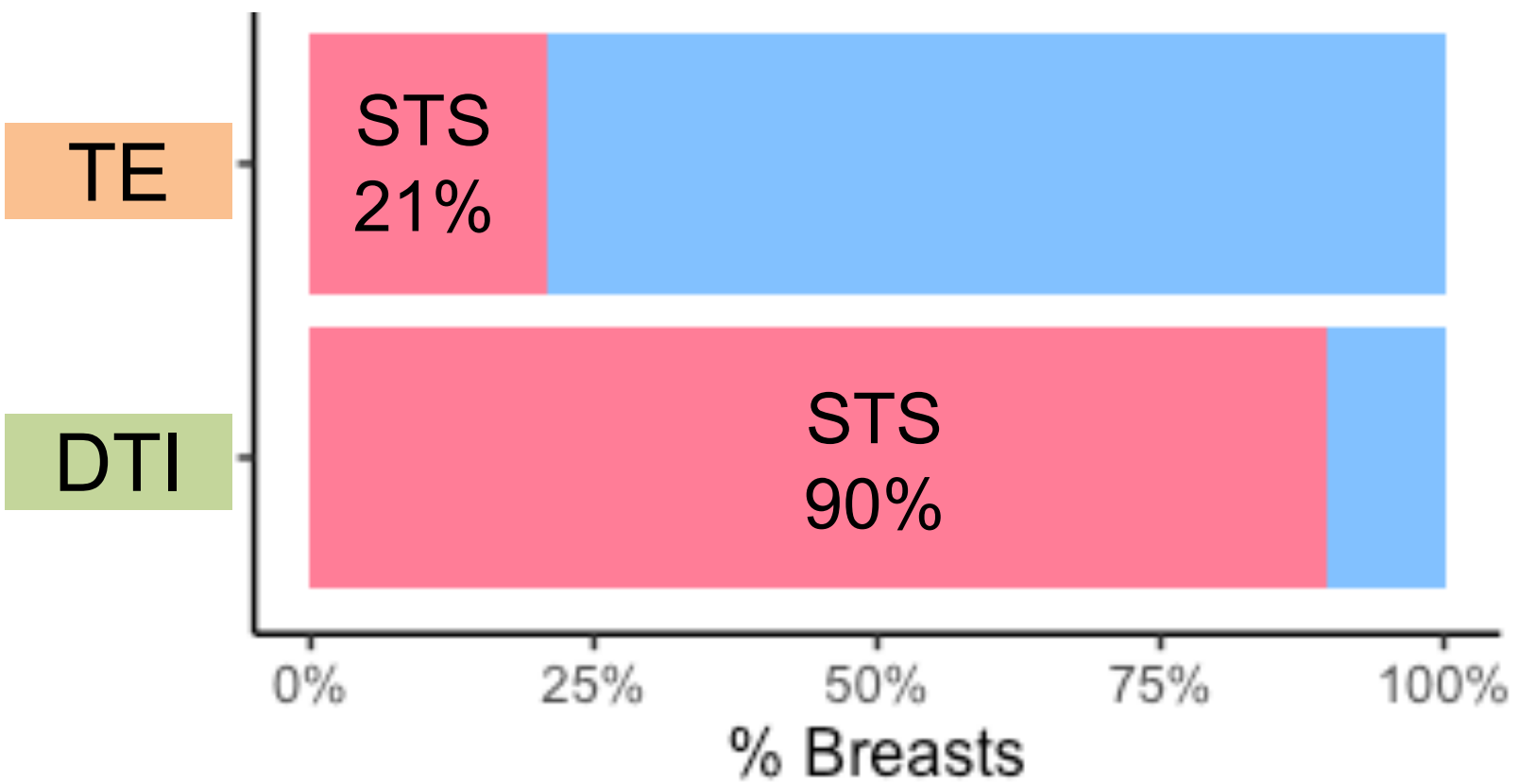
METHODS

- We retrospectively reviewed all immediate, prepectoral breast reconstructions performed between 03/2017 - 07/2022 at a single center

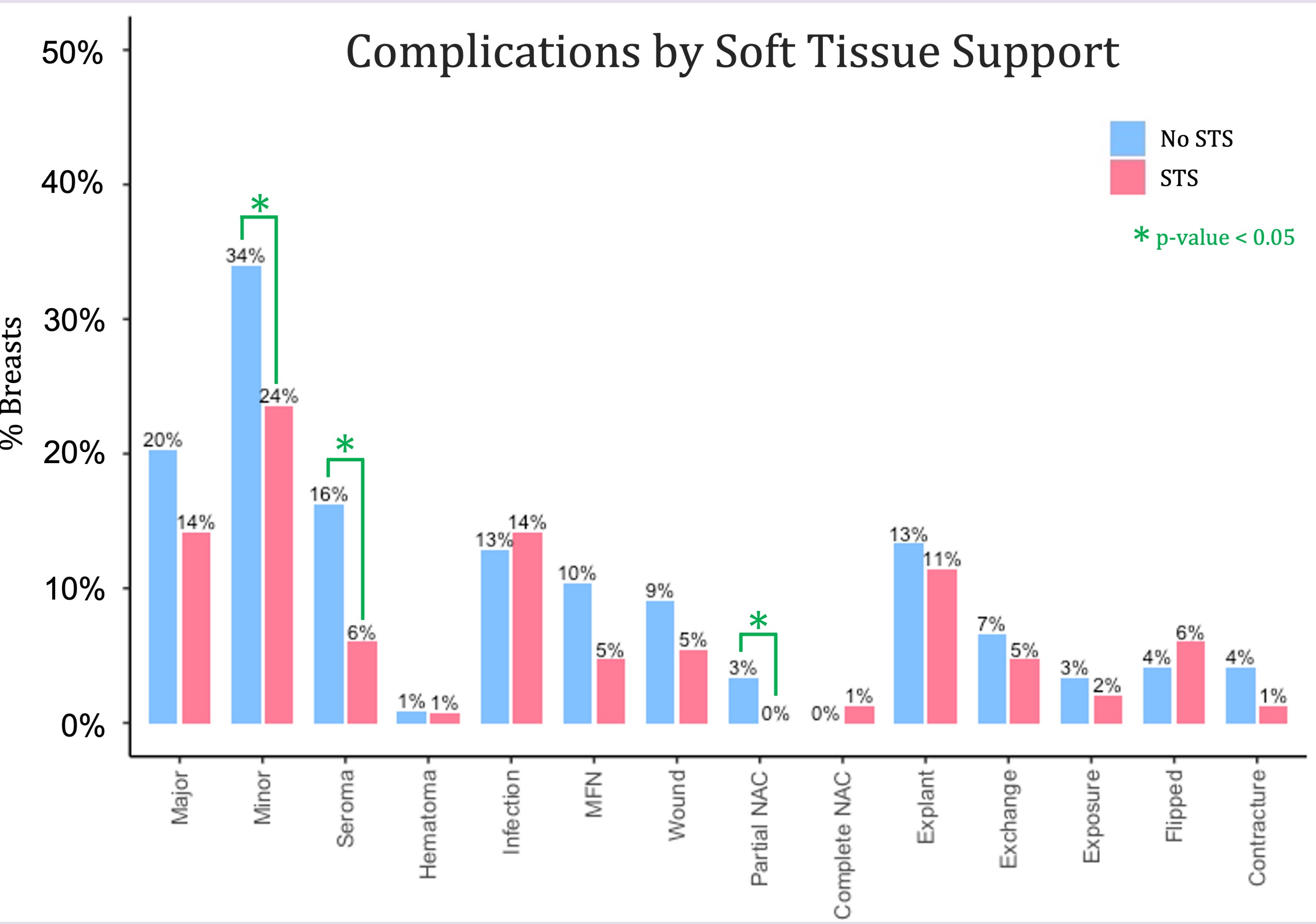
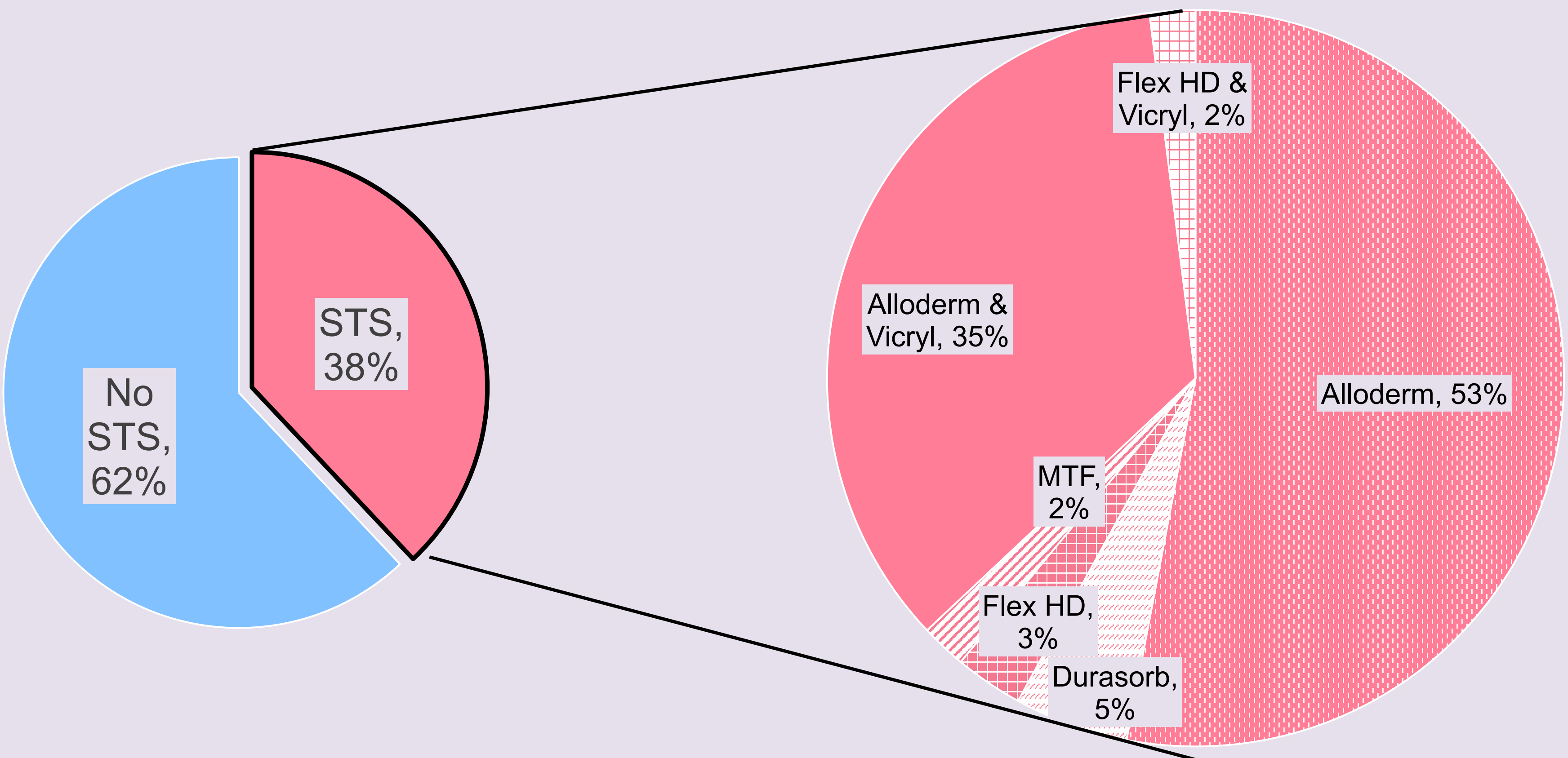
RESULTS

Patient Characteristics		Breast Characteristics	
n	239	n	390
Age (years)	52.3 ± 11.8	Mastectomy	Therapeutic – 239 (61%) Prophylactic – 151 (39%)
BMI (kg/m ²)	27.8 ± 6.8	Immediate Reconstruction	239 (100%)
Chemotherapy	Neoadjuvant – 32 (13%) Adjuvant – 47 (20%) Both – 22 (9%)	Radiation	Neoadjuvant – 15 (4%) Adjuvant – 59 (15%) Both – 2 (<1%)
Current Smoker	2 (<1%)	Reconstruction Type	Tissue Expander – 292 (75%) Direct-to-Implant – 98 (25%)
Diabetes	19 (8%)		
Mean Follow Up (months)	21.1 ± 15.9		

Complications by Breast	
Major: requiring readmission or reoperation	70 (18%)
Minor: requiring outpatient procedures, antibiotics, or wound care	117 (30%)



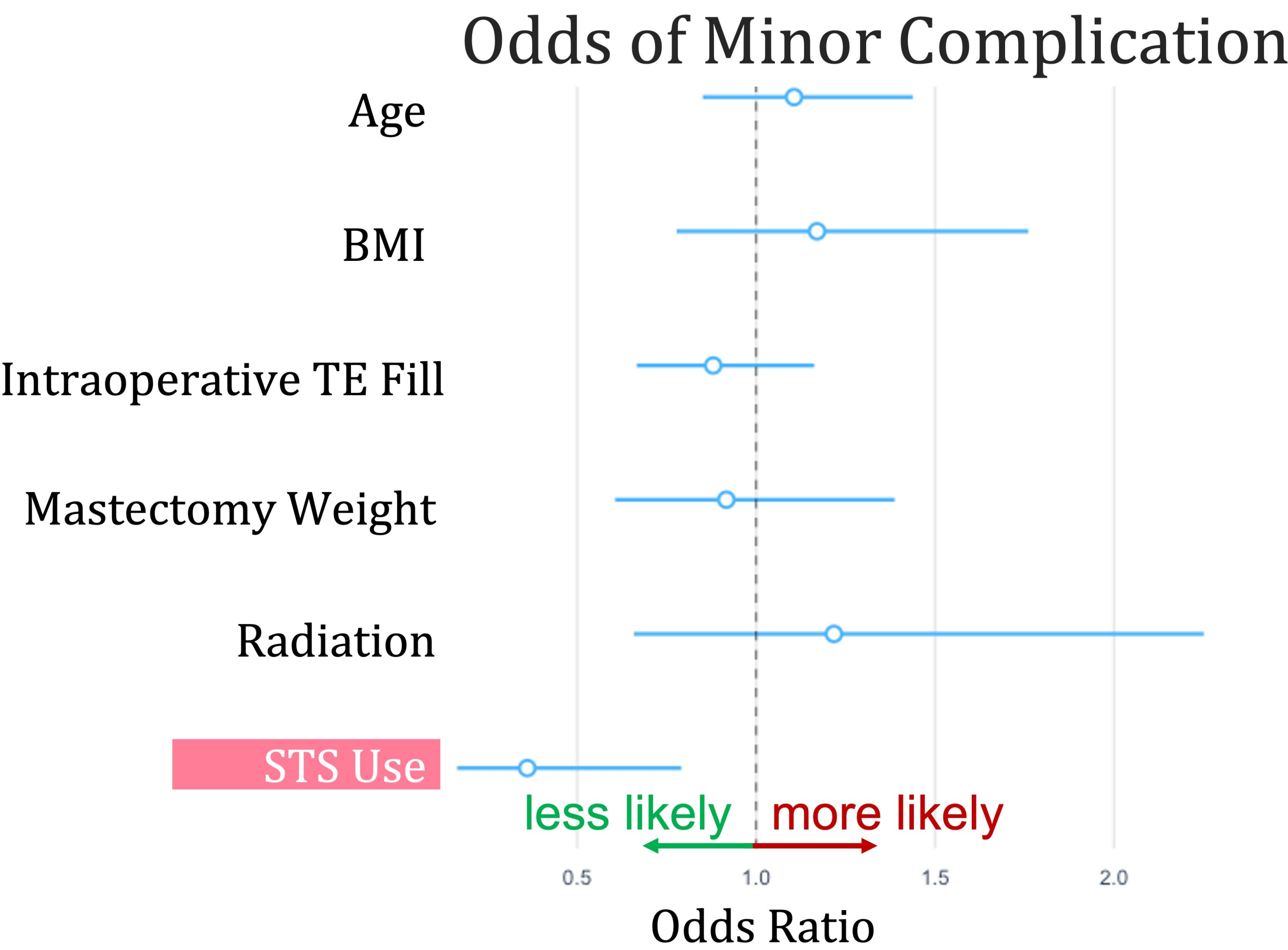
RESULTS



MFN = mastectomy flap necrosis; NAC = nipple area complex necrosis

RESULTS

- Tissue Expander Reconstruction
 - STS use led to...
 - fewer minor complications: OR 0.36 [0.16-0.76], **p=0.01**



- fewer seromas: 0.40 [0.14-1.11], p = 0.08
- lower rate of explantation 0.40 [0.13-1.02], p = 0.08
- Direct-to-Implant Reconstruction
 - No association between STS use and complications

CONCLUSION

- Use of STS may lead to lower rates of minor complications, particularly in TE reconstruction
- Further studies with higher sample sizes are needed to adequately test the utility of STS in DTI reconstruction