

Abdominally-Based Autologous Breast Reconstruction in the Post-Bariatric Patient: Complications and Revision Procedures

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Purpose

- **Obesity** = well known risk factor for breast cancer
- Obesity → **higher complications** in abdominally-based autologous breast reconstruction
- **Massive weight loss** (MWL) → tissue deflation, nutritional deficiencies, & delayed wound healing
- MWL patients may seek autologous breast reconstruction following **bariatric surgery**

Clinical question: Do post-bariatric patients have a higher risk of complications & revisions procedures in abdominally-based autologous breast reconstruction?

Methods

Retrospective review at NYU Langone Health (2014-2021)

401 patients (643 breasts) underwent abdominally-based autologous breast reconstruction

Identified patients s/p Roux-en-Y (RYGB) or laparoscopic sleeve gastrectomy (LSG)

Complications & revisions reviewed

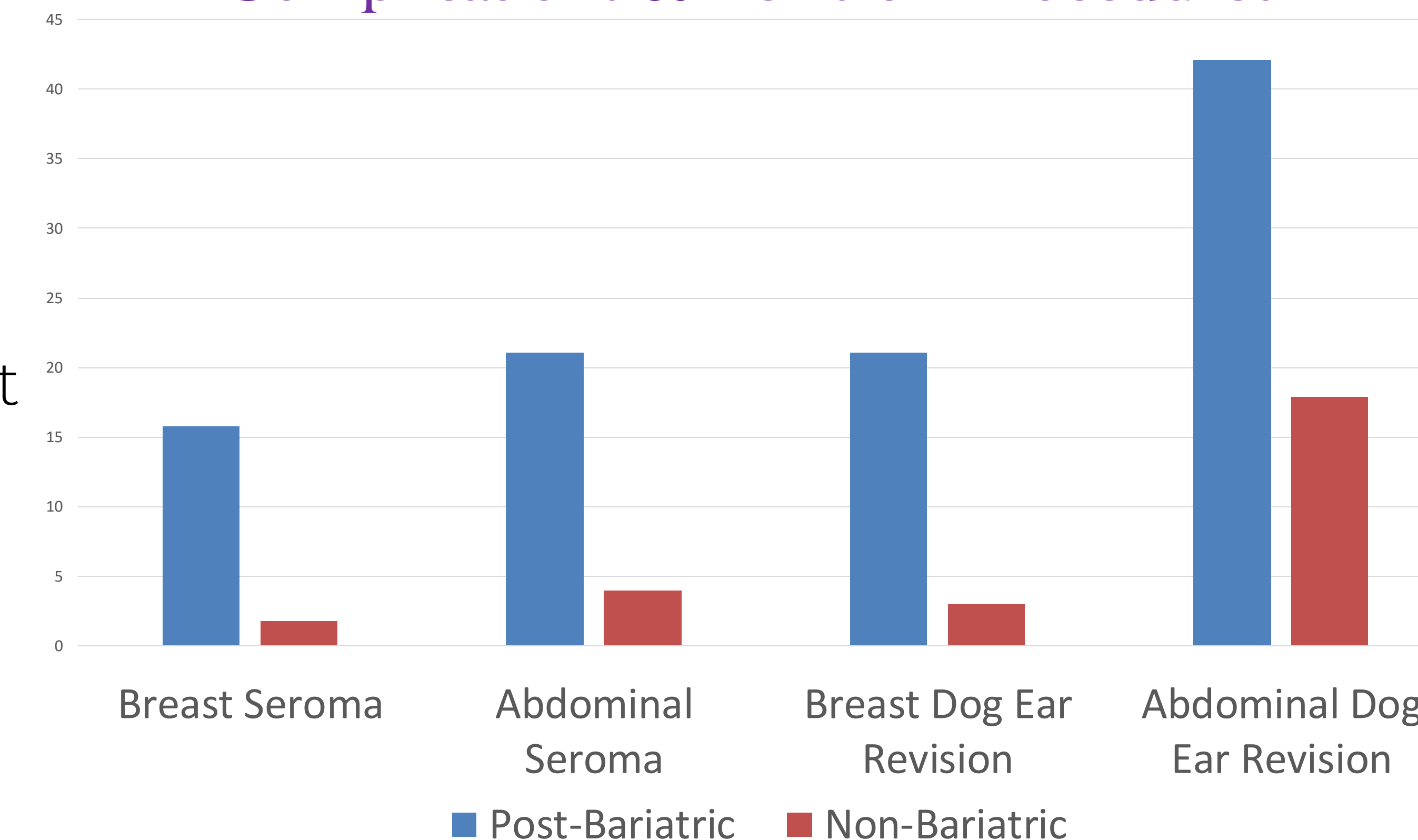
Results

10 patients (19 breasts) s/p bariatric surgery prior to autologous breast reconstruction (4 RYGB, 6 LSG)

Mean weight loss = 50.1 lbs (SD 29.8)

No significant difference in overall major or minor complications for post-bariatric patients vs non-bariatric patients

Complications & Revision Procedures



Post-bariatric → significantly higher

- **breast seroma**
15.8%(3) vs 1.8%(11)(p = 0.006)
- **abdominal donor site seroma**
21.1%(4) vs 4.0%(25)(p = 0.008)
- **breast dog ear revisions**
21.1%(4) vs 3.0%(19)(p = 0.003)
- **abdominal dog ear revisions**
42.1%(8) vs 17.9%(112)(p = 0.014)

Conclusion

- Abdominally-based autologous breast reconstruction is safe in the appropriately selected post-bariatric patient
- We observed a higher incidence of **breast & abdominal donor site seromas** & higher incidence of **breast & abdominal dog ear revisions**

References

Sink, L.M., et al. "Autologous Breast Reconstruction after Massive Weight Loss: Understanding Risks in a Growing Population." *Plastic and Reconstructive Surgery*. September 2023.