

Assessing the Outcomes: Exploring Oncoplastic Breast Reduction by General and Plastic Surgeons – A Nationwide Analysis

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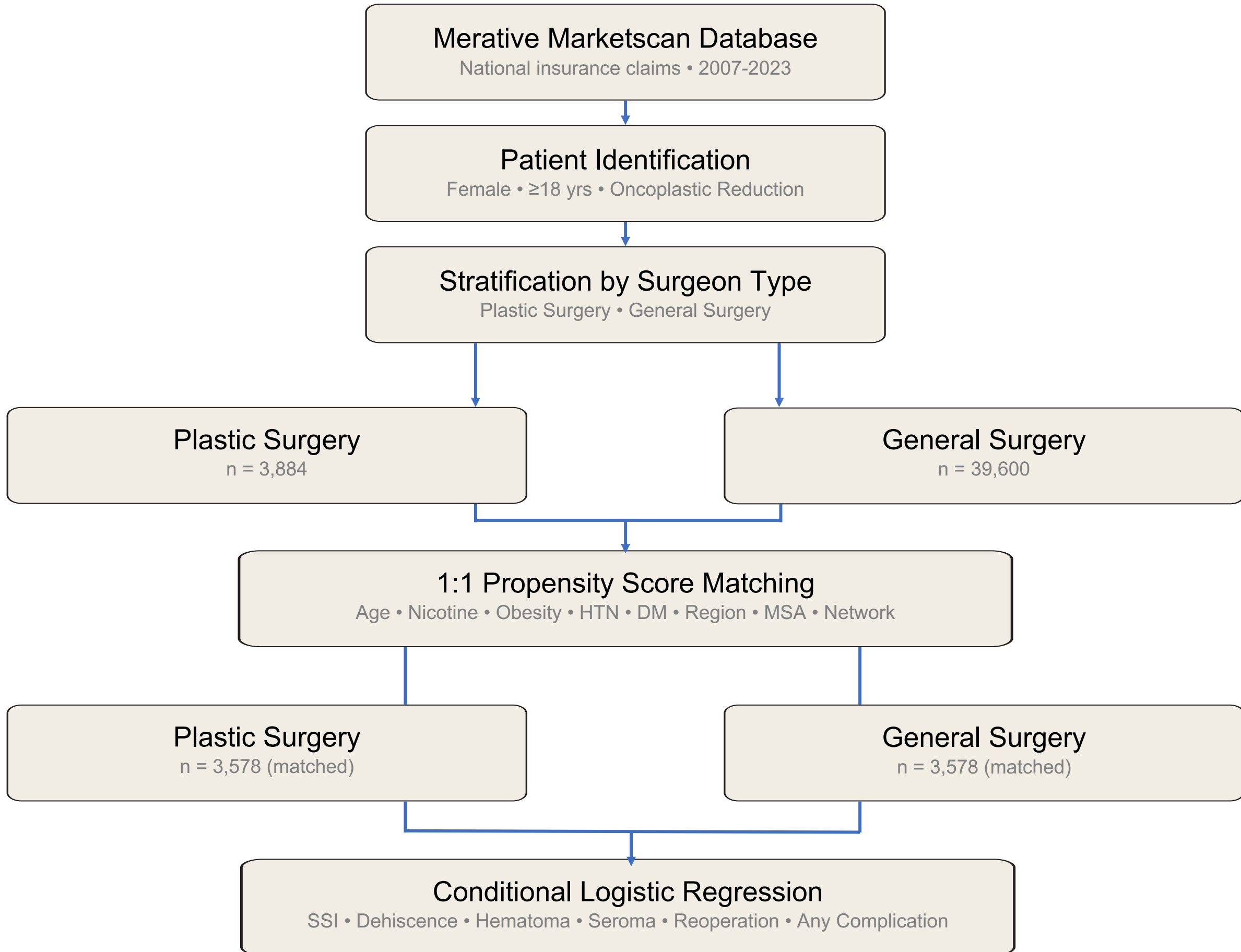


Introduction

- Oncoplastic breast reduction has increasingly been performed by general surgeons within the past decade
- Despite the growing involvement of non–plastic surgeons in oncoplastic procedures, there remains a paucity of large-scale data directly comparing postoperative outcomes between provider types.

Objective:
To evaluate national trends in the performance and complication rates of oncoplastic breast reduction procedures by plastic and general surgeons

Methods



Results

Given comparable postoperative outcomes, when considered alongside demographic and procedural differences, specialty crossover may represent an **adaptive response** driven, in large part, by structural limitations and necessity.

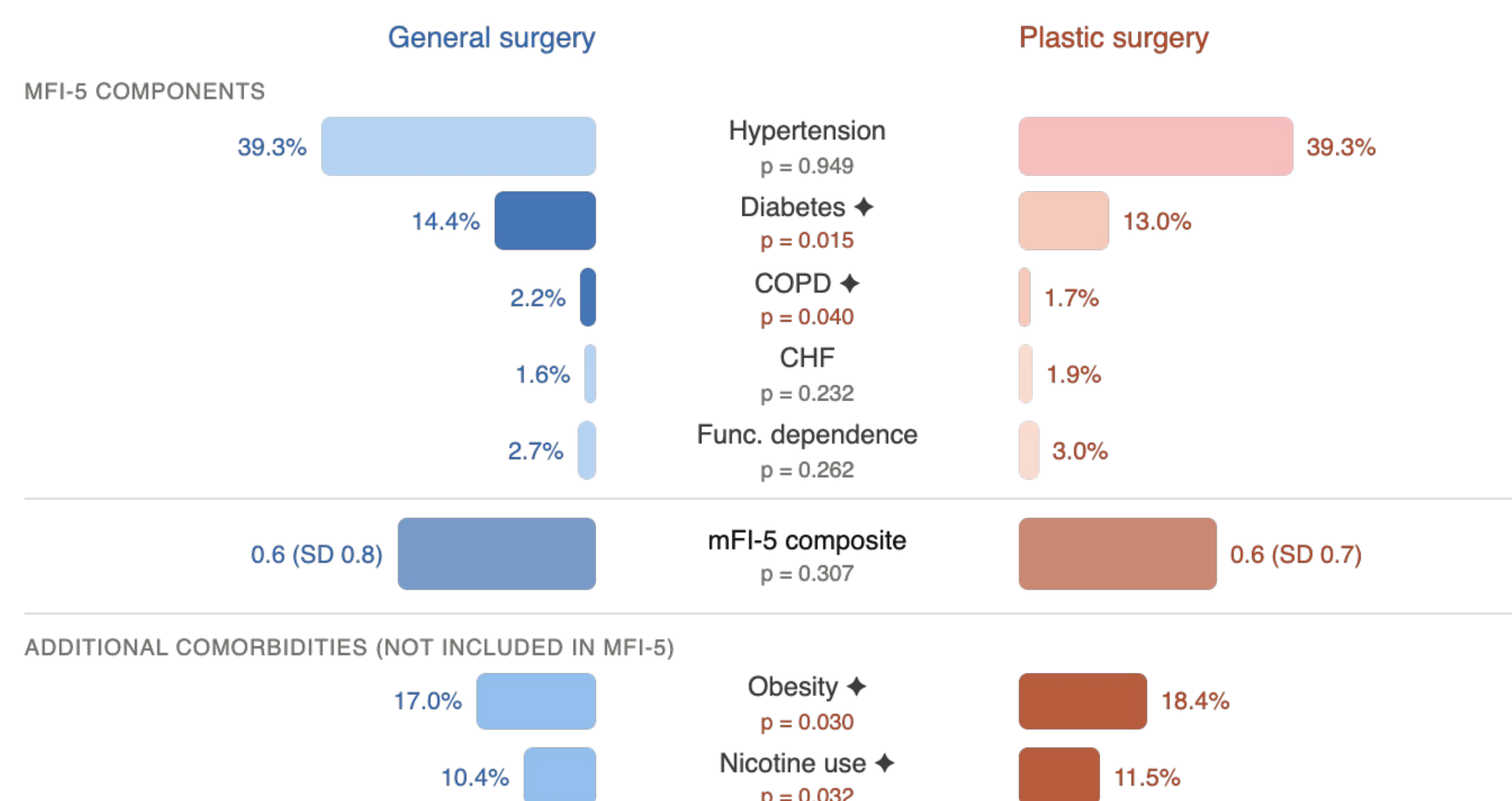


Figure 1. Elevated rates of **diabetes** and **COPD** were seen in the general surgery cohort, however composite **mFI-5** scores were not statistically different. Notably, **obesity** and **nicotine** use are not captured within the mFI-5 and were found to be elevated in the plastic surgery cohort.

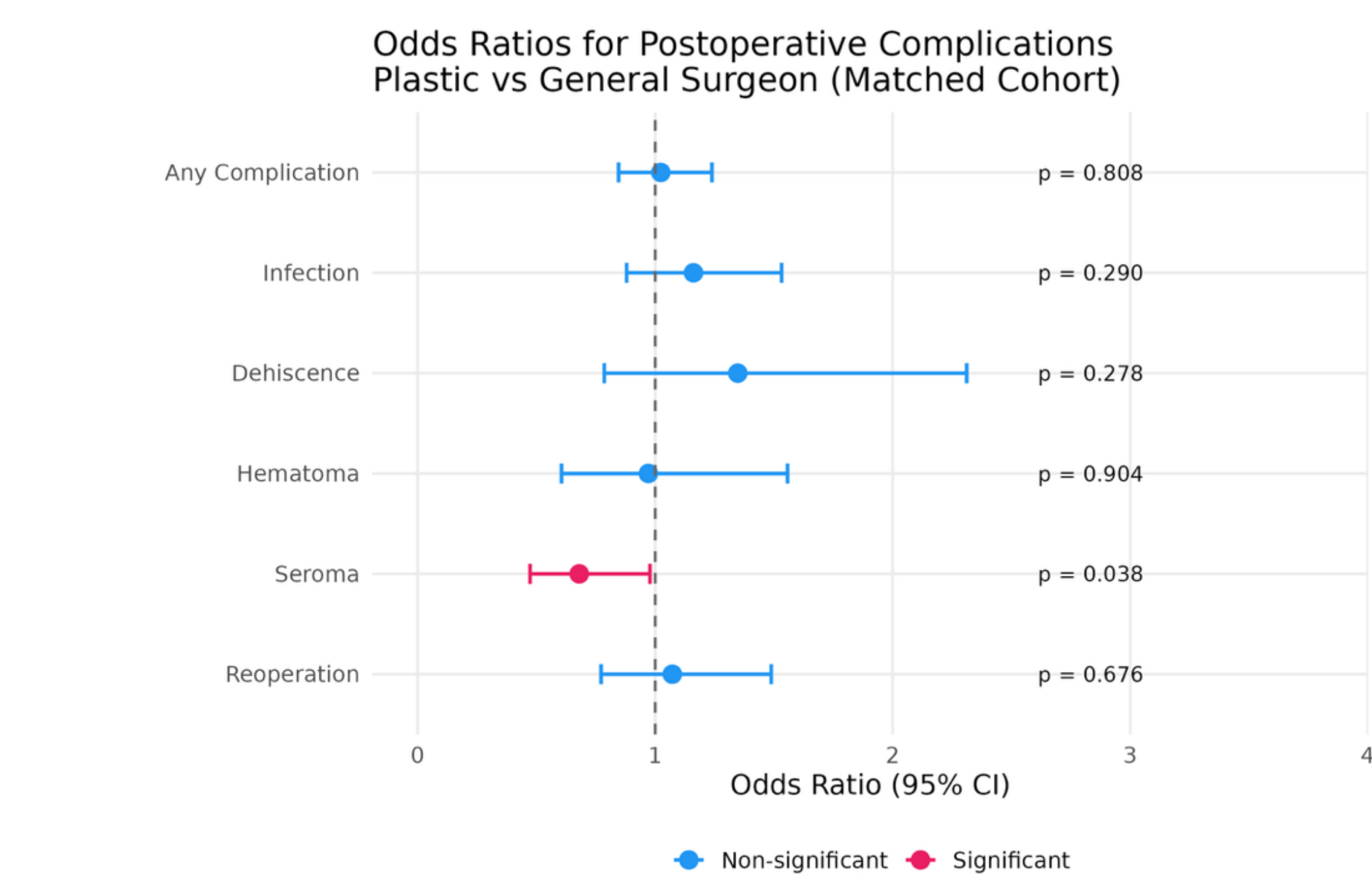


Figure 3. Seroma rates were significantly lower in the plastic surgery cohort (p = 0.038).

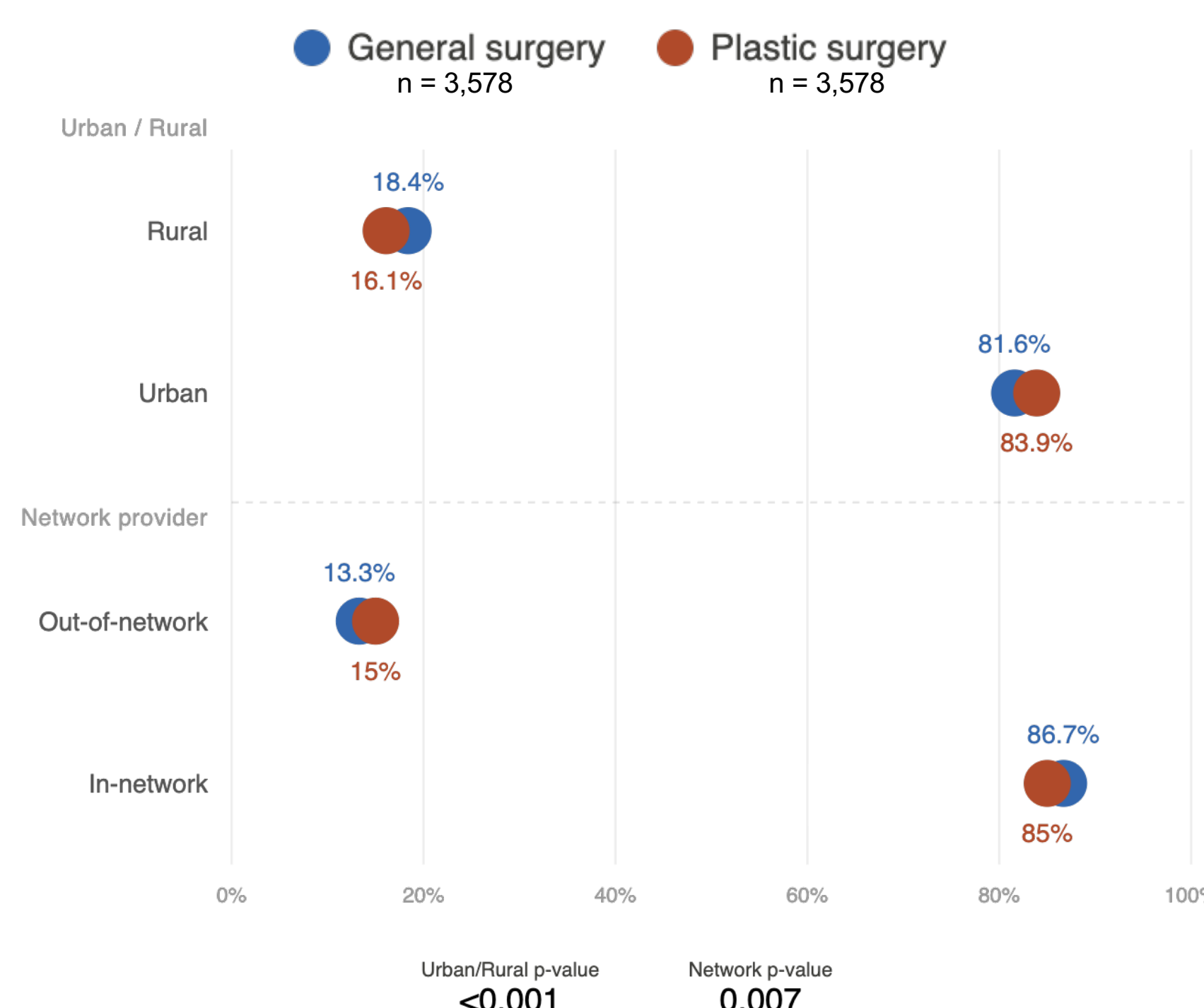


Figure 2. Plastic surgeons were more likely to be out of network (p = 0.007) and provide services to patients residing in urban areas (p<0.001)

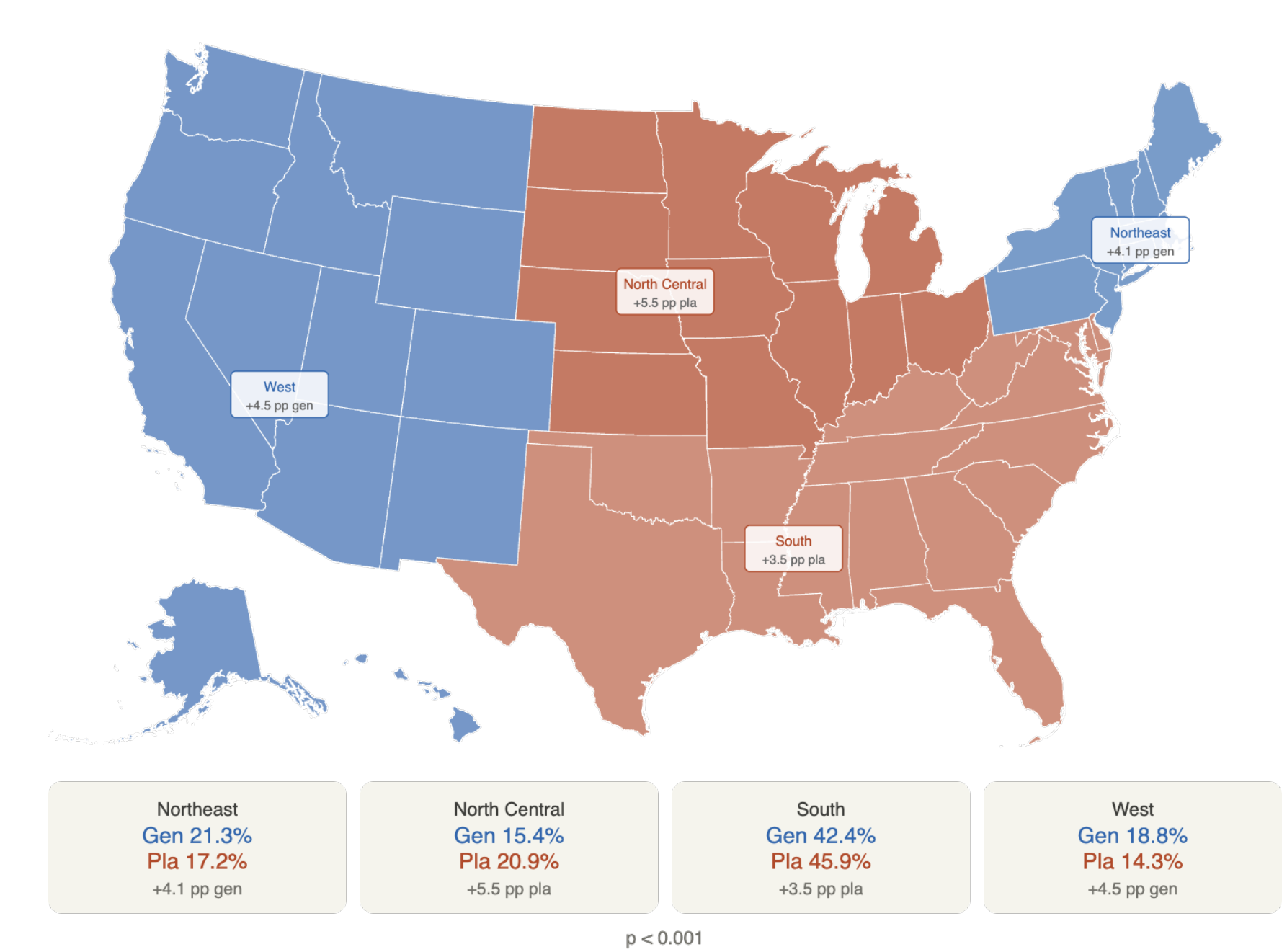
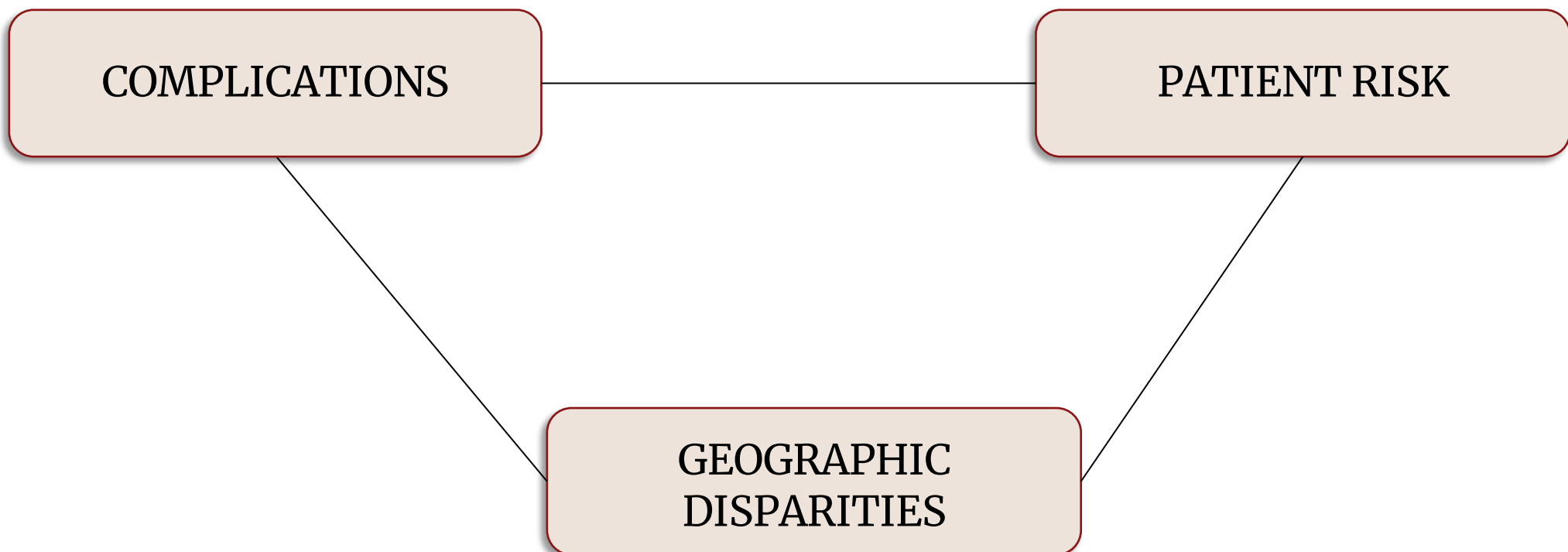


Figure 4. Geographic market share of oncoplastic breast reduction procedures.

Conclusions

Increasing involvement of surgeons outside of plastic surgery in oncoplastic reduction procedures likely reflects **a confluence of systemic, geographic, and clinical factors rather than a singular shift in procedural ownership.**

- Targeted efforts are needed to improve
- Access** to plastic surgery care, including expansion of the workforce
 - Incentives** for practice in underserved regions
 - Policies** that enhance insurance network inclusion to ensure equitable delivery of reconstructive services



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