

Safe Outcomes and Minimal Hospital Utilization in Breast Free Flap Reconstruction for Elderly Patients: A Retrospective Study

Samantha Cervantes-Valadez, MD; Maryam Obaid, MD; Brooke, Heckel, MD; Pierre. M Chevray,MD; Mark A Schusterman II, MD; Pablo L. Padilla, MD
Institute for Reconstructive Surgery, Houston Methodist Hospital

Background

- Current life expectancy for females in the US is 81
- Median age of breast cancer diagnosis in the US is 62
- Surgeons question autologous breast reconstruction in elderly patients because:
 - Aesthetics are not a priority
 - Perception of age as an independent risk factor for complications
- Is age an independent risk factor?
 - Most authors don't report any increase in major complications
 - However, some have reported an increased risk of delayed healing, skin necrosis and hematoma

Purpose

This study evaluates the postoperative outcomes and hospital resource utilization in elderly patients (over 68 years) undergoing DIEP flap breast reconstruction

Methods

- Retrospective review of free flap breast reconstructions inpatients over 68 years old between 2003-2025 performed by 3 surgeons

Outcomes

- Primary site complications
- Donor site complications

Dehiscence, seroma, hematoma, infection, flap loss and take-back

Hospital resource utilization

- ICU utilization
- Length of stay (LOS)

Results

47 breasts

35 patients

Age range: 68-79

Median age: 70

Median BMI: 26.8

69% (n= 32) were immediate reconstructions

Hospital Resource Utilization

Length of stay

- Median: 4 days
- Mean: 3.3 days
- Range: **1-6** days

ICU stay

- 0 patients

Breast Complications

Wound dehiscence

- 6 breasts (12.8%)

Take-backs

- 3 breasts (6.4%)

Total flap loss

- 1 breast (2.1%)

Donor Site Complications

Wound dehiscence

- 3 patients (8.5%)

Infection

- 1 patient (2.8%)

Limitations and Future Directions

- Small Population
- No direct financial analysis
- No comparison to a younger group

Conclusions

This study supports that free flap breast reconstruction in patients aged 68 and over is safe, with minimal impact on ICU utilization or in patient length of stay

References

1. Centers for Disease Control and Prevention. (2026, January 9). *FastStats: Life expectancy*. National Center for Health Statistics. <https://www.cdc.gov/nchs/fastats/life-expectancy.htm>
2. Santosa, K. B., Qi, J., Kim, H. M., Hamill, J. B., Pusic, A. L., & Wilkins, E. G. (2016). Effect of Patient Age on Outcomes in Breast Reconstruction: Results from a Multicenter Prospective Study. *Journal of the American College of Surgeons*, 223(6), 745–754. <https://doi.org/10.1016/j.jamcollsurg.2016.09.003>
3. Laporta, R., Sorotos, M., Longo, B., & Santanelli di Pompeo, F. (2017). Breast Reconstruction in Elderly Patients: Risk Factors, Clinical Outcomes, and Aesthetic Results. *Journal of reconstructive microsurgery*, 33(4), 257–267. <https://doi.org/10.1055/s-0036-1597822>