

Financial Analysis of Costs Associated with O-FAFF and TRAM Flap for Breast Reconstruction

EP58

Kassandra Carrion BA¹, Nitya Devisetti BS¹, Dung Nguyen MD, PharmD¹

¹Division of Plastic & Reconstructive Surgery, Stanford University

Introduction

The use of the omental fat-augmented free flap (O-FAFF) as a form of autologous breast reconstruction has had proven advantages, but to date, no financial analyses have been completed to compare this method to other forms of autologous breast reconstruction.

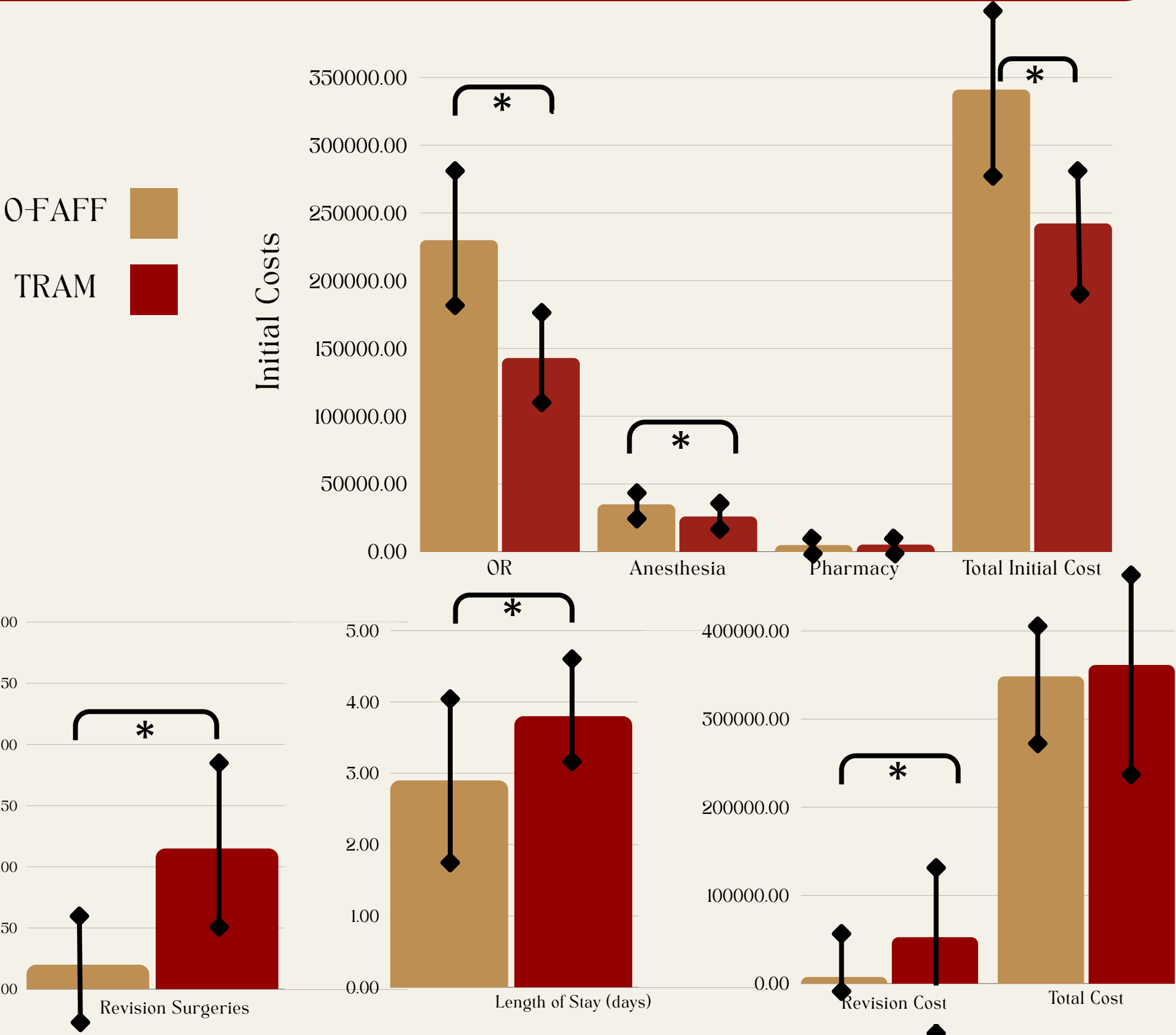
Methods

A retrospective review was conducted on 59 patients who underwent O-FAFF and transverse rectus abdominis myocutaneous free flap (TRAM) from the same surgeon at a single institution from 2013 to the present date.

Results

- Total initial surgery costs for omental flaps were higher, particularly for operating room and anesthesia ($p < 0.01$).
- Patients who underwent OFAFF (2.9±0.89 days) had shorter hospitalizations than TRAM patients (3.8±0.82 days, $p < 0.01$)
- Including revisions, OFAFF and TRAM patient hospital costs were not significantly different ($p = 0.26$)

Results



Conclusion

- Undergoing OFAFF is as cost effective as undergoing TRAM, and this trend holds for long term results.
- These data support the induction of O-FAFF as a standardized option for autologous breast reconstruction
- Notably, OFAFF patients required less hospitalization days than TRAM patients.
- Future studies should determine whether overall healthcare costs, including hospitalization, differ between various flap types utilized for breast reconstruction.
- It would be useful to perform this analysis in other institutions as O-FAFF is adopted to compare cost effectiveness of this novel technique.