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환자의 재건 선호도가 충족되지 못한 상황에서의 유방 재건: 수술 계획 변경에 따른 환자 만족도 분석

When Reconstructive Preference Is Constrained: Patient-Reported Outcomes After Altered Breast Reconstruction Plans



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[Purpose] : Choice between implant-based and autologous breast reconstruction in breast cancer patients is preference-sensitive. In March 2024, nationwide resignation of residents in South Korea substantially limited access to immediate deep inferior epigastric perforator free flap(DIEP-FF) reconstruction for approximately 18 months. As a result, some patients who initially preferred DIEP-FF at our institution underwent direct-to-implant(DTI) reconstruction instead. We evaluated patient-reported outcomes in this externally constrained setting.

[Methods] : In this initial report, patients undergoing unilateral prepectoral implant-based breast reconstruction between March 2024 and August 2025 were reviewed. Expander-based cases and those without completed BREAST-Q questionnaires were excluded. Patients who initially preferred DIEP-FF were offered temporary expander placement for delayed DIEP-FF or conversion to DTI. Those converting to DTI comprised the study group, while patients who initially chose and underwent DTI served as controls. BREAST-Q scores at 6–12 months were compared.

[Results] : Among 187 reconstructions performed during the study period, follow-up duration was not sufficient for all patients to complete postoperative assessment. 12 patients were included in study group and 40 in control group for analysis.

Baseline clinical characteristics were similar between two groups. Between 6 and 12 months postoperatively, psychosocial well-being, sexual well-being, satisfaction with breasts, and physical well-being scores were lower in the study group, though not statistically significant.

[Conclusion] : Although not statistically significant, patients whose reconstructive preference was externally altered demonstrated consistently lower BREAST-Q scores across domains. These preliminary findings suggest potential impact of disrupted preference alignment on patient-reported outcomes and support the value of preserving patient choice in reconstructive decision-making whenever feasible.

Table 1. Clinical and surgical characteristics

	Study group (%)	Control group (%)	P value
No. of patients	12	40	
Mean age ± SD, yr	47.83 ± 9.21	43.73 ± 8.78	0.166
Mean BMI ± SD, kg/m ²	23.40 ± 3.47	22.78 ± 3.30	0.572
Smoking history	0	1 (2.5)	>0.999
Diabetes mellitus	1 (8.3)	0	0.231
Hypertension	1 (8.3)	3 (7.5)	>0.999
Dyslipidemia	2 (16.7)	5 (12.5)	0.656
Cancer-related treatment			
Preoperative radiotherapy	0	3 (7.5)	>0.999
Neoadjuvant chemotherapy	1 (8.3)	7 (17.5)	0.663
Adjuvant chemotherapy	2 (16.7)	7 (17.5)	>0.999
Adjuvant radiotherapy	1 (8.3)	1 (2.5)	0.412
Mastectomy type			>0.999
Nipple-sparing	10 (83.3)	32 (80.0)	
Skin-sparing	2 (16.7)	8 (20.0)	
Mastectomy weight ± SD, g	194.33 ± 57.81	189.73 ± 89.97	0.868
Axillary surgery			0.553
Sentinel lymph node biopsy	11 (91.7)	38 (95.0)	
Axillary lymph node dissection	1 (8.3)	2 (5.0)	
Balancing procedure	1 (6.7)	14 (35.0)	0.143

Table 2. Pre- and post-operative BREAST-Q scores

	Study group	Control group	P value
Psychosocial well-being ± SD			
Pre-operative	59.17 ± 4.23	62.55 ± 2.18	0.465
Post-operative	60.67 ± 2.80	66.73 ± 2.79	0.262
Sexual well-being ± SD			
Pre-operative	57.11 ± 4.26	52.82 ± 2.15	0.388
Post-operative	46.73 ± 3.38	53.18 ± 3.18	0.310
Physical well-being: Chest ± SD			
Pre-operative	81.75 ± 5.34	78.98 ± 2.50	0.610
Post-operative	72.75 ± 4.07	73.98 ± 2.43	0.806
Satisfaction with breasts ± SD			
Pre-operative	52.75 ± 3.40	54.45 ± 2.33	0.717
Post-operative	60.33 ± 1.80	61.68 ± 2.78	0.797

Figure 1. Pre- and post-operative BREAST-Q scores

