

**O-14. A multi-centre, randomized, double blind, controlled trial of prophylactic antibiotic use in surgery (PAUS) for primary breast cancer**

Krishna A, Stallard S, Smith DC, Duffy K, George WD, Taylor EW. *Western Infirmary, Glasgow*

**Background:** Breast surgery is usually classified as clean surgery and the incidence of wound infection (SSI) is expected to be low (2–3%). In practice, investigators have reported wound infection rates of up to 33%. There is wide variation regarding the use of antibiotic prophylaxis in breast surgery. The Scottish Intercollegiate Guideline Network recommends prophylactic antibiotic use on the basis of level 4 evidence (low) from a single trial.

**Objective:** The primary objective was to determine whether the prophylactic use of a single dose of co-amoxycylav 1.2 g IV given immediately prior to surgery for breast cancer reduces the incidence of SSI up to 30 days post-surgery.

**Study Design:** This study is a multi-centre, randomised, double blind, parallel group, controlled trial, involving 1000 subjects at 11 hospitals.

**Statistical analysis planned:** The primary analysis will compare the incidence of SSI, diagnosed by CDC criteria at any visit up to or including the 30-day follow-up visit, in the two groups. The influence of patient characteristics (e.g. age, BMI, smoking), operative variables (i.e. type of surgery, duration of surgery, number of seroma drainage) on SSI will be assessed using multiple logistic regression analysis.

**Results:** The trial will be unblinded in April 05 and results will be presented in the meeting.

**O-15. Measuring quality in breast reconstruction – a simple and responsive scoring system**

Sridharan U, Tansley A, Holcombe C. *Royal Liverpool Hospital*

Breast Reconstruction is becoming increasingly common after mastectomy and is recognised as a mark of quality Oncological care. It is vital that reconstruction performed is of good quality with minimal complications. Currently there is no standard tool to compare the quality of different reconstruction techniques or different surgeons or centres.

**Aim:** The scoring system has been designed to measure the quality of breast reconstruction by measuring four independent quality domains – morbidity, economic, cosmetic outcome and patient satisfaction which can be combined into a Global score of quality.

**Methods:** We reviewed 60 patients who had reconstruction and applied the scoring.

Co-morbid score involves risk factors and complications

Economics – Measures in terms of Operation Time, hospital stay & extra OPD visits

Cosmetic Score – Assessment of photographs by three independent persons

Patient assessment by a simple questionnaire

Total score – Global score combines all 4 scores.

**Results:** see Table 1.

**Conclusion:** Patient satisfaction does not always correlate with cosmetic outcome.

Patients who had secondary reconstruction are more satisfied  
TRAM flap reconstruction is better cosmetically

The scoring system allows comparison between techniques and can be used to benchmark quality in breast reconstruction.

**O-16. An audit of subcutaneous mastectomy for breast cancer**

Muthiah B, Wilson M, Hinton CP. *Princess Royal Hospital, Telford*

Subcutaneous mastectomy (SCM) has been abandoned in many units because of a perception of high complication rates and poor cosmetic results. It remains however the only form of reconstruction that offers at least the possibility of a result that all experienced observer may be unable to distinguish from a conservatively treated breast.

We present an audit of SCMs performed by one surgeon between 1990 and 2003.

104 patients were identified. 14 were excluded (lost to follow up or notes destroyed/missing). 90 patients were available for outcome analysis (26 DCIS and 64 invasive disease). Median follow-up 7 years. 16 have died and 9 were considered unsuitable for the satisfaction survey for psychological reasons or because of other conditions or breast cancer recurrence. 65 questionnaires were sent and 49 replies received.

**Outcomes:** It is our policy to offer breast conserving treatment to all suitable patients opting for it. These patients were thus selected because of large tumour relative to breast size or multifocal disease.

16 patients have died and there have been 23 local recurrences (one in the nipple areolar complex).

**Patient satisfaction:**

44/49 good/satisfactory results clothed

32/49 good/satisfactory results naked

36/49 good/satisfactory results reported by partners

4/49 regretted having the operation

Poor cosmesis was associated with large breast size and radiotherapy.

**Conclusions:** Subcutaneous mastectomy can give good results with a high level of patient satisfaction in a selected patient group.

Abstract O-15 – Table 1. Results (Mean Score)

Type of reconstruction (N = 60)		Morbidity score	Economic score	Cosmetic score	Patient Assessment	Global score
Implant	Primary (10)	4.2	–5	46.8	59.8	105.8
	Secondary (10)	6.3	–4.8	55.2	50.2	107.1
LD	Primary (10)	1.7	–5.8	57	49.2	101.5
	Secondary (10)	6	–10.56	33.11	55.44	84.44
Tram	Primary (10)	4.5	–6.1	73.7	57.7	123.3
	Secondary (10)	4.5	–8.8	62.9	66.7	120.3