

P=0.001). Similar results are reported by surgeons regarding symmetry assessment.

Conclusions: Extra-projection devices have set the pace for the contemporary goal of reconstructive surgery. Our new approach creates a medium-size breast, highly projected, with a little to moderate ptosis. Myocutaneous flaps lose their role in large breast reconstruction and they can be offered only to radio-treated patients. The best results are obtained in patients who undergo contra-lateral augmentation.

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Poster

Individualized implementation strategy of breast cancer surgery in 24 hours admission: successful without loss of quality of care as perceived by patients

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Breast cancer surgery in a day care or 24 hours setting is an accepted and safe protocol but not yet common practice though the whole of Europe yet. Goals of this study were to develop an ultra short (admission, surgery, and discharge the same day or within 24 hours) admission programme for patients operated on for breast cancer, and to implement this programme at several institutions. Fundamental aspect of the programme is an adequate recovery in the home situation. To achieve these goals tailor made implementation strategies were applied. Quality of care was measured through the patients' eyes to test whether it had decreased in the measurement after as compared to the measurement previous to implementation.

The study design was pre-post uncontrolled, and was performed in four early adopter hospitals in the Netherlands. The intervention concerned the ultra short admission programme as developed by the University Hospital Maastricht. The implementation strategies involved several aspects such as regular multidisciplinary meetings combined with outreach visits. They were dependent on and adjusted to the needs of each hospital, and were based on results of diagnostic analyses which had been performed before the intervention. Clinical outcome measures concerned the percentages of patients treated in ultra short admission, number of complications, number of ER visits, number of readmissions, and number of reoperations. These data were collected six months before and six months after the implementation period of also six months. Also, patients were asked to assess quality of care through the QUOTE breast cancer in both measurements.

Although ultra short admission was already common practice in one of the hospitals, the percentage of patients treated in ultra short admission had increased in the other three hospitals: hospital 1: 5% during the pre and 74% during the post measurement; hospital 2: 24% during the pre and 74% during the post measurement; hospital 3: 94% during the pre and 95% during the post measurement; hospital 4: 40% during the pre and 85% during the post measurement. Mean number of visits to the emergency room, complications, readmissions, and reoperations were comparable for both measurements (P > 0.05). Results of the QUOTE breast cancer showed no clear decrease in the post as compared to the pre measurement. However, in an ultra-short admission setting extra attention should be paid to information about drains, prostheses, and exercises following surgery.

Using a hospital-specific approach for implementation, this study shows that introducing an ultra short admission programme for breast-cancer surgery is possible without a decrease in quality of care, as formulated and assessed by breast-cancer patients.

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Poster

Late complications of 100 breast reconstructions using permanent expander

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Background: Breast reconstruction with the use of permanent expanders may be an attractive alternative due to relative technical simplicity, but complications may result in an unacceptable final effect. We evaluate late complications in a group of patients with postoperative follow-up longer than 2 years.

Material and Methods: A group of 100 patients, aged 30–71 (mean 50), with complete data on post-operative course, were assessed for late complications after breast reconstruction performed with the use of saline-filled permanent expander. The follow-up period ranged between 2 and 5 years.

Results: Late inflammatory process (observed several months or even years after initial surgery) resulting in removal of an implant, occurred in 9 cases. Such process, treated successfully with antibiotics, with implant salvage, occurred in additional 3 cases. Thus, late inflammation (infection) of various intensity was noted in 12% of patients.

Implant deflation requiring exchange for a new device was observed in 8%.

Severe capsular contracture and improper implant positioning, requiring capsulotomy or capsulectomy occurred in 9 cases. The same condition concomitant with implant exchange was observed in additional 4. Thus, a total number of implants removed reached 21 (21% of all cases).

Only 5 patients of the whole group had radiotherapy before reconstruction. This low number does not allow to draw definite conclusions, but it's noteworthy that 3 of them had their implants removed due to extensive scarring.

Conclusion: The frequency of severe late complications after breast reconstruction with the use of permanent expanders is considerably high, and deserves further detailed studies.

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Poster

Factors affecting aesthetic outcome in screen detected breast cancer

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Background: Breast cancer treatment mandates that the therapeutic outcome is acceptable to patients. Aesthetics is a critical measure of outcome in breast cancer survivors. Many factors influence aesthetic outcome following breast cancer surgery, and these may be influenced by surgical planning. To explore this we examined outcome in patients following breast conserving surgery.

Materials and Methods: We identified 100 patients following completion of treatment from the National Breast Screening Program. We utilised a previously validated questionnaire and further developed this to measure aesthetic outcome. Patients were invited to score their treatment plan and outcome. This was then correlated with surgical variables.

Results: When asked to score their treatment 1–10 (poor-excellent) the mean score was 8.2 with a median of 9. For aesthetic outcome (score 1–5, very dissatisfied – completely satisfied) the mean score was 4.6. However, we identified re-excision of margins, wide margins and excision of skin for breast conservation as independently poor indicators of aesthetic outcome (p < 0.05).

Conclusion: Patients detected through population based screening score highly for overall satisfaction following therapy. Aesthetic outcome is also good; however several surgical factors do correlate with a poorer aesthetic result.

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Poster

Latissimus dorsi flap for total or partial breast reconstruction – the experience of the European Institute of Oncology

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Background: Total or partial breast reconstruction is currently considered a keystone step on breast cancer multidisciplinary care. Latissimus dorsi flap (LDF) for breast reconstruction is a good option when reconstruction is not feasible with an implant only.

Material and Methods: From October 1995 to February 2007, 132 patients underwent a LDF breast reconstruction. All patients underwent surgery at the IEO. Immediate reconstruction was performed by a double team. Delayed reconstruction was performed by the plastic surgery team only. When necessary, breast implant was inserted behind the flap. Data were gathered from our electronic patient medical records.

Results: Mean follow up was 24.5 months. Total breast reconstruction was performed on 113 (86%) patients, and partial reconstruction on 19 patients (14%).

All patients who underwent breast conservative treatment (BCT) received adjuvant radiotherapy, and the frequency of re-operation for local recurrence and/or reshaping was 0%.

Indications for LDF in the mastectomy group were: local recurrence after BCT in 80 patients (71%), locally advanced breast cancer in 4 patients (3%) and mastectomy without radiotherapy in 29 patients (26%).