

LETTER TO THE EDITOR

The Value of Patients' Expectation on Breast Oncoplastic Surgery

To the Editor:

Over time, surgical techniques have advanced to the point whose oncological safety and aesthetic outcomes are the pillars of contemporary breast surgery (1). Oncoplastic surgery offers a better cosmetic outcome as partial breast reconstruction. The combination of a large tumor resection performed by the breast surgeon and the immediate breast reconstruction has numerous advantages. This technique provides safer resection with larger margins and immediate aesthetic results (2). Thousands of American women undergo mastectomy and for many of them breast reconstruction is the key to recovery and improved quality-of-life (3).

Hernandez-Boussard et al. (4) analyzed over 320,000 breast reconstruction performed between 1998 and 2008 and the authors found a 4% annual increase in overall breast reconstruction procedures. The implant-based reconstruction increased 11% per year, while autologous procedures decreased 5% per year despite its durable outcome and high level of satisfaction. Interestingly, the increased use of implants for post-mastectomy reconstruction reflects patient preferences as easy recovery or the ultimate aesthetic results achieved by the evolution of mastectomies (5) and implant reconstruction (6).

Despite of whom may be in charge of performing oncoplastic or reconstructive procedures, it does not matter if they are breast surgeons or plastic surgeons, whether they work together or not (7). The great majority of breast cancer patients around the world are looking forward to being operated by good surgeons, prepared and trained to do their best for decreasing the mutilating feeling that comes along with the surgical treatment (8).

Address correspondence and reprint requests to: G Zucca-Matthes, MD, PhD, Breast Unit, Co-ordinator - Breast Oncoplastic Training Center, Barretos Cancer Hospital, Barretos, SP, Brazil, or e-mails: anguz75@gmail.com; zucca.mamarec@hcancerbarretos.com.br

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It is time to put the ego of the surgeons aside and look into the eyes of the patients to find and figure out their fears. This is a very delicate procedure. It demands lots of time, huge experience, patience and, of course, expertise.

Breast cancer is a heavy burden on the patients' shoulders (9). They arrive feeling like the floor was falling out from under them and the level of fear strongly increases the rates of imagination about the worst things which may happen to them. The name mastectomy is terrifying (10). The idea of losing part of their body is awful because the breast is the symbol of maternity, sexuality, and femininity. The same way the bad news is given—the mutilation—a way out, such as, the breast reconstruction or breast oncoplastic surgery (1) can be shown. The main point is how to do it without misunderstanding.

Firstly, oncoplastic breast surgery or breast reconstruction goes beyond a plastic surgery. The oncoplastic surgery creates or remodels a breast the more similar the possible to the gland operated. Although plastic surgery deals with aesthetic procedures, in other words, making what is considered normal even better than before. Breast oncoplastic surgeries are unable to guarantee perfect aesthetic outcomes concerning procedures about breast cancer.

Secondly, surgeons must take into account that there are different kinds of surgical techniques. To choose the best one for each case, it is necessary to pay attention to the morphology and understand the expectations of the patients. There is not a breast oncoplastic surgery one size fits all. Reconstructive surgeons must always work to provide a solution to their patients, despite the significant challenges imposed by oncologic therapies and must be prepared to rise to the challenge as treatment modalities continue to change (11).

Thirdly, the outcome of breast reconstruction after breast cancer depends on the relationship between reality and expectation. Moreover, it is extremely important to mention several possibilities such as: radiotherapy, chemotherapy, skin flap quality, muscle flap quality, axillary dissection, presence or not of

implants, different kind of sutures, scars, symmetry, drains, wounds, dressings, and patients' fantasies about the expected outcome. The comprehension levels of the patients to follow postsurgical instructions for a good recover make part of the above-mentioned possibilities and are also very important. Recently, Cordeiro (11), discussed the current status of implant-based breast reconstruction in patients receiving post-mastectomy radiotherapy. The author explained that implant-based reconstruction provides the simplest surgical solution for 2–3 stages breast cancer patients. Moreover, Cordeiro highlighted that the great majority of these patients are very grateful and remain satisfied with their results despite potentially scarce aesthetic outcomes (12).

Nowadays, there is a lack of methods to assess the aesthetic outcomes of breast oncoplastic surgery (13). Dealing with expectations seems to be the best way to achieve the best outcome. It is crucial to clarify most of the possibilities against the diversity of outcomes. It is necessary to show the patients different aspects of the breast reconstruction (10) and try to explain that it is difficult to guarantee the outcome, reinforcing that they will have great chances of having a life very similar to the one they used to have before the disease (14). After the reconstruction despite of scars they will be able to wear dresses, go to the swimming pool and of course achieve their sexual desires. That last issue probably is a delicate point and need more time to be discussed. For a good acceptance of the outcome, the opinions of the doctors, patients' relatives, or friends are important. However, the patient's partner's comprehension is the most significant sign for a successful acceptance (15). The partners must be part of the process and participate intimately in the discussion of the reconstruction.

The time may be a powerful enemy (16) but it will depend on the steps mentioned above. Immediately after the breast surgical procedure the first view of the outcome could be good, bad or reasonable. Just after covering the wound with dressings the possibilities start working and the effects under the surgical outcomes may range to both sides: good or bad. While the time is passing by, two things may happen. The first outcome could be changed and after the accommodation of tissues, for example, stabilization of the scars and appearance of capsular contracture, the signals of asymmetry can appear drastically. Following procedures may be part of the reality of patients and surgeons. On the other hand, the time could be a good counselor and the

patient will slowly be able to absorb the modifications on her body and accept them.

In conclusion, breast surgeons or plastic surgeons, interchangeably, must be prepared to clarify all topics of a breast oncoplastic surgery, and how complex and variable it can be depending on several possibilities. The real outcome is strictly dependent of dialog, clear explanations and truth. It is more than a successful surgical procedure, it is a touchable search for quality-of-life. Underestimating the patients' expectations, in other words, making them aware of the diversities concerning the oncological treatment, could be the best way to make them understand the reality and better accept the outcomes after a breast cancer therapy.

Gustavo Zucca-Matthes, MD, PhD*

Rene A. C. Vieira,†

*Breast Unit

Barretos Cancer Hospital

Barretos Sao Paulo, Brazil;

and †School of Medicine of Botucatu

PGDGOM

Botucatu Sao Paulo, Brazil

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