WHY WOMEN WHO HAVE MASTECTOMY DECIDE NOT TO HAVE BREAST RECONSTRUCTION?

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Breast cancer is the most common malignancy occurring in women. The treatment of breast cancer is a complex, multistep process involving surgical treatment, chemotherapy, radiotherapy, hormone therapy, targeted therapy, and very often rehabilitation. After the treatment of the underlying disease, or still in its course, there remains a problem of deformation of the chest. Although the number of women opting for breast reconstructive surgery increases every year, the number of such procedures in Poland is low.

The aim of the study was to investigate the reasons why women after amputation of the breast due to cancer are not likely to undergo breast reconstructive surgery.

Material and methods. The study comprised 73 women, residents of the province of Silesia, aged between 37 and 79 years, who had undergone mastectomy for malignancy in the years 1987-2013.

Results. From all of the reasons given by women for refraining from breast reconstruction, the most frequently pointed was the fear of being subjected to further surgery (38.3%). 23 women (31.5%) admitted that they were also afraid of postoperative pain. Similarly, a common response (35.6%) was that it is not essential for their mental state, and 30% of respondents fully accepted their appearance after mastectomy. Concern about the effect of failed reconstruction was reported by 24.6% of the women, and the fear that the surgery could negatively affect the process of cancer treatment by 27.4% of respondents. Lack of information about the capabilities and knowledge of breast reconstruction methods was not an important factor in decision-making.

Conclusions. Most of the surveyed women who abandon breast reconstruction surgery, make this decision on the basis of more than one reasons. Fear of undergoing a second surgical procedure and pain related to it were the most important reasons for the refusal of breast reconstruction. An important factor in the decision to desist from breast reconstruction is the age of the patients.

Key words: mastectomy, breast reconstruction, personal choice
However, the tests show that this form of breast replacement is often not well accepted by women, as inconvenient and reminding about their crippled state (4).

Breast reconstruction is most often carried out by using implants or using own tissue of the patient. At times, the surgical procedure includes both of the methods. When choosing the treatment method many factor are taken into consideration. They involve: location and type of the neoplasm, shape and size of breasts, patient age, tissue susceptibility to reconstruction (condition after radiotherapy), coexisting illnesses and most of all, further planned treatment. Reconstructive procedures may be performed at the same time as the amputation, or later on (5, 6).

In recent years numerous publications appeared regarding benefits of breast reconstruction, particularly in the context of quality life comfort of patients who undergone breast amputation (7). Numerous multi-site studies which assess the effects of reconstruction are written, taking into account both aesthetic results of such procedures and the possible complications (8, 9). The reasons women give for deciding on breast reconstruction are also analyzed. However, not much is known about the reasons why patients refuse the possibility of breast reconstruction (10).

The number of women who decide to have breast reconstruction increases year after year. In the United States, about 30% of women who undergone mastectomy have breast reconstruction, in Great Britain and Australia about 10% decide to have this procedure (11). In Poland there is not enough data about it, but it is estimated that only a small percentage (up to 5%) of women undergo breast reconstruction procedures. A question arises: what is the reason behind such low statistics?

The purpose of this study was to learn about the causes why patients, after mastectomy necessitated by cancer, do not decide to have breast reconstruction surgery.

RESULTS

The mean age of examined women was 58 years. The largest group were patients in their sixties (n=34). Most surveyed women come from medium sized cities from 50,000 to 200,000 inhabitants (respectively 30 people – 41% and 32 people – 44%). 59% of the surveyed had secondary education (43 women). Only 12 participants (16.4%) were professionally active. 57 of surveyed women (78%) declared that they have a constant partner (78%), 13 were single (17.8%), and 3 (4.1%) of the surveyed refused to answer that question.

44 women said that they feel less attractive after mastectomy. From this group as much as 19 women answered definitely yes to that question, and 25 answered rather yes. About 40% of women do not correlate the procedure with loss of attractiveness. Limitations in their personal life were noticed by 27 (37%) of women who have a life partner declared support from his side, and from the side of family and friends – 97.3% (71 women).

MATERIAL AND METHODS

73 women from Silesian province aged 37-79 who undergone breast amputation due to malignant neoplasm in 1987-2013. Participants’ demografic data including information concerning age and urbanization level of the place of origin and living were collected by means of the questionnaire. The surveyed women also responded to other questions regarding education, professional activity, civil state and belonging to a community of women who went through mastectomy. The other group of questions regarded time which passed from mastectomy, feeling of being unattractive and feeling of support and acceptance from the side of their life partner and next of kin.

Women also gave answers about limitations in their personal or professional life caused by mastectomy. They were also asked about their knowledge of breast reconstruction possibilities and the effect of the reconstruction procedure. The surveyed women were asked to mark all reasons why they did not decide to have reconstructive surgery and choosing the most important. There was also an attempt to specify the reasons for reassigning from breast reconstruction.

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Why women who have mastectomy decide not to have breast reconstruction?

57 surveyed (78%) were informed about the possibility of breast reconstruction, from which 16 women heard about it from their doctor, and 9 during meetings for women who undergone mastectomy. The remaining did not give the source of that information. 52 women (71.2%) declared the knowledge of breast reconstruction methods and 43 women (59%) have seen the effect of such a reconstruction. Even though, only 16 patients (22%) ever considered the possibility of reconstruction. As much as half of them are before 60 years old, and only 2 passed 70. The decision about refusing the procedure was mostly made by themselves (62 patients – 85%), and only several considered the opinion of their close ones (11 patients – 15%). However, most state that their close ones fully support their decision (60 surveyed – 82%) or respect it, even though they think otherwise (7 surveyed – 9.6%). A significant majority of women declared that the decision they made is final – 41 people (56%) answered definitely yes and 26 (36.6%) rather yes. Almost as much consider this decision to be right – 41 patients (56.2%) definitely yes, and 28 (38.3%) rather yes. Only 4 women (5.5%) admit that it is not a final or right decision.

The patients, when asked about the reason for resigning from the breast reconstruction procedure usually mentioned more than one reason (48 – 65.7%). When asked to specify the most important one, most frequently they pointed on acceptance of their appearance after breast amputation (6 patients – 8.2%). 4 patients (5.5%) were afraid that reconstructive treatment may have a negative influence on the course of cancer treatment. The same number of women confessed that most importantly they are afraid of another operation. Also 4 people (5.5%) declared that they do not want to undergo the reconstruction mainly because it is not the most important for their psychical condition. 3 people (4.1%) considered their age as the most important factor deciding about refusal to undergo reconstructive surgery, while as much as 38 people – 52% (12 definitely yes, 26 rather yes) admitted that it had influence on their decision. 2 women (2.7%) decided that the fear of post-operative pain was the main reason for refusing this type of procedure and as much admitted that it was the fear of the unsuccessful result of the reconstruction. Also 2 women did not fully accept their appearance after mastectomy but considers that it is not the most important factor for their psychical state. For other 2 women (2.7%) the physicians considered that there are counter indications for the procedure and one women did not decide because of having undergone double mastectomy, which in her opinion would cause “unbearable pain”. The remaining surveyed women did not answer about the most important reason from refusing to have the operation.

Women who indicated only one reason for refusing to undergo the procedure, most frequently declared that they fully accepted their appearance after breast amputation (5 people). Similarly often chosen answers indicated fear of undergoing another surgery (4 women) and the fact that it is not the most important for the respondent’s mental state (4 people).

From all of the reported reasons of breast reconstruction abandonment, the most commonly chosen was fear of undergoing another operation (28 respondents – 38.3%). 23 women (31.5%) assumed that they are also afraid of post operative pain. An answer which was chosen equally often (26 respondents – 35.6%) was an assumption that it is not the most important issue for their mental state and 22 women (30.1%) even considered that they entirely accepted their appearance after mastectomy. 13 women (17.8%) declared that even though they did not accept their appearance, they are convinced that lack of breasts is not the most important issue of their physical condition. 18 women were concerned about unsuccessful effect of the reconstruction (24.6%) and the fear that the procedure could have negative impact on the entire cancer treatment course was expressed by 20 respondents (27.4%). No information about the possibility of breast reconstruction (11 women – 15%) and no knowledge of the methods (13 people – 17.8%) were not important decision factors, while one patient, even though she was informed about a possibility of such an operation, was not aware that this procedure is free of charge.

DISCUSSION

Usually, the decision of not undergoing breast reconstruction after mastectomy performed because of the breast cancer, is related
to various reasons. Most of the patients, not being able to give a single, most basic one, indicate more of them. The final choice is usually a result of a couple of them.

One of the reasons which are often mentioned in the literature is the patients’ fear of undergoing another operation which they think is not necessary, because it is not life-saving (11). The age also plays a vital role. Older women usually do not get consider their appearance as important as the younger ones, who more often decide to have the procedure to be more attractive (10, 12). Another issue is also the concern about the end effect of the reconstruction, which for many patients is not worth the risk. It is caused by the facts that patients often only had a chance of seeing examples of reconstruction from a couple of years before, which in the light of current, new operating techniques can be regarded unsatisfactory (8). A study by Handel et al reveal in turn that the main reason for resigning from the procedure is a fear of increasing the risk of relapse after breast reconstruction (12). This study seems to confirm these tendencies. Even though the majority of patients did not clearly define a specific reason for their decision, the frequency of answers they marked made it possible to establish two main issues which deter them from the reconstruction. They mostly regard fear of another procedure and related post operative pain, as well as age. Also, 35.6% (26 people) declare that it is not the most important issue for their mental state and 30.1% (22 people) actually fully accepted their own appearance and has no need of undergoing the procedure.

Lack of confidence in the aesthetical outcome (24.6% – 18 people) and fear of increasing the risk of illness recurrence (27.4% – 20 respondents).

The study results show that 15% (11 women) did not have information about the possibility of performing a reconstructive surgery. Among them, 68.75% chose this response as one of the reasons for desisting from reconstruction, while only 1 person (6.25%) indicated lack of any information regarding that matter as the only cause. It is also interesting that only 60% of women belonging to the societies for women after mastectomy have ever seen a result of breast reconstruction.

CONCLUSIONS

It is hard to pinpoint the main reasons why patients resign from the possibility of breast reconstruction after mastectomy which took place due to cancer because most surveyed women make up their mind based on one or more factor, which indicates just how complicated this issue is. It seems that there are a couple of substantial causes which have more influence in this issue. Undoubtedly, the patients’ fear of undergoing another operation and everything involved with that is very significant. In this study it turned out to be the most important cause of refusal to have breast reconstruction. A large number of women participating in the survey declare that undergoing the reconstruction procedure is not vital for improvement of their mental state or even that they fully accepted their new appearance. Even though it seems that the problem of lack of information about the possibility of breast reconstruction is not so large, because it concerns 15% of women, it is good to notice that as much as two thirds of them indicate it as the reason for not undergoing the operation. A very important factor which influences the decision to refuse breast reconstruction is the patient’s age. Over a half of them (52%) admit that it had influence on their choice. It also should be noted that there is a mental support of the partner and the closest family in negative approach to reconstruction (91.8%).

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