Outpatient Surgery for Breast Cancer: Experience and Outcome in 425 Consecutive Patients in A Private Breast Clinic

R. Kim1, A. Kawai1, M. Wakasaka1, S. Sawada1, M. Shimoyama1, N. Yasuda1, K. Arhiro2
1Breast Surgery, Hiroshima Mark Clinic, 2Department of Anatomical Pathology, Hiroshima University Hospital, Hiroshima, Japan

ABSTRACT
Background/Objective: Although advances in surgical and anesthetic techniques for breast cancer surgery have made it possible to treat breast cancer patients in outpatient settings, outpatient surgery for breast cancer is not yet common in Japan. The use of local anesthesia and intravenous sedation is a less immunosuppressive anesthetic technique and may contribute to a decrease in disease recurrence following surgical treatment in terms of the relationship between anesthetic technique and cancer recurrence. Here, we aimed to evaluate the feasibility, safety, efficacy, and surgical outcomes of outpatient surgery in breast cancer patients in a private breast clinic.

METHODS
Advances in surgical and anesthetic techniques for breast cancer surgery have made it possible to treat breast cancer patients in outpatient settings. However, outpatient surgery for breast cancer is not yet common in Japan. The use of local anesthesia (LA) and intravenous sedation is a less immunosuppressive anesthetic technique and may contribute to a decrease in disease recurrence following surgical treatment in terms of the relationship between anesthetic technique and cancer recurrence. Here, we aimed to evaluate the feasibility, safety, efficacy, and surgical outcomes of outpatient surgery in breast cancer patients in a private breast clinic.

RESULTS
• Postoperative care: After surgery, patients were transferred to the recovery area and intensively monitored until fully awake from sedation. Patients rested and walked before returning home, typically 3-4 hours after surgery.
• Systemic and local therapy: Patients received postoperative adjuvant therapy according to the tumor subtype and pathologic characteristics of their primary tumors. Postoperative radiation therapy for the residual breast was administered at a standard dose, or with an additional boost irradiation if needed, 4-6 weeks after surgery or after adjuvant chemotherapy at affiliated hospitals. In cases requiring neoadjuvant therapy, chemotherapy or endocrine therapy was administered for 6 months, followed by surgical treatment.
• Analysis of survival: Cumulative overall survival (OS) rate and survival rate by p78 were calculated using the Kaplan-Meier method.

CONCLUSIONS
• Most elective breast cancer surgeries consisting of breast-conserving procedures/ALN management can be performed safely and feasibly in an outpatient setting, and did not increase the risk of complications.
• Given that disease recurrence was lower than with general anesthesia (GA), patients receiving LA/anesthetic sedation in an outpatient setting may provide potential benefits in terms of cancer recurrence and cancer-related mortality in patients with breast cancer by avoiding GA/opioid-induced immunosuppression in the perioperative period.

REFERENCES