The ROYAL MARSDEN

NHS Foundation Trust

Acellular dermal matrices as an adjunct to implant breast reconstruction: an evaluation of outcomes and complications





Marios-Konstantinos Tasoulis¹, Victoria Teoh¹, Ayesha Khan¹, Ana Agusti¹, Fiona Tsang¹, Kabir Mohammed², Catherine Montgomery¹, Gerald Gui¹

¹Department of Breast Surgery, ²Research & Development Unit, The Royal Marsden NHS Foundation Trust, London, UK

Abstract #580078

BACKGROUND

- Breast reconstruction rates are increasing worldwide
- Use of implants the most commonly employed technique
- Acellular dermal matrices (ADM) widely used still uncertainty regarding the effect of their use in outcomes and complications

AIM

To evaluate the outcomes and complication rates associated with use of ADM in implant - based breast reconstruction (IBR)

METHODS

- Retrospective cohort study
- Breast cancer patients who underwent IBR with ADM between 2008 –
 2013 identified from a prospectively collected database
- Data included patient demographics, surgical indications and procedural and adjuvant treatment details
- Surgical complications were recorded
- Simple descriptive statistics and non-parametric statistical analyses were performed

RESULTS

- 110 patients comprising 175 mastectomies included in the analysis
- 79 therapeutic mastectomies / 96 risk-reducing mastectomies
- Median age: 46 (19 75) years, median BMI: 22.6 (16.2 41.5)
- 8 patients (7.3%) smokers, 11 patients (10%) previous radiotherapy
- Median mastectomy weight: 244 (185 335) gr
- Median follow-up: 2.9 (2.1 − 3.9) years
- Age, BMI, smoking status and previous radiotherapy were not associated with development of complications on regression analysis
- Of the 85 patients planned for one-stage procedure 10 required planned implant exchange

Reconstruction type, N=175

Implant type	Number of mastectomies (%)
 Anatomical fixed volume 	109 (62.3)
 Round fixed volume 	8 (4.6)
 Permanent expandable 	56 (32)
Tissue expander	2 (1.1)

Surgical complications

Type of complication	Number of
	mastectomies (9
At least one complication	40 (22.8)
Infection	4 (2.3)
Inflammatory skin reaction	14 (8)
Haematoma	5 (2.9)
Seroma	15 (8.6)
Skin necrosis	3 (1.7)
Nipple necrosis	3 (1.7)
Dehiscence	9 (5.1)
Capsule formation	4 (2.3)
Implant loss	3 (1.7)

CONCLUSION

Acellular dermal matrices – assisted IBR is a safe and effective option. Patient selection and surgical experience in high – volume centres are keys to success