

The Impact of COVID-19 on Reconstructive Breast Surgery and Future Prospective

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Abstract : Introduction: The cessation of elective surgery, particularly breast reconstruction, continue to be affected by the COVID-19 pandemic. The restructuring of medical services and staff redeployment severely affected the ability to return to normality for surgical specialties. The aim of this study is to determine the decline in breast reconstruction affected by the COVID-19 pandemic in a tertiary center. Methods: A retrospective review of breast reconstruction cases (autologous, non-autologous) or mastectomies Pre- COVID (March 2019-March 2020) and during COVID (March 2020- March 2021) at Queen Elizabeth Hospital, Birmingham, were collated. Data included patient demographics, BMI, previous and recent reconstruction, length of hospital stay, and mastectomies, including risk-reducing. Results: The number of patients who had breast reconstruction was significantly lower during COVID (n=62) compared to pre-COVID (n=199). The mean age (pre-COVID 51, COVID 59 years), BMI (Pre-COVID and COVID = 27), previous reconstruction (pre-COVID n=101, 51%, COVID n=33, 53%) and length hospital stay was less during COVID (3 days) compared to Pre-COVID (4 days). The proportion of risk-reducing mastectomies and reconstruction during COVID (32%, n=20) were higher than pre-COVID (21%, n=41). A higher proportion rate of autologous reconstruction (DIEP 56, TRAM 17) Pre-COVID compared to COVID (DIEP 22, TRAM 7). Implant reconstructions were higher during COVID (n=19, 31%) than pre-COVID (n=31, 16%). Conclusion: The lack of regular provision for breast reconstruction continues to decline during the pandemic. This will have a tremendous impact on waiting lists without a timeline for reconstruction to offer patients. An international survey highlights the disparities in offering breast reconstruction and strategies to rectify this issue.

Keywords : breast reconstruction, COVID-19 pandemic, mastectomy, autologous, implant

Conference Title : ICORBS 2022 : International Conference on Oncoplastic and Reconstructive Breast Surgery

Conference Location : Istanbul, Türkiye

Conference Dates : June 27-28, 2022