

Discussion of “Quality of Life After Breast Enlargement with Implants Versus Augmentation Mastopexy: A Comparative Study”

Over the past several decades, a large literature investigating safety and efficacy of cosmetic breast augmentation has developed. Much of the work on the issue of safety has focused on issues on morbidity, including reports on implant rupture rates as well as associations with autoimmune disorders, cancer, and suicide (1-3). While some of these issues have been resolved, others remain under study.

Investigations of efficacy have focused on patient satisfaction and the psychosocial benefits of breast enlargement. Studies have repeatedly found that approximately 90% of women who receive cosmetic breast implants report being satisfied with the results (4-6). Other studies have found that women report improvement in body image, and, in particular, dissatisfaction with the size and shape of their breasts (6-7). Thus, there is a sizable body of evidence supporting the overall safety and efficacy of cosmetic breast augmentation.

The present study adds to that literature by examining the experience of women who receive breast implants as well as those who undergo augmentation mastopexy (8). Using a questionnaire of relevant domains created by the authors, the study found that both groups of women reported being motivated for surgery primarily by cosmetic reasons. Following surgery, both groups reported high rates of satisfaction with aspects of the procedure they underwent. In general, women who underwent breast augmentation with implants reported greater satisfaction with their breast shape, scar, and symmetry as compared to women who underwent augmentation mastopexy.

The results provide further confirmatory information regarding patient satisfaction and self-reported benefits of breast enlargement. The inclusion of women who underwent augmentation mastopexy is a particularly novel contribution to the literature, as these women are studied less frequently than those who undergo implant-based augmentation. Women who underwent mastopexy were less satisfied with the shape and symmetry of their breasts, as well as what were likely more significant scars. This replicates other studies that have shown a relationship between postoperative complications and less favorable, self-reported benefits of breast augmentation (9).

Despite the repeated findings that women who undergo breast augmentation are both satisfied with their surgical results and report psychosocial benefits from the procedure, researchers in this area have been challenged to find the most appropriate patient-reported outcome measures to comprehensively document these benefits. Historically, self-report measures of self-esteem, body image, and quality of life used in other areas of medical and psychological research have been used with these women (7). However, many have lacked specificity with regard to questions most appropriate for women who have undergone breast surgery.

In the past decade, Pusic and colleagues developed the BREAST-Q, a validated, patient-reported outcome tool specifically designed for breast surgery patients (10). The measure has been used successfully in a number of studies and is demonstrating itself to be a critically important measure to document the psychosocial benefits associated with breast enlargement (10-11). Investigators are strongly encouraged to use the measure as the initial building block to the creation of an assessment battery which assesses relevant domains of psychosocial functioning in breast surgery patients.

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