

mastectomy skin flap necrosis requiring revision, and seroma. Student t-test was used for continuous variables, and Fischer's exact test for categorical variables.

RESULTS: We examined 574 patients (952 total TEs) in our analysis. Baseline demographics and did not differ significantly across patients with and without ADM, though breast weight was higher in patients without ADM (685.7g vs. 543.2g, $p < 0.001$). Rates of TE loss were similar in both groups (No ADM: 5.45%; ADM: 4.44%, $p = 0.65$). Secondary outcomes of interest did not differ significantly between the cohorts.

CONCLUSION: This review of outcomes in prepectoral TEs with and without ADM showed no significant differences in complication profiles, most notably TE loss. This suggests that in properly selected patients, prepectoral breast reconstruction can be performed safely without ADM. Further work should examine long-term patient-reported outcomes following the exchange operation.

PC19. FIBRIN SEALANTS DO NOT REDUCE THE RATE OF SEROMA FORMATION IN POST-MASTECTOMY BREAST RECONSTRUCTION: A SYSTEMATIC REVIEW AND META-ANALYSIS

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PURPOSE: Breast reconstruction using Deep Inferior Epigastric Perforator (DIEP) and Latissimus dorsi (LD) flaps following mastectomy are associated with seroma formation. We performed an updated systematic review and meta-analysis on the effects of fibrin sealant on donor site complications following DIEP and LD flap breast reconstruction.

METHODS: A comprehensive literature search was conducted in March 2021, using PubMed, OVID, and Cochrane. Articles analyzing the efficacy of fibrin glue in reducing donor site morbidity in DIEP and LD breast reconstruction were included. The outcomes assessed were seroma rate formation and duration of drainage.

RESULTS: 17,265 articles were screened, and 9 articles were selected for analysis, which comprised 632 surgical sites in 611 patients. When comparing fibrin glue and quilting to quilting alone, there was no significant difference in seroma formation (Pooled Risk Ratio (RR) 0.51). Similarly comparing fibrin glue alone to no fibrin glue, there was no significant difference in the rate of seroma formation (Pooled RR 1.03). There also was no significant difference in the duration of drainage in those who received fibrin glue versus those who did not (Pooled RR -0.85) and in those who received fibrin glue and quilting versus quilting alone (Pooled RR -2.13).

CONCLUSION: The existing literature supports that using fibrin glue is not associated with a decrease in seroma rate formation or drainage duration in DIEP and LD flaps.

PC20. LONG-TERM CANCER RECURRENCE RATES FOLLOWING NIPPLE-SPARING MASTECTOMY: A 10-YEAR FOLLOW UP STUDY

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PURPOSE: Although nipple-sparing mastectomy (NSM) is a widely accepted and popular technique, limited data exists examining long-term cancer recurrence rates associated with it. This study sought to analyze rates of breast cancer recurrence in patients who underwent therapeutic NSM with a median of 10 years of follow-up.

METHODS: A single institution retrospective review identified all patients who underwent NSM with a median of 10-years of follow-up. Analysis focused on patient demographics, mastectomy specimen pathology, and oncologic outcomes including cancer recurrence. Independent risk factors for locoregional recurrence were assessed via univariate logistic regression.