

Long-Term Outcomes of the Use of Fresh Frozen Costal Cartilage in Rhinoplasty

Sexual Well-being in Patients with Breast Cancer Surgery: Trends, Associated Factors, and Interventions.

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Purpose

Up to 85% of breast cancer patients experience sexual health concerns, but it is often overlooked in postoperative survivorship. This study aims to understand Sexual Well-being in breast cancer patients who undergo lumpectomy or breast reconstruction, including the trend, associated factors, and interventions.

Methods and Materials

We performed a retrospective analysis of patients who underwent breast reconstruction or lumpectomy and completed the BREAST-Q Sexual Well-being module between 2010 and 2021. We compared reconstruction and lumpectomy patients over time and delineated associated factors. Patients who had delayed reconstruction or tissue expander (TE) placement at the time of mastectomy completed the survey at an additional time-point when they had mastectomy or TE placement only. Lastly, we evaluated the incidence and impact of sexual medicine consultations had on subsequent BREAST-Q scores.

Results

15,857 lumpectomy and breast reconstruction patients were included. Breast reconstruction patients (n=7,347) had consistently lower Sexual Well-being across time than lumpectomy patients (n=8,510), from preoperative to 5-year follow-up ($p<0.001$). Of breast reconstruction patients, mastectomy/TE placement alone caused a significant decrease in Sexual Well-being scores, followed by a significant increase after breast reconstruction.

In breast reconstruction, Black patients had significantly higher preoperative Sexual Well-being scores than White patients ($\beta=5.1$, 95%CI:1.7,8.5). Single marital status, higher BMI, and neoadjuvant chemotherapy and radiation were associated with significantly lower preoperative scores. At 1-year postoperatively, factors associated with lower Sexual Well-being included psychiatric disorders, higher BMI, and axillary dissection. Single patients had lower long-term Sexual Well-being than married patients ($\beta=-4.2$, 95%CI: -6.1, -2.3; $p<0.01$). Patients who underwent skin-sparing mastectomy had lower long-term scores than those who had nipple-sparing mastectomy ($\beta=-2.6$, 95%CI: -5.2, -0.07; $p=0.044$).

Overall, 400 (5.4%) of 7,347 breast reconstruction patients received a sexual medicine consultation. No significant differences were observed between pre- and post-consultation scores (45(26.3,60) vs.41(27,53), $p=0.244$).

Conclusion

Sexual Well-being is an essential component in caring for breast cancer patients. Breast reconstruction has a greater negative impact on Sexual Well-being than lumpectomy, and certain patient-specific factors and therapeutic interventions may have detrimental effects on patients' Sexual Well-being. Given that only a small fraction of patients receives sexual medicine consultations, providers should counsel patients about sexual health and encourage them to seek sexual health interventions.

References

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Tracks:

Clinical

Image

Median BREAST-Q Sexual Health Scores Over Time



