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POST - OPERATIVE COMPLICATIONS AFTER BREAST SURGERY: A CLINICAL, SURGICAL AND PSYCHOLOGICAL STUDY.

Surgery

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ABSTRACT

Background: Breast cancer is by far the most frequent cancer among women, with an estimated 1.38 million new cases diagnosed in 2008. It forms about 23 percent of all cancers. It is now the most common cancer both in developed and developing regions with about 6,90,000 new cases estimated in each region. Incidence rates vary from 19.3 per lac women in Eastern Africa to 89.7 per lac women in western Europe. The range of mortality rate is much less approximately around 15 per lac because of more favourable survival in developed countries. As a result, breast cancer ranks as the fifth cause of death from cancer, but is stil the most frequent cause of cancer death in women in developing regions.

KEYWORDS

Post-Operative complications, seroma, hematoma, infections, depression, lymphedema.

Introduction:

The lymphatic drainage includes two sets. Those draining the parenchyma of the breast including the areola and the nipple and those draining the overlying skin excluding the areola and the nipple. The first group forms a subareolar plexus of Sappey beneath the areola and seventy five percent of the lymph is drained into axillary lymph nodes, twenty percent is drained into parasternal and the remaining drain into posterior intercostal lymph nodes. From the second group it is drained into the axillary, supra clavicular and parasternal lymph nodes. From the lower part lymphtics may reach the sub diaphragmatic lymph nodes.

Patients tend to develop brachial plexopathy or other nerve related problems also called as peripheral nerve degeneration because of an insult to the main cords related to stretch injury caused by mal - positioning in the operating room [1]. The American Society of Anesthesiology recommends upper extremity positioning such that maximal angle at the shoulder is 90, with neutral forearm position, and use of padded armboards[2]. Mondor's disease i.e thrombosis of the thoraco - epigastric vein, can occur spontaneously, after any breast procedure such as lumpectomy, or even after percutaneous needle biopsy[3–7].

The complications that are commonly met and the complications that are encountered which are specific to the surgeries mentioned above are studied in this study. A lot of work have been done in diagnosing, screening and calculating the mortality but a limited number of studies actually indicate the quality of life that the surviving women undergo. This study is dedicated to find the complications and the quality of life that the women who underwent different surgical procedures for various cancers has been studied.

Aims and Objectives:

To study the complications which are commonly and specifically associated with breast surgery.

Materials and Methods:

The study was done in 40 patients who underwent various breast surgeries for different pathologies.

The study was done in the Department of General Surgery from Oct 2016 to Oct 2017 .

The study was done in Department of Surgery, Srinivas Institute of Medical Sciences.

The post - operative complications immediately after the surgery and during the routine follow up was noted and also the psychiatric evaluation was conducted by the Department of Psychiatry and any conditions were that were significantly found were noted and reported.

Inclusion Criteria:

1. The patients who were aged between 30 and 50 years were taken up for the study. This was done to reduce the age related bias.

Exclusion criteria:

1. The patients who were on chemo therapy or any immuno supressant drugs were not considered for the study.

All the statistics have been conducted using the latest SPSS software 2015. (California)

Results:

Table 1: Mean age of the population:

	Mean	Std. Deviation
age	52.20	8.74

Table 2: General Complications

Complications	Present
Wound Infections	12
Seroma	08
Hematoma and venous thromboembolism	20
Chronic Pain	40

Table 3: Complications in Mastectomy procedure:

Complications	Present
Wound Infections	01
Seroma	01
Hematoma and venous thromboembolism	02
Chronic Pain	4

Table 4: Complications in Lumpectomy Procedure:

Complications	Present
Wound Infections	Nil
Seroma	Nil
Hematoma and venous thromboembolism	01
Chronic Pain	02

Table 5: Complications in Axillary and other lymph nodes dissection:

Complications	Present
Wound Infections	02
Seroma	01
Hematoma and venous thromboembolism	07
Chronic Pain	03

Table 6: Complications due to Breast Recostruction Surgery.

Complications	Present
Wound Infections	Nil
Seroma	Nil
Hematoma and venous thromboembolism	Nil
Chronic Pain	16

Table 7: Complications due to Sub – areolar Incision

Complications	Present
Wound Infections	Nil

Seroma	Nil
Hematoma and venous thromboembolism	Nil
Chronic Pain	20

One hundred percent of the cases developed chronic pain after Sub – areolar Incision.

Discussion:

This was more when compared to the study conducted by other authors. Especially the chronic pain was seen to be more. In the other study it was reported for about thirty percent [8- 14]. But in our study it was accounted for 59.68%.

In the mastectomy procedure twenty six patients had wound infection which accounted to 30.95%, Seroma developed in one patient who accounted to 1.19%, Hematoma and venous thromboembolism developed in 31 patients who accounted for 36.90% and chronic pain was complained in 26 people which accounted to 30.95%. Apart from these complications Incisional Dog Ears were noted in 14% of the total operated which was specific to the mastectomy procedure. The depression developed in 82% of the cases after referring the patients to the Department of Psychiatry.

In the lumpectomy procedure In the present study one patient had wound infection which accounted to 2.32%, Hematoma and venous thromboembolism developed in 3 patients who accounted for 6.97% and chronic pain was complained in 39 people which accounted to 90.67%. Apart from these Breast fibrosis was seen in 12% of the cases, breast lymphedema was seen in 22% of the cases , and chronic/recurrent breast cellulitis was complained in 19% of the cases which was specific for the procedure.

In the axillary lymph node dissection eleven patients had wound infection which accounted to 9.73%, Seroma developed in fifteen patient who accounted to 13.27%, Hematoma and venous thromboembolism developed in 13 patients who accounted for 11.5% and chronic pain was complained in 74 people which accounted to 65.48%. Apart from these lymphedema developed in 92% of the cases. One hundred percent of the cases developed chronic pain after breast reconstruction surgery.

One hundred percent of the cases developed chronic pain after Sub – areolar Incision.

Conclusion:

The study was done in a different population when compared with the other studies and thus the procedures followed were different. The study was done in the local population and thus is intended to help the surgeons better.

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