Implementing a Safe and Feasible Outpatient Mastectomy Program

Jenna Gillen DO, Tara Balija, MD, Mary Jane Warden, MD, Kari Colen, MD, Stephanie Cohen, MD, Leslie Montgomery, MD
Hackensack University Medical Center, Hackensack, New Jersey - Department of Breast Surgery & Department of Plastic Surgery

582157

BACKGROUND/OBJECTIVES

With advances in breast reconstructive techniques, such as intraoperative local analgesia and pre-pectoral breast reconstruction, and the increasing move to bundled healthcare payment models, the dogma of a mandatory overnight stay for mastectomy deserves reevaluation.

AIM: To evaluate the outcomes of outpatient mastectomy with the hypothesis that outpatient mastectomy is safe and feasible.

METHODS

- Our institution implemented an outpatient mastectomy program in January 2018. The team included breast surgeons, plastic surgeons, anesthesiology, and operating room nursing staff.
- **Retrospective Analysis** was completed from a **prospectively maintained database** of all patients who underwent outpatient mastectomy.
- **Inclusion Criteria**: All women over the age 18 who underwent outpatient mastectomies, unilateral or bilateral, with or without reconstruction for breast cancer treatment or breast cancer prevention.
- **Exclusion criteria**: Age <18, expected lengthy procedural times, significant medical co-morbidities
- Patients reviewed from January 2018 to October 2018.

PROTCOL GUIDELINES:

A. Preoperative Phase:
- Proper patient selection with anticipated operative time of less than 5 hours
- Setting patient expectations for outpatient mastectomy at the preoperative consent visit, including drain and incentive spirometer teaching

B. Intraoperative Phase:
- Intraoperative intravenous fluid and antiemetic recommendations
- Judicious use of narcotics
- Intraoperative ketorolac (Toradol) and acetaminophen (Ofirmev)
- Bupivacaine (Exparel) for reconstruction cases

C. Postoperative Phase:
- 5-6 Hour observation in PACU prior to discharge
- POD#1 follow up visit offered with either the breast surgeon or plastic surgeon
- VNS set up prior to operation to start POD #1 for drain care

RESULTS

23 patients were scheduled in the outpatient mastectomy protocol

Median Age: 50 (28-78)
Median Body Mass Index: 26 (18-37)

- **19 patients (83%) of the patients were discharged home on day of mastectomy**

- **4 patients (17%) admitted for overnight observation**:
  - 1 patient: intraoperative instability/ rule out MI
  - 1 patient: uncontrollable nausea
  - 1 patient: severe pain (Latissimus dorsi reconstruction)
  - 1 patient: kept due to severe weather and inability to get home

Table 1: Characteristics of Outpatient Mastectomies (OM)

	N	%
Number of patients for planned OM	23	
Neoadjuvant Chemotherapy	8	36
Bilateral Mastectomies	4	17
Nipple Sparing Mastectomies	9	39
Sentinel Lymph Node Biopsy	20	87
Axillary Lymph Node Biopsy	2	9
Type of Breast Reconstruction		
No Reconstruction	5	22
Retro-pectoral Tissue Expander	7	30
Pre-pectoral Tissue Expander	9	39
Pre-pectoral Implant	1	4
Latissimus Flap/Retro-pectoral implant	1	4

- **ALL of the patients declined POD#1 outpatient visits with surgeon.**

- **Patient complications: 0**

- **Patient readmission: 0**

CONCLUSIONS

Outpatient mastectomy is a safe and viable option for patients with proper patient selection, setting patient expectations preoperatively, and implementation of institutional guidelines developed by all disciplines involved in the mastectomy operation.