



Go Pre or Stay Sub?

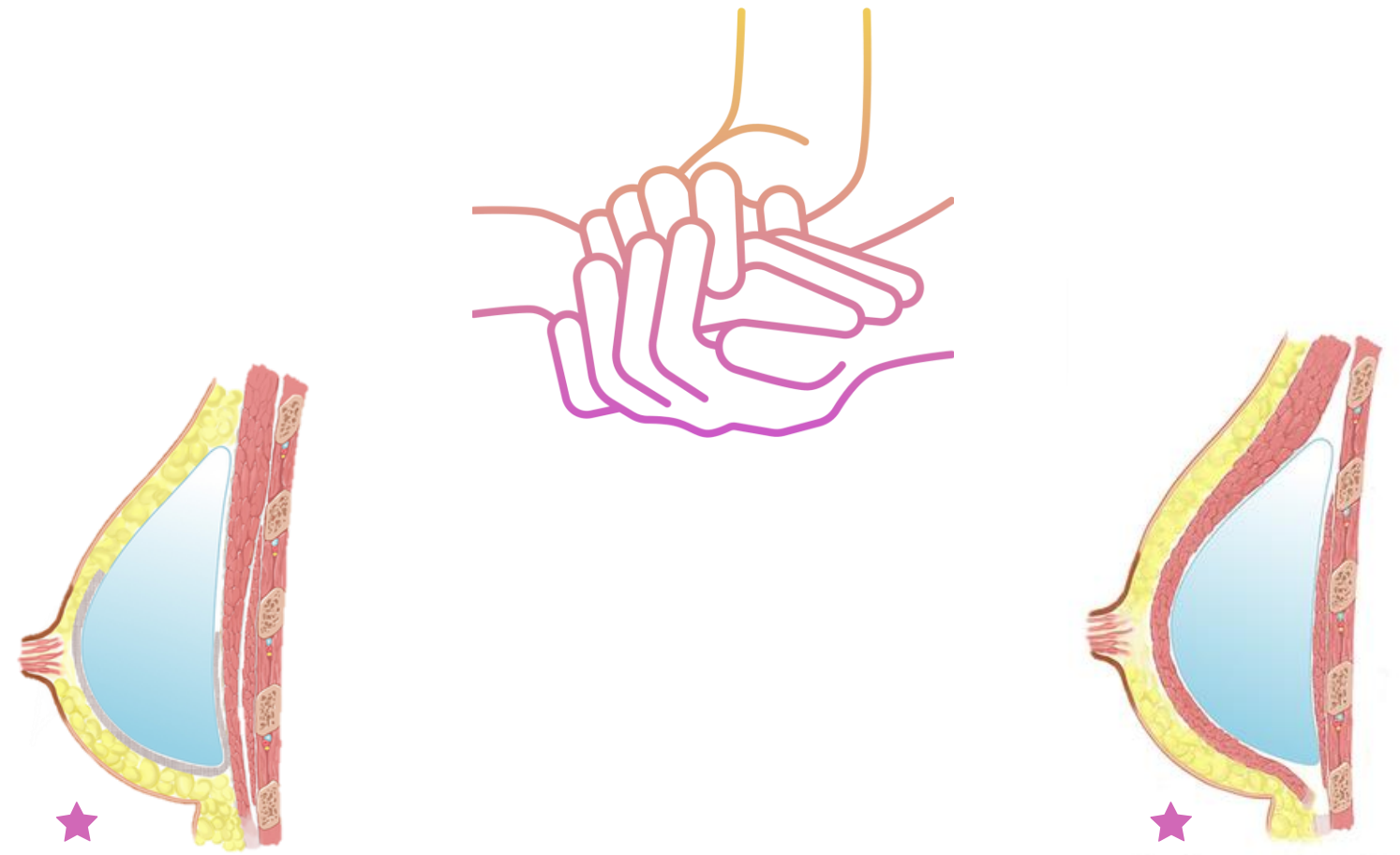
Immediate Implant-Based Breast Reconstruction A Systematic Review and Meta-analysis



Patient centered care

Pre VS Sub

- Body shape, patient preferences, course of disease
- Breast reconstruction options
- Prepectoral implant-placement on the rise



Aim

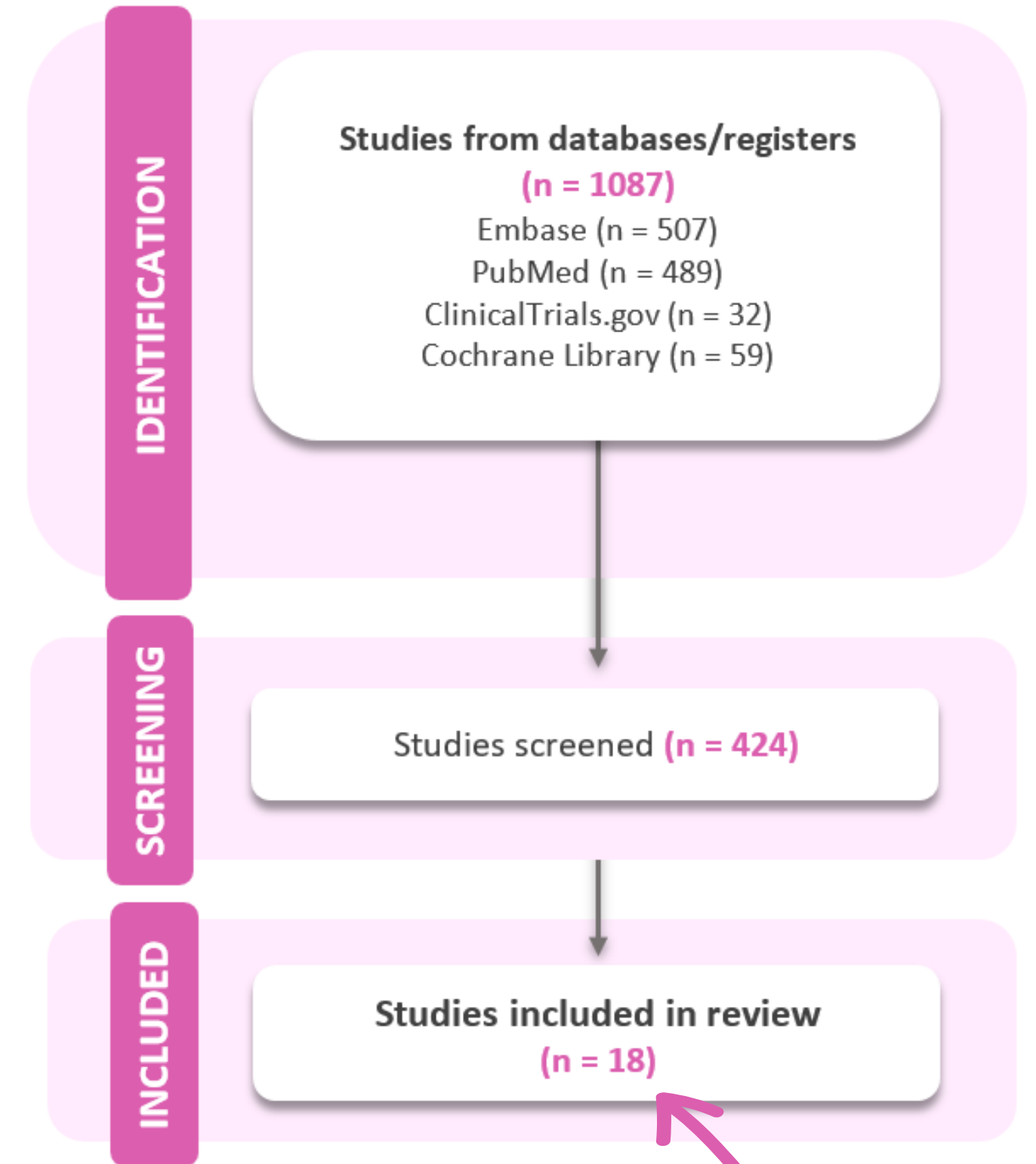


Incidence and severity of postoperative complications
following **prepectoral** and **subpectoral** immediate implant-
based breast reconstruction



Method

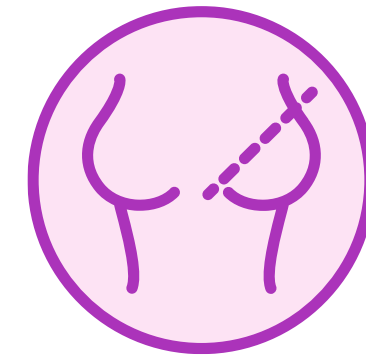
- Systematic literature search
- Inclusion criteria
 - Immediate implant-based breast reconstruction
 - Pre VS Sub
 - No adjuvant therapy



Method

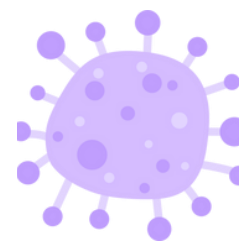
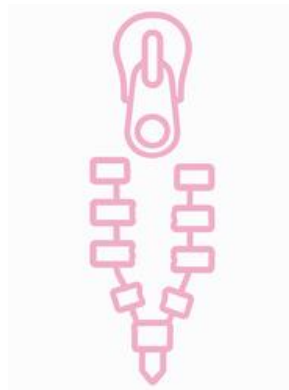
◦ Primary outcome

- Loss of implant



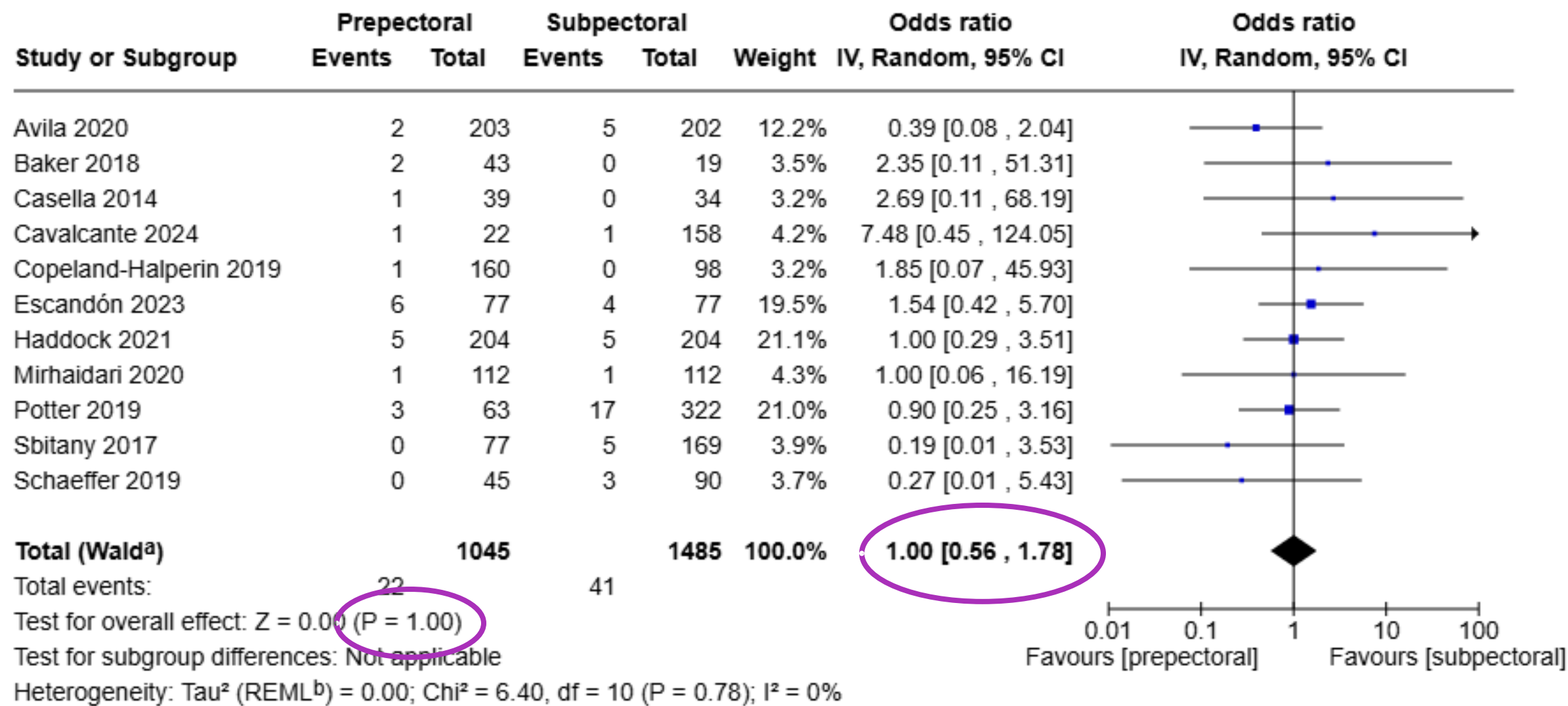
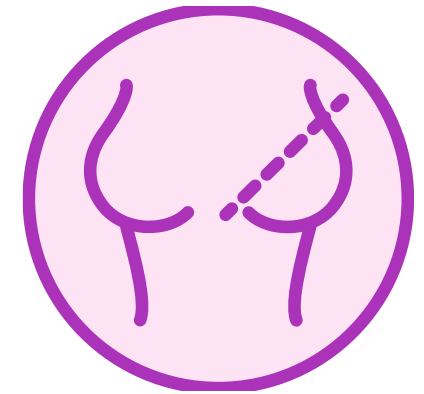
◦ Secondary outcomes:

- Dehiscence, hematoma, infection, seroma, necrosis, re-operation



Primary outcome

Loss of implant



◦ **11 studies**

◦ **1045 reconstructions in the
prepectoral group**

◦ **1485 reconstructions in the
subpectoral group**

Footnotes

^aCI calculated by Wald-type method.

^bTau² calculated by Restricted Maximum-Likelihood method.

Secondary outcomes



Dehiscence



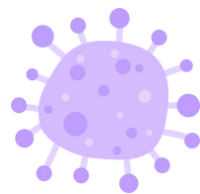
Seroma



Hematoma



Necrosis



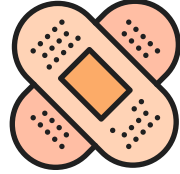
Infection



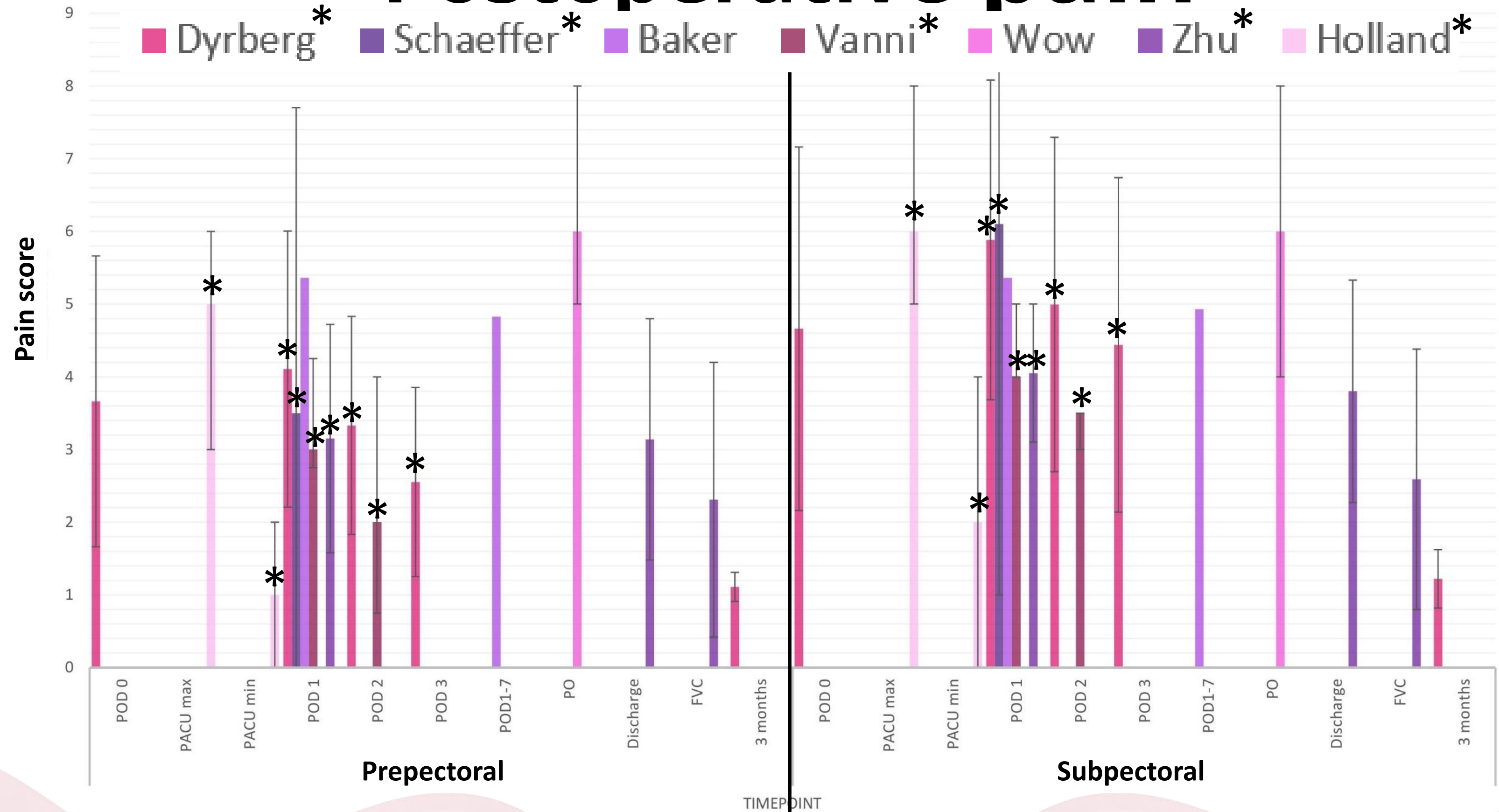
Re-operation

No significant differences in the incidence

Complications according to Clavien-Dindo

Placement	Grade I 	Grade II 	Grade III 
Prepectoral (n = 1095)	26	20	99
Subpectoral (n = 1593)	45	38	136
P-Value	0.48	0.42	0.66

Postoperative pain



Discussion

◦ Prepectoral

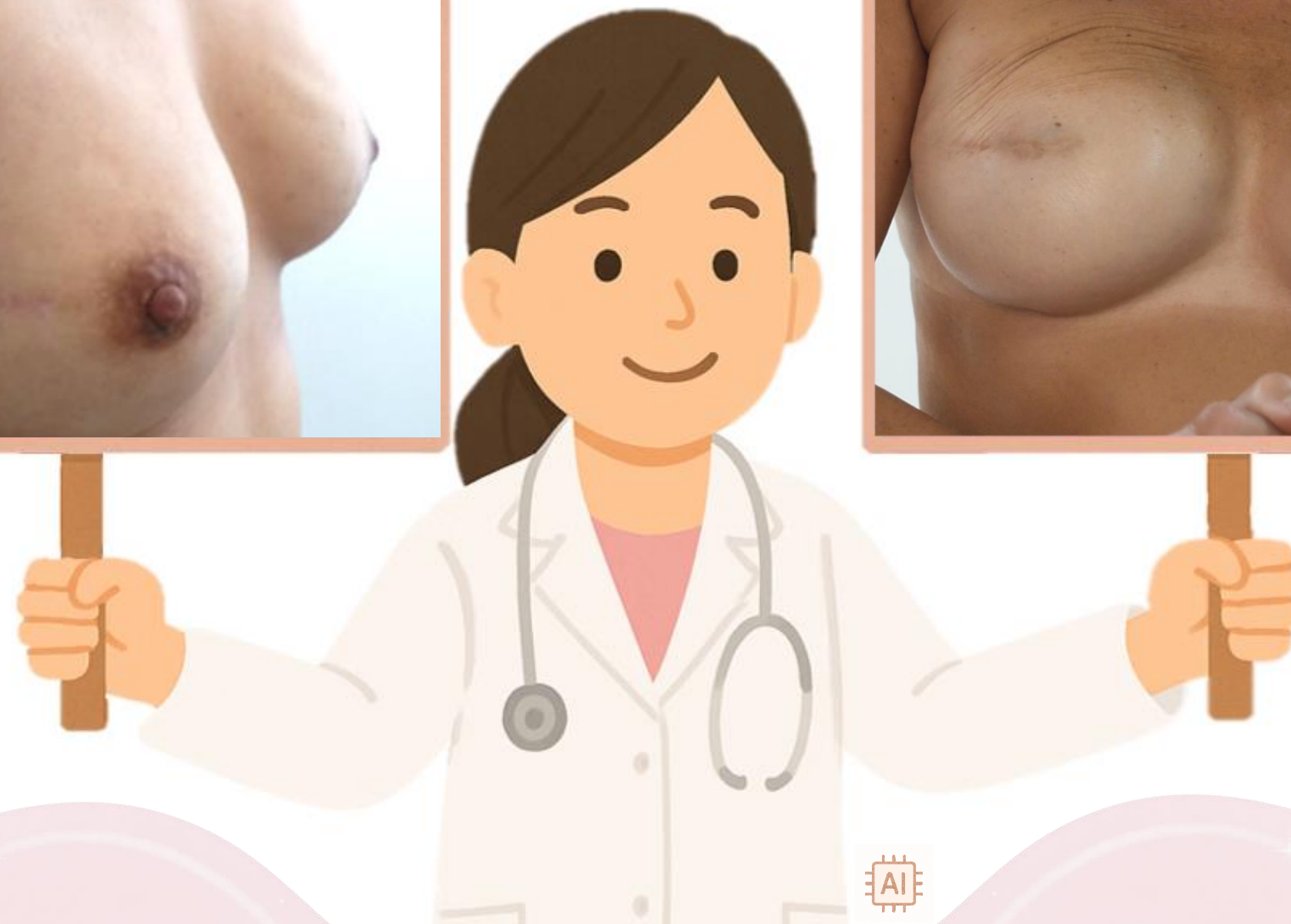
▪ Rippling



Capsular contracture

◦ Subpectoral

▪ BAD



Discussion

◦ Limitations

- Retrospective studies
- Subjective assessments
- Confounder - mastectomy skin

◦ Real-world clinical practice



◦ Future studies

- Study design
- COS and CMS
- Clavien-Dindo



Conclusion

Prepectoral breast reconstruction is as safe as **subpectoral** implant-based breast reconstruction in this patient population



THANK YOU



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