AB202. 69. Revision rates following breast conserving surgery at a University Hospital Limerick

Stephen Fahy, Robert O’Connell, Shona Tormey

Department of Breast, University Hospital Limerick, Dooradoyle, Limerick, Ireland

Background: Breast conserving surgery (BCS) is the treatment of choice in women with early-stage breast cancer. BCS offers superior cosmesis than mastectomy and survival rates are equivalent. However, a key determinant of local recurrence in BCS is the presence of positive margins. Positive margins are seen in a third of patients post BCS, and patients with positive margins have double the risk of local recurrence. The aim of this study was to assess rates of re-excision at University Hospital Limerick. The minimum standard of the UK Association of Breast Surgery is that 95% of patients should have three or fewer operations for breast cancer. Furthermore, it was hoped that rates of revision surgery post BCS at UHL would be consistent with internationally recognized revision rates.

Methods: All patients undergoing BCS or mastectomy from 01/07/2016- 31/07/2018 were included in this study. Retrospective analysis of theatre lists and pathology results allowed identification of those with positive margins requiring further surgery.

Results: One hundred and sixty-seven patients underwent BCS during this period (vs. 115 mastectomies). Of these, 36 patients (21%) required further surgical intervention post-BCS. Twelve patients required completion mastectomy (7%) while 6 patients (4%) underwent a total of three surgeries for breast cancer.

Conclusions: These results demonstrate that UHL Breast department satisfies the internationally recognized standards for BCS. Re-excision rates were consistent with generally accepted rates of revision rates following BCS.

Keywords: Breast conserving surgery (BCS); surgical revision; breast cancer

doi: 10.21037/map.2019.AB202

Cite this abstract as: Fahy S, O’Connell R, Tormey S. Revision rates following breast conserving surgery at a University Hospital Limerick. Mesentery Peritoneum 2019;3:AB202.