Post-Op Breast Surgery Complications More Common In Obese Women

GLOBE NEWSWIRE - Obese women are at substantially higher risk of complications following breast surgery, according to a study in the November issue of *Plastic and Reconstructive Surgery*, the official medical journal of the American Society of Plastic Surgeons (ASPS). "Obesity is associated with a nearly 12-fold increased odds of a post-operative complication after elective breast procedures," concludes the report by Catherine Lee Chen, MD and colleagues of The Johns Hopkins University School of Medicine, Baltimore. The results suggest that surgeon and hospital quality data should be adjusted to reflect the increased risks associated with surgery in obese patients.

The researchers analyzed insurance claim data on approximately 8,000 women undergoing elective breast surgery between 2002 and 2006. Of this group, 2,400 women (about 30 percent) were obese. For each type of procedure, rates and types of complications were compared for obese versus non-obese women. Overall, about 18 percent of obese women filed an insurance claim covering a complication after breast surgery, compared to two percent of non-obese women. After adjustment for other factors, the risk of complications was 11.8 times higher for obese patients.

The difference was most pronounced for complications involving inflammation - more than 20 times greater than for non-obese women. Obese women were at higher risk of many other types of complications as well, including infection, pain and fluid collections (seroma or hematoma) after surgery. Because the analysis was limited to procedures covered by health insurance, it did not include women undergoing aesthetic plastic surgery procedures, such as breast augmentation. More than 80 percent of the obese women in the study were undergoing breast reduction surgery, as did 64 percent of non-obese women. The next most common procedure was breast reconstruction, performed in 10 percent of obese women and 24 percent of non-obese women.

The obesity rate has risen rapidly in recent decades, to the point where 34 percent of U.S. adults are now estimated to be obese. "While the effect of obesity on disease has been established, its impact on short-term surgical outcomes has not been quantified," Dr. Chen and colleagues write.

In addition to its impact on patient health, the study may have important economic implications - especially with the movement toward "pay for performance" plans linking financial reimbursement to standardized healthcare quality metrics. The standard metrics currently used for measuring healthcare quality don't account for the possible increase in risk of complications in obese patients.

The new analysis provides evidence that obese women undergoing breast surgery are at greatly increased risk of complications. Even when other risk factors are taken into account, the complication rate is nearly 12 times higher for obese women. Researchers note that these excess complications could occur even though the doctor and hospital followed all recommended quality steps, like giving appropriate preventive antibiotics.

Dr. Chen and co-authors acknowledge some important limitations of their study, especially the fact that it was limited to patients undergoing procedures reimbursed by health insurance. They conclude, "As quality measures are increasingly applied to surgical evaluation and reimbursement, appropriate risk adjustment to account for the effect of obesity on outcomes will be essential."

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