

## Free papers of Session 10b

### 10b1

#### Breast cancer: prospective assessment of a french cancer institute for ambulatory surgical procedures

F. Dravet\*, P.F. Dupre, J. Bellouin, J.M. Classe

*Surgical oncology Department; Nantes-Atlantique, 44805 Nantes, St Herblain, France*

**INTRODUCTION:** Ambulatory surgery (AS) in oncologic surgery is not yet well developed, in France. The purpose of this study is to show that AS under general anaesthesia for breast cancer is possible in the French social and medical context.

**METHODS:** From January to December 1999, 625 patients were eligible for AS: Diagnostic Surgery (DS) (Tumorectomy, lumpectomy, nipple surgery) (351 patients) or Therapeutic Surgery (TS) (Wide reexcision, partial mastectomy, with or without axillary lymph node dissection) (274 patients).

**RESULTS:** AS were done in 418 patients (67%) and 207 patients (33%) had an In Patient Procedure (IPP). The mean reasons were more social and geographic factors 64% (living alone, personal wish, distance to hospital) than medical factors 16% (age, associated diseases). Conversion rate, in traditional postoperative cares, was 12.4% (DS:10%, TS:16.8%). AS rate was 58.6% (DS:69%, TS:45.3%). The main reasons of conversion were more medical (50%) or social (21%) than surgical factors: 23% (hematoma, superficial scar hemorrhagia). We had only one readmission during the first night (hematoma), and no major postoperative morbidity. Minor complication rate, except axillary seroma, was similar for AS and IPP (6% v 7.7%). The axillary seroma rate, requiring at least one axillary aspiration, was higher in AS than IPP (27.4% v 16.1%).

**CONCLUSION:** AS is a good alternative for IPP in breast surgery. This study outlines the feasibility of AS in France. More medical information to the patients and to the physician is needed to increase AS in France. Quality of life and patients satisfaction rate should also be evaluated.

**Keywords:** Ambulatory surgery; Breast surgery; Breast carcinoma

### 10b2

#### Clinical research in ambulatory surgical removal of breast neoplastic recurrence

Mariano Cherubini, Pietro Baxa

*U.C.O. Clinica Chirurgica, University Hospital of Cattinara, 34149 Trieste, Italy*

Fourty four patients who presented recurrence after radical surgical therapy of breast cancer are examined. The recurrence is ambulatory exceeded and receptor determination measured in f.mol/ml; receptor phenotypes (ER + PR +, ER – PR +, ER + PR –, ER – PR –),

the oestrogenic progestinic ratio, the grading correlated to the oestrogenic positive or negative receptors, are valued. The data are compared with an other group of patients, screened at the I stage and operated in hospitalization. The results show a different receptor percentage in recurrence of ER + PR +, ER – PR –, an increase of ER + PR-phenotype. The recurrence appears more frequently when the lesion at the first operation has an advanced stage, and when radiotherapy has not been included. The grade shows, in recurrence, a greater number of indifferiated cells and a reduction of ER +. The oestrogenic progestinic ratio is significantly increased (12.7),  $P < 0.01$ , in recurrence, compared to the I stage (4.44). The cause of recurrence is due to neoplastic embolism, documented histologically. The recurrence does not necessarily indicate a poor prognosis, because the survival rates after 2 yr is 67% of the cases, treated by ambulatory excision and complementary therapy. This represents a useful model of tumour treatment and research in ambulatory surgery.

### 10b3

#### Single stage breast reconstruction in day surgery

Hugh Bartholomeusz

*PO Box 841, Tri Rhosen Day Hospital, 4305 IPSWICH, Australia*

For many years now procedures such as breast augmentation and subcutaneous mastectomy have been successfully performed as day surgery. Single stage breast reconstruction can be performed by a number of methods utilising the transfer of autologous tissue from the abdomen and back with or without the use of breast prostheses. These procedures are lengthy and involve the use of free or pedalled flaps. They are therefore unsuitable to be performed in a day surgery setting. A simple and most effective form of breast reconstruction involves the insertion of a combined silicone and saline tissue expander with a remote filling port. This tissue expander becomes the definitive reconstructive prosthesis and a secondary procedure is not required. This paper details the clinical efficacy of such a prosthesis in both simultaneous and delayed breast reconstruction following mastectomy. Because of the reduced operating time involved, these cases are ideally performed as day surgery.

### 10b4

#### Ambulatory procedure for breast surgery: post-operative cares and patients' satisfaction, assessment of a French cancer institute

F. Dravet\*, P.F. Dupre, T. François, S. Robard, J.L. Théard, J.M. Classe

*Surgical oncology Department; Nantes-Atlantique, 44805 Nantes, St Herblain, France*

**INTRODUCTION:** The purpose of this study is the assessment of breast surgery in ambulatory procedure: patient satisfaction index, management of post-operative symptoms and cares at home.

**METHODS:** From January to December 2000, we give a questionnaire to all the women who had an ambulatory procedure. We get it back the day of post-operative consultation (7 days later). In this form, we ask for assessment about the information received, the state of health at the discharge from hospital during the first night and the first week. All the items was quantified, from 1 to 10 (1: none or very bad, 10: maximum or very good). We done an average value [av] of these items. In final, we ask an overall satisfaction Index.

**PRELIMINARY Results:** We operated 236 women, average age: 50 yr [17–76]. We had 198 answers. The participation rate was 83.9%.

- *Informations:* Before surgery: av = 9.15. After surgery by nurse: av = 9.33. By surgeon: av = 8.90, Written instructions: av = 9.20.
- *Ambulatory procedure organization:* av = 9.25.
- *State of health at the discharge from hospital:* Tiredness: av = 4.66; Pain: av = 2.62; Anxiety: av = 2.35; Nausea-vomiting: av = 1.61.
- *State of health during first night:* Breast Pain: av = 3.26; Axillary pain: av = 2.4; Antalgic: 60.6% patients [mean quantity: 2.9]; Nausea: 14.1%; Vomiting: 7%; Quality of sleeping: av: 6.71; Phone to their General Physician: 1.5%; Phone to the ambulatory department: 1.5%; Readmission during the night: 0%.
- *State of health during first week:* Breast pain: av = 3.30; Axillary pain: av = 2.56; Antalgic: 49.5% [mean quantity: 6.5 day]; Phone to their general physician: 14.1%; Telephone to the ambulatory department: 7.5%.
- *Overall assessment:* Satisfaction index: av = 8.94/10; Choose again ambulatory procedure: yes = 89.9% patients; Recommend ambulatory procedure for breast surgery: yes = 86.3% patients.

**CONCLUSION:** Ambulatory procedure is appreciated by the women for breast surgery. The patients' and the General physicians' information is very important for the management of the post-operative symptoms and cares at home. It is avoided too much telephone calls and the readmission during the first night.

*Keywords:* Ambulatory surgery; Breast surgery; Satisfaction assessment

## 10b5

### Infection rates in ambulatory gynaecological surgery

Jost Brökelmann

*Praxisklinik, Friedensplatz 9, D-53111 Bonn, Germany*

Since 1990 every patient of our free-standing unit receives a questionnaire regarding postoperative complications. In the average 62% of all patients, return the questionnaire. In addition, regular consultations take place with the gynaecologists who are in charge of postoperative care. Thus, we have a fairly good overview on complication rates after ambulatory surgery.

Between 1993 and 1999 ambulatory surgery was performed on 7456 gynaecological patients. The spectrum ranged from curettage to hysterectomy and axillary lymphonodectomy. After leaving the day clinic, patients and doctors reported an average complication rate for all surgical procedures of 0.64%. Infectious complication rates were 0.38% and wound infection rates were less than 0.1%. In 3 out of 7 yr including the last two ones no wound infection whatsoever was reported.

In 1994 seven gynaecological day clinics including the one in Bonn performed a multicenter study to assess complication rates after laparoscopy (Hennefründ et al., Zentralbl. Gynäkol 118 [1996] 113–116). In 1474 patients wound infection rates averaged 4% with a low of 0% and a high of 9.3% in different centres according to patient questionnaires. There was no detectable difference in wound infections in relation to surgical procedures but there was a statistical significant difference between the different surgical centers.

Whether wound infections are mainly due to nosocomial infections or to surgical skills will be discussed on presentation.