Systematic review of studies of patients’ satisfaction with breast reconstruction after mastectomy

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CRD summary
This review concluded that studies suggested that patients were satisfied with breast cancer reconstruction, however, methodological deficiencies of the included studies limited the generalisability of the results. The reliability of the results was compromised both from the limitations of the included studies and a lack of reporting of the review process.

Authors’ objectives
To assess patient satisfaction with breast reconstruction after mastectomy for cancer.

Searching
MEDLINE, EMBASE and The Cochrane Library were searched from 1995 to 2006 for English language studies; search terms were reported. Reference lists of retrieved studies were searched.

Study selection
Any clinical trial that directly measured patient satisfaction of breast reconstruction after mastectomy for cancer as either the primary outcome or a prominent outcome in the overall assessment was eligible for inclusion. The outcomes of interest were overall satisfaction, levels of satisfaction with specific aspects of the procedure and postoperative management, and willingness to recommend breast reconstruction. The primary focus of the included studies varied; most assessed patient satisfaction as a secondary outcome. The techniques used for breast reconstruction and to assess satisfaction varied greatly across studies. The authors stated neither how studies were selected for the review nor how many reviewers performed the study selection.

Assessment of study quality
The authors stated that they assessed the reliability and validity of the methodologies used in the studies and the generalisability of the results using a combination checklist for randomised and non-randomised studies, CAPS evaluation sheets and the Cochrane Handbook. The authors did not state how many reviewers assessed validity.

Data extraction
The proportions of patients reporting satisfaction, willingness to recommend the procedure and experiencing complications were extracted from each study. The mean or median satisfaction scores were presented for some studies. The authors stated neither how data were extracted for the review nor how many reviewers performed the data extraction.

Methods of synthesis
The studies were combined in a narrative synthesis. Some study details were presented in tables. Differences between studies were discussed in the text.

Results of the review
Thirty studies met the inclusion criteria (n at least 4,064; range 11 to 1,221): 28 related to patient satisfaction; and two to pain management. One study was a randomised controlled trial (RCT) (n=75), 17 studies randomly selected patients and 12 studies did not report on selection or were convenience samples. All studies reported high levels of patient satisfaction regardless of the technique used. Factors influencing satisfaction were breast symmetry (two studies), procedure type (two studies), overall cosmesis (two studies), breast size and shape (two studies), scars (two studies) and nipple reconstruction (four studies). Complications were an indicator of dissatisfaction in two studies.

Authors’ conclusions
Overall, studies suggested that patients were satisfied with breast cancer reconstruction.

CRD commentary
The authors addressed a clear research question. Relevant sources were searched. Only English-language studies were included and there was no specific search for unpublished data; therefore, language and publication bias could not be ruled out. The review process was poorly reported, therefore, it was unclear whether methods were used to reduce error and bias. Validity was assessed and a general discussion around quality issues presented. The decision to combine the studies in a narrative synthesis seemed appropriate. The authors acknowledged a range of limitations regarding the methodology of the included studies that limited their reliability. Given this, and the lack of reporting of the review process, conclusions drawn from the analysis should be treated with caution.

**Implications of the review for practice and research**

**Practice**: The authors did not state implications for practice.

**Research**: The authors stated that patient satisfaction should be measured in cancer clinical trials recruiting representative patient samples, and that studies needed to report these data to the same standards as other clinical assessments. They went on to state that hypotheses and objectives should be clearly stated, research tools that had been demonstrated to be reliable and valid should be used and methodological standardisation of questionnaires introduced to allow the identification and assessment of items relating to the treatment process and outcomes separately from attitudes and intentions. Methods for collecting data should also be considered.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.