## ABSTRACT

# Outcomes of Breast Free Flap Reconstruction in the Middle East

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**Objectives:** Free-flap breast reconstruction is a kind of autologous-tissue breast reconstruction pertain after mastectomy for breast cancer, without the get stuck of a breast implant prosthesis. As a type of plastic surgery, the free-flap process for breast reconstruction employs tissues, gathered from another part of the woman's body, to create a vascularised flap, which is provide with its possess blood vessels. Breast-reconstruction mammoplasty can occasionally be recognize with the application of a pedicled flap of tissue that has been harvested from the latissimus dorsi muscle, which is the broadest muscle of the back, to which the pedicle ("foot") of the tissue flap leaving attached until it successfully grafts to the recipient site, the mastectomy wound. Moreover, if the volume of breast-tissue excised was of relatively small mass, breast augmentation process, such as autologous-fat grafting, also can be register to reconstruct the breast lost to mastectomy. Reviewing patient satisfaction and quality of life following post mastectomy breast reconstruction in breast cancer patients of Middle East.

**Methods:** Retrospective study of 68 patients of post mastectomy who underwent free flap-based breast reconstruction with a mean follow up of 6 months were studied over a period of 5½ years. Specific preoperative investigation included CT angiography of the abdominal wall for perforator assessment. All of breasts were reconstructed by microsurgical free flap breast reconstruction. A questionnaire was developed for the postoperative patients in order to assess their satisfaction grades.

Results: A total of 68 patients of post mastectomy females attended to our clinic for breast reconstruction. Most of the patients (97.3%) were in the age group of 29 yrs-53 yrs. Majority of patients (68%) underwent delayed reconstruction. Average BMI at reconstruction in most females was 30.1. CT angio demonstrated two ideal perforators in 59% of cases. Majority underwent reconstruction by free DIEP flap. Complications occurred in 6.4% of patients. Overall satisfaction rates of 92% was noted. At the completion of the study 30% has completed nipple reconstruction. In surgical praxis, the abdomen is the starting donor-site for harvesting the tissues to generate the free flap, because that region of the woman's body generally contain's enough (redundant) adipocyte fat and skin -tissues that are biologically compatible and aesthetically adequate for the construction of a substitute breast. The secondary donor-sites for harvesting adipocyte and skin tissues to design a free flap are the regions of the gluteus maximus muscles, the medial thigh, the buttocks and the waist of the woman's body.

Conclusion: With the availability of "state of the art" microsurgical breast reconstruction, in properly selected patients, the quality of life and satisfaction rates are high and free flap breast reconstruction has proven to be the standard of care in post mastectomy patient population.

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