

Reduction Mammaplasty: A Safe and Effective Outpatient Procedure

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Abstract, Traditionally, reduction mammaplasty has been performed on an inpatient basis with a one to two day hospitalzation. Many procedures once commonly performed on an inpatient basis have been shown to be safe and effective when performed in an outpatient setting. The purpose of this study was to determine if reduction mammaplasty could be performed safely on an outpatient basis and to compare findings between inpatient and outpatient groups. An outcome based retrospective review of patients who had bilateral reduction mammaplasty from 1989 to 1993 was performed at two centers. Minimum follow-up was nine months. Of 331 patients, 161 were outpatients and 170 were inputients. Seventy-six percent of the surgeries were performed in the hospital and 24 percent at a free-standing surgical facility. There were no statistical differences between the two groups when comparing age, marital status, preoperative health status, operative technique, and resection weight. Evaluation of patient body weights, use of antibiotics, and complications did reveal statistical differences between the two groups. The inpatients were heavier, more likely to experience a complication, and less likely to receive antibiotics. There was, however, no difference between the two groups for incidence of rehospitalization, return to the emergency department, or reoperation.

A patient satisfaction survey was conducted with both outpatient and inpatient groups reporting high satisfaction with their results. Over 95 percent of patients in both groups felt the experience was a positive one. The survey indicated high patient acceptance of breast reduction on an outpatient basis for the outpatient population. The data confirms that reduction mammaplasty is a safe and effective procedure when performed on an outpatient basis. The cost savings associated with outpatient surgery is significant and an important consideration in this era of health care reform.

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Primary surgical procedures once performed exclusively on an inpatient basis in the United States and overseas are now routinely performed as outpatients. The concept of ambulatory or outpatient surgery was introduced at the turn of the century with renewed attention in the mid-1950's when it began to gain acceptance in the United States [6].

The 1970's heralded the beginning of the real shift from inpatient to outpatient surgery in the United States. From 1979 to 1989, inpatient surgery decreased by 30% and outpatient surgical procedures increased by 300% in both free-standing ambulatory surgery centers and hospital-based outpatient surgical units [4,5,13]. Ambulatory surgery now accounts for more than 50% of all surgery in the United States, up 16% from 1980 [3]. With the increasing attention from managed care and insurance companies, cost has become an essential factor in determining benefits for patients. Acceptance of ambulatory surgery has been encouraged by results of studies reporting savings between 25% and 50% in hospital charges per patient without any deleterious effects in the clinical outcome [3,6,9]. Payor coverage has increased from 35 to 96% and financial incentives have even been created to encourage ambulatory surgery [4,14].

Reduction mammaplasty is one of the most common "reconstructive" plastic surgical operations performed. Traditionally, reduction mammaplasty has been performed on an inpatient basis with a hospital stay of 1–2 days [12]. Because of the proven safety and patient acceptance of many outpatient surgical procedures once only performed as an inpatient (e.g., hernia repair, cholecystectomy, and abdominoplasty), we proposed that reduction mammaplasty could also be performed safely and effectively as an outpatient procedure [6,9,13].