



ASO Author Reflections: Homing in on Safety—Home Recovery After Mastectomy

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PAST

There was a time when the performance of a mastectomy was a clear indication for inpatient hospitalization. Significant advances in anesthesia, including the use of regional nerve blocks and multimodal pain management, have resulted in less need for opioid use in the postoperative period.¹ Additionally, expansion of Enhanced Recovery After Surgery algorithms has led to more surgical procedures performed in an outpatient setting.² For patients undergoing mastectomy with and without immediate expander-based reconstruction, there continues to be significant variation in practice regarding overnight stay or same-day discharge. The coronavirus disease 2019 (COVID) pandemic in 2020 resulted in fewer available inpatient beds, difficulty with staffing, and the need to keep patients out of hospital. Some institutions ceased all inpatient surgeries, prompting surgeons to consider same-day discharge for those surgeries that may routinely stay overnight.³ This was the impetus for the American Society of Breast Surgeons Patient Safety and Quality (PSQ) Committee to establish a working group to develop guidelines for safe implementation based on a review of the current literature and clinical experience.⁴

PRESENT

In establishing the working group, the PSQ Committee sought to identify those key players along all points of contact for the patient. The group included representatives from breast surgery (both academic and community-based), plastic surgery, anesthesia and pain management, and perioperative nursing. A survivor/patient advocate was also involved in all discussions to provide the patient perspective. This is the first publication to summarize the data regarding outpatient mastectomy in a systematic way. Review of the literature and key findings were used to develop a framework that could be shared among our society for surgeons who choose to implement this practice. This process cannot be achieved overnight; there are multiple strategies that should be performed to identify appropriate patients and provide education on what to expect on discharge. Involvement of the perioperative team (including anesthesia and Post Anesthetic Care Unit [PACU] nursing) is also paramount to ensure success.

FUTURE

While the society is excited to contribute this project to the current literature, it is important to acknowledge that home recovery may not be appropriate for all patients and should not be used as a model for coverage or compensation. Some patients are not candidates based on comorbid conditions, lack of social support, or distance from the hospital. Furthermore, issues may arise on the day of surgery that require additional monitoring. As surgeons increase the number of patients discharged home the same day, it is important to monitor the quality of care being delivered. Current hospital metrics for surgical quality are often those associated with inpatient hospitalizations, such as length of stay, hospital-acquired infections, and 30-day

mortality. It is important for surgeons and hospitals to identify metrics specific for outpatient surgery, such as unplanned return to care, hematoma rates, and skin flap necrosis. There is also a need for easily collected, validated data regarding patient-reported outcomes in breast surgery, another opportunity for investigation and advancement as we hone in on safety and quality.

FUNDING None declared.

DISCLOSURES None declared.

REFERENCES

1. Cheng GS, Ilfeld BM. A review of postoperative analgesia for breast cancer surgery. *Pain Manag.* 2016;6(6):603–18.
2. Arsalani-Zadeh R, ELFadl D, Yassin N, MacFie J. Evidence-based review of enhancing postoperative recovery after breast surgery. *Br J Surg.* 2011;98(2):181–96.
3. Cortina CS, Ward EP, Kong AL. The consideration for outpatient mastectomy during the Covid-19 global pandemic. *Am J Surg.* 2021;222(2):290–1.
4. Ludwig KK, Wexelman B, Chen S, et al. Home recovery after mastectomy: review of literature and strategies for implementation, American Society of Breast Surgeons Working Group. *Ann Surg Oncol.* 2022. <https://doi.org/10.1245/s10434-022-11799-4>.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.