Patient Satisfaction with Breast Reconstruction at Hadassah Medical Center: Does It Correlate with Objective Outcomes?

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Abstract:

Background: Quality control in surgical professions is a challenging issue since the success of the surgery is perceived by the public as being dependent primarily on the surgeon’s proficiency, rather than on the rest of the care-giving team, the medical organization in which the operation is taking place, or the severity of the patient’s preoperative status. The aim of this study was to assess the concordance between objective and subjective quality criteria in breast reconstruction using tissue expanders, as an example of a surgical treatment. Furthermore, the study sought to examine whether patient satisfaction with breast reconstruction, correlates with medical and objective outcomes. This way, we attempted to assess the quality of care given to patients undergoing breast reconstruction at the Plastic Surgery Department at Hadassah Medical Center.

Methods: A survey was conducted, via telephone, among patients who had undergone breast reconstruction using tissue expanders, between 1.1.2000 and 1.4.2005 at the Ein Kerem and Mount Scopus Hadassah Medical Centers. Assessing patient satisfaction with
the reconstruction results was performed using three methods: a direct question, a question regarding the willingness to return to Hadassah for treatment, if necessary and a question inquiring whether the patient would recommend to a friend in a similar situation to undergo the treatment in Hadassah. These findings were examined against several objective parameters, such as postoperative complications, as recorded in the medical records, demographic and clinical data of the patient’s preoperative medical status and data regarding the surgery itself. This data was retrieved from an existing database on the postoperative complications of these patients, which was gathered by researchers from the plastic surgery department. In addition, the patient’s satisfaction findings were examined in conjunction with subjective outcomes such as postoperative complications, as reported by the patients in the survey and their sense of a gap in their understanding and knowledge regarding the procedure. A significant complication was defined as an event which required re-hospitalization or re-operation while a minor complication was defined as an adverse event which did not require hospitalization (pain, hematoma, infection requiring oral antibiotics).

**Results:** Of the 140 patients, 103 completed the survey. 43% of the responding patients were very much satisfied with the reconstruction results, a finding which was validated by the fact that most patients (63%) would highly recommend to a friend in a similar situation to undergo the treatment in Hadassah and would return for treatment in Hadassah, themselves (77%). A correlation was found between patient’s dissatisfaction with breast reconstruction and the existence of significant postoperative complications, according to the patient’s answers in the survey, but no correlation was found with these complications according to medical records. No correlation was found between patient’s
satisfaction and the existence of minor postoperative complications, according to the survey and the medical records. A gap was found between the postoperative complications rate, as reported by the patients in the survey, versus those recorded in the medical records—particularly with mild complications (72% in the survey vs. 51% in the records) and to a lesser extent, the major ones (20% in the survey vs. 13% in the records). 75% patients felt there was a gap regarding their understanding and knowledge of the reconstruction process, before and after the procedure. This gap was attributed to insufficient explanation and a difficulty in absorbing the information. An inverse correlation was found between patient satisfaction and the existence of a gap in their understanding of the procedure and to the magnitude of this gap (p=0.03). No correlation was found between patient satisfaction and preoperative medical status, smoking, radiotherapy or operative criteria. In addition, no correlation was found between demographic parameters, excluding, familial status, married women were more satisfied than unmarried women.

**Conclusions:** Patient dissatisfaction with breast reconstruction results is influenced by the existence of significant postoperative complications which required re-hospitalization or re-operation, and to a lesser extent, by a sense of gap in their understanding and knowledge of the procedure. The discrepancy between postoperative complications rate, as reported in the survey, versus those recorded in the medical records, implies that the medical team may have a difficulty in understanding the surgical experience as it is portrayed by the patient and tends to focus on objective outcomes. This fact may explain the sense of gap in understanding the procedure and its results. The extent of the correlation between patient satisfaction with the reconstruction results and objective
outcome, is in fact depending on who is being asked. From a formal-medical perspective, there is no correlation to postoperative complications. On the other hand, there is a correlation to these complications, from the patient’s subjective perspective and to the existence of a gap in their understanding of the procedure. The way to overcome this sense of a gap in understanding is by thoroughly informing the patients in a clear language preoperatively, regarding possible aesthetical results, complications and the expanding procedure in the immediate postoperative period.
Bibliography:


