Efficacy and safety of low molecular weight heparin and mechanical thromboprophylaxis in immediate implant-based breast reconstruction: A retrospective comparative analysis

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## Introduction:

- Cancer increases the risk of venous thromboembolic events (VTE)
- Postoperative period requires particular caution
- Limited research on pharmacological thromboprophylaxis in the context of mastectomy with immediate implant base BR
- We aim to evaluate the rate of VTE and pharmacological thromboprophylaxis related complications

## **Methods:**

- Retrospective chart review (January 2021 to December) 2023)
- Patients underwent mastectomy followed by immediate implant-based BR
- Exclusion : other surgical techniques ; active metastatic disease; incomplete treatment data or medical record
- Silicone prothesis wrapped in Vicryl mesh
- IPC on both shins for all patients right after the operation
- Pharmacological thromboprophylaxis: 6h postoperation
  - 40mg/day of LMWH according to each patient's thromboembolic risk (Caprini score, clinical exam, liquid amount and aspect in drain) o until discharge

## Results:

- 179 patients included (211 breasts)
- 133 patients (74.3%) had IPC and LMWH
- 46 patients (25,7%) had IPC only
- No statistical difference between groups for :
  - o mean age
  - o mean BMI
  - o number of active smokers
  - o mean ASA and Caprini scores

	LMWH	No LMWH	
	n = 133	n = 46	p-value
Surgical Indication			
Breast cancer	132 (99.2%)	45 (97.8%)	1.000
Prophylactic mastectomy	1 (0.8%)	1 (2.2%)	1.000
Operative characteristics			
unilateral, n (%)	115 (86.5%)	32 (69.6%)	0.014
bilateral, n (%)	18 (13.5%)	14 (30.4%)	0.014
Type of operation			
SSM	73 (54.9%)	20 (43.5%)	0.182
NSM	60 (45.1%)	26 (56.5%)	0.182
Mean resection weight per breast [grams], (SD)	415.3 (254.2)	358.2 (227.7)	0.128
Mean operative time [minutes], (SD)	191.8 (53.1)	198.5 (65.4)	0.490

Figure 1. Operation characteristics

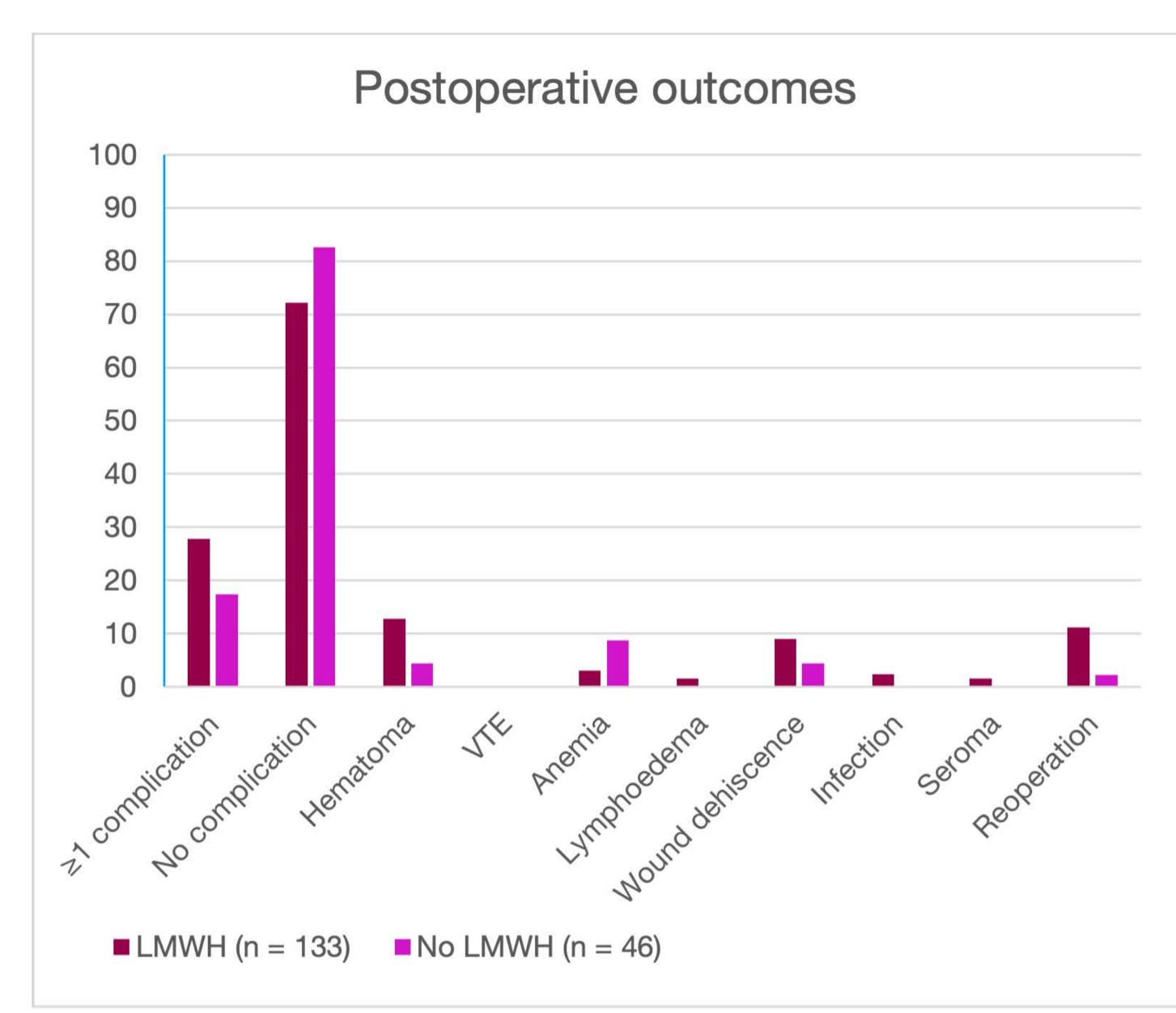


Figure 2. Postoperative outcomes comparison (%)

## Conclusion:

- no significant differences in complication rate,
- no VTE events in both groups

Choice of LMWH use should be mostly based on the VTE risk following mastectomy and IBR, given that there no significant increases in bleeding or hematoma rates in patients with LMWH.

