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Persistent Seroma, a Threat to Implant-Based Breast Reconstruction?

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Abstract

Introduction: Seroma is one of the usual postoperative complications after breast and axillary surgery. It is considered as a consequence of prolonged lymphorrhea. Its persistence means a longer healing process, increased risk of infection and in case of implant-based reconstruction, even implant loss which may result in delaying adjuvant oncologic treatment. Nevertheless the patient's discomfort is amplified due to frequent follow-up visits to the hospital for percutaneous drainage and sometimes the seroma might affect the aesthetic result.

Materials and methods: Between 1999 and 2017 a total of 137 patients with mastectomy and implant-based breast reconstruction were included in the study. The risk factors for developing seroma were analyzed and an algorithm for postoperative follow-up and ultrasound-guided needle aspiration was implemented.

Results: The seroma rate was 9.49% (13/137 patients). It was associated with skin flap ischemia in 37.5% . Risk factors for developing seroma were: the use of synthetic mesh, smoking and overweight. The rate of implant loss attributed to seroma was 2.18% (3/137). In patients having prolonged
lymphorheea, beyond ultrasound-guided needle aspiration, Rifampin solution was used to wash the implant pocket. In these cases, the drainage was reduced by 50% after each visit.

Conclusion: Overweight patients and smokers have a higher risk of developing seroma after implant-based breast reconstruction. The use of synthetic meshes for breast reconstruction is also a risk factor for seroma. Rifampin solution for washing the implant pocket might be an option for decreasing the lymphorrhea.

Key words: breast reconstruction, implants, seroma, ultrasound-guided aspiration, Rifampin instillation