of diligent pre-, peri-, and post-operative management in patients who are known to have dysfunctional glucose tolerance, regardless of HbA1c level or co-morbidities.

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Breast Implant Infections After First Stage Breast Reconstruction: A Case-Control Study of 272 patients

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PURPOSE: To determine risk factors for surgical site infections (SSI) after immediate implant-based breast reconstruction.

METHODS: After approval by our Institutional Review Board, a retrospective review identified 136 patients with breast implant infections between 2006 and 2016. Inclusion criteria encompassed patients who developed infection after immediate implant-based breast reconstruction (IBR) following therapeutic or prophylactic mastectomy. Only infections requiring hospital admission or surgical intervention were included. We matched 136 non-infected breast reconstruction patients by age and date of surgery. Patient demographics, medical comorbidities, and peri-operative surgical variables were examined. The Centers for Disease Control and Prevention definition of SSI was utilized. Univariate and Multivariate logistic regression models were constructed using STATA 16.0 software.

RESULTS: A total of 272 patients were evaluated. Univariate analysis demonstrated obesity, hypertension, history of smoking; neoadjuvant chemotherapy and previous radiation were significantly associated with developing an infection. Patients with heavier breasts, stage ≥IIA breast cancer, Nottingham score ≥2; and those requiring axillary lymph node dissection were also associated with infection. Post-operative duration of drain use was also associated with infection for every additional week. These results are summarized. After multivariate analysis, patients with obesity (odds ratio [OR], 1.09; 95% confidence interval [CI], 1.02 to 1.16; p=0.003), invasive malignancy (OR, 2.5; 95% CI, 1.2 to 5.2; p=0.01), and longer post-operative duration of drain use (OR, 1.72; 95% CI, 1.22 to 2.42; p=0.002) were significantly associated with surgical site breast infection.

CONCLUSION: Infection after first stage breast reconstruction increases morbidity, health care costs and may delay cancer treatment. Patient characteristics, oncological features and surgical factors were associated with increased risk of infection. These results will help in patient counseling regarding infectious complications after implant-based reconstruction. Emphasis on modifiable peri-operative risk factors warrants further study.

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QS23

Longevity of Outcomes After Reduction Mammoplasty

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PURPOSE: Reduction mammoplasty can provide wide-ranging benefits for patients including improved quality of life in terms of physical function and mental health. However, most existing studies have been limited in scope to the one-year postoperative period and thus are unable to measure the long-term impact of reduction mammoplasty. The aim of this study was to investigate long-term outcomes after reduction mammoplasty over time.

METHODS: A prospective study of patients who have undergone reduction mammoplasty at a single institution over an eighteen-year period was performed. Patients were grouped into three categories based on time since surgery: 5 years, 10 years, 15 or more years since surgery. Patients were contacted over the telephone and asked to participate in a voluntary survey about outcomes and satisfaction after reduction mammoplasty. Post-operative outcomes including