Background

- According to NSQIP, there is 2.5% overall complication rate and 1.1% surgical site infection rate after elective hand surgery.
- The surgical treatment of breast cancer (BC) can lead to secondary lymphedema and ↑ rates of infection.
- Historical guidelines discouraging tourniquet use, IV blood draws, and ipsilateral extremity surgery were developed based on a small patient population.

Aims

- Evaluate the available data on post operative complications following elective hand surgery in patients with prior BC treatment.
- Determine if the current guidelines regarding elective hand surgery in BC patients is still valid.

Results

- There is a significant difference between infection rates in the general population (1.1%) and those with presurgical lymphedema (16.7%) (P<0.05).
- All reported postoperative infections in the prior lymphedema group occurred in the same study.
- All cases of lymphedema exacerbation resolved within 3 months.
- Pooled analysis of studies in which tourniquets were used revealed no cases of new or worsening lymphedema.

Conclusion

- There is no difference in complication rates following elective hand surgery between BC and non-BC patients if there is no history of ipsilateral lymphedema.
- BC patients with preexisting ipsilateral lymphedema carry an increased risk of postoperative infection and transient worsening lymphedema.
- Tourniquet use was not found to be associated with an increased rate of complications.
- Patients with preexisting lymphedema or a history of breast surgery are acceptable candidates for surgical intervention.