

Evaluation of the Impact of Physical Therapy on Patients with Macromastia Seeking Reduction Mammoplasty. AS McCranie, (MD Candidate), H Desjardins MD, AD Lee, (MD Candidate), D Mathes MD FACS, C Kaoutzianis MD, Division of Plastic and Reconstructive Surgery, University of Colorado Anschutz Medical Center, Aurora, CO.

Introduction: Macromastia is a condition of excessively large breasts that affect women’s quality of life through back pain, neck pain, rashes, and discomfort with daily living. Conservative treatment includes weight loss, supportive bras, NSAIDs, and physical therapy (PT); however, these treatments rarely provide lasting relief. Insurance companies require these therapies before a patient can progress to breast reduction (BR). A study of 179 women demonstrated that PT only provides full temporary relief 5% of the time when compared to 90% having full permanent relief after having a BR¹. Our study aims to assess the impact of PT versus surgery on macromastia and characterize patient factors associated with progression from PT to surgery.

Methods: We conducted a retrospective cohort study of patients with macromastia who had an appointment with a plastic surgeon at the University of Colorado Hospital in 2017. Patient and treatment characteristics were collected. Bivariate statistical analysis was used.

Results: 72 patients with macromastia were identified. The most common symptom was back pain (N=69, 95.8%). A total of 66 (91.7%) patients had PT and only 7 (10.6%) of those patients reported any relief. 40 (55.6%) patients progressed to undergoing a BR. The mean time from initial appointment to surgery was 224 days. The length of PT was not associated with patient-reported effectiveness (P=0.105) or if patients ultimately received a BR (P=0.180).

Conclusion: Patients frequently undergo PT prior to BR despite few having relief with any duration of PT and eventual progression to definitive treatment. Conservative treatment with PT should be further studied and potentially reconsidered as an insurance company requirement prior to BR. Future work will focus on expanding the sample size of patients and characterizing influencing factors in their progression from PT to BR.

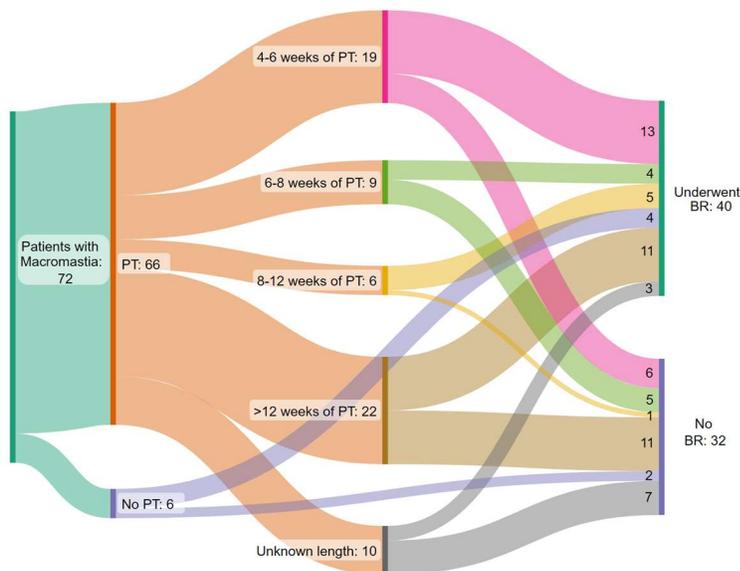


Figure 1: Progression of treatment for patients with Macromastia

References:

1. Collins, E.D, et al., *The effectiveness of surgical and nonsurgical interventions in relieving the symptoms of macromastia*. *Plast Reconstr Surg*, 2002. 109(5): p1556-66.