INTRODUCTION
Breast reconstruction after mastectomy is reported to be approximately 40%, and although there has been an increase in the overall rate, it seems to be lower than one would expect. There are a number of factors that influence a woman's decision to undergo reconstruction. Some of the previously studied factors include: age, disease at time of reconstruction, need for chemotherapy and/or radiation, comorbidities, lymph node status, complications, as well as hospital setting. The purpose of the study was to retrospectively review patient trends of type of reconstruction in a community hospital with some associated factors and compare with the current literature.

METHODS
From May 2011 to December 2013, 38 patients charts were retrospectively reviewed. All procedures were done at a local public community hospital by one breast surgeon and plastic surgery team. Charts were analyzed for variables which included age, race, procedure, and co-morbidities. Analysis of the data as well as literature review (PubMed 1990-current) was performed to evaluate trends to national rates of reconstruction, and decision making patterns regarding reconstruction.

RESULTS
A total of 38 charts were reviewed. It was found that 68.4% (n=26) underwent reconstruction with expanders, 31.6% (n=12) underwent a transverse rectus abdominus myocutaneous flap (TRAM), and 10.5% (n=4) patients had latissimus dorsi flaps in addition to either a TRAM or expander procedure. Also noted was that 15.8% (n=6) patients underwent nipple reconstructions.

Postoperative complications included 8 patients requiring a capsulotomy/capsulectomy secondary to a scar contracture (21.1%), 6 patients had wound dehiscence (16%) and 2 had expanding hematomas requiring reoperation (5.3%). In the complication group, half of the dehisced wound patients were post TRAM reconstruction while the other half was post tissue expanders and both hematoma formations occurred in post tissue expanders patients.

In our study, 89.5% of the women were Caucasian (n=34). Mean age of women receiving expanders was 54, compared to 47 for TRAM and 51 for latissimus flaps. The average age of women receiving nipple reconstruction was 49.

DISCUSSION
The decision to undergo breast reconstruction in post-mastectomy patients is on the rise. Factors that influence a patient’s decision are being analyzed in order to better understand the motivation for choosing reconstruction. One major heavily reviewed factor that was not identified in our study was the extent of the physician’s preoperative discussion. It has been repeatedly shown that patient decisions are strongly influenced by their physicians. In a study analyzing patient regret, it was noted that regret was significantly reduced when patients were more satisfied with their preoperative discussion regarding options for reconstruction. Current literature demonstrates a deficit in the information given to patients preoperatively from both their plastic, as well as their breast, surgeons (1, 5-9).

In our study, we found that more women chose tissue expanders over flaps. Women who were younger chose flap reconstruction but the difference in age was not significant. However, age as a significant independent predictor of breast reconstruction versus no reconstruction has been identified in other studies (3, 4, 7). In addition to age, it has been discussed in related research that women with a low body mass index may not have sufficient abdominal soft tissue for creation of a TRAM flap. Without comparing body mass indices of our patients, we cannot exclude this as a confounding factor for choice of reconstructive method. Co-morbidities may also limit the ability to receive a TRAM flap. Chronic obstructive airway disease, morbidity obesity, uncontrolled hypertension, severe cardiovascular disease, and diabetes are all established risk factors for undergoing a TRAM flap procedure (2, 7).

Psychological factors play a well-documented role in post-mastectomy patients. Altered body image, diminished self-worth, loss of a sense of femininity, anxiety and depression all contribute to patient decision making (1).

Current literature review identifies variables that effect decisions for type of reconstruction however literature to predict choice further analysis needs to be done through follow-up questionnaires to better understand individual motivation in pursuing reconstruction as well as the type of reconstruction.

CONCLUSION
In our study, we found that more women chose tissue expanders over flaps. Women who were younger chose flap reconstruction but the difference in age was not significant. We also demonstrated that Caucasian women were more likely to undergo reconstruction. Similar results have been demonstrated in previous studies.

REFERENCES