

Establishment of Perforator Flap Programs for Breast Reconstruction: The New England Program Experience

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Background: Patients seeking perforator flap breast reconstruction often face difficult choices if these procedures are not offered locally. To meet this demand, regional referral centers have been created to provide the latest procedures and to centralize cancer care. In 2004, the authors started the New England perforator flap program. The authors present a blueprint of their program and examine its impact on patient satisfaction and referral patterns.

Methods: A retrospective chart review was performed on all women who underwent postmastectomy reconstruction at Beth Israel Deaconess Medical Center from 1999 to 2008. A total of 977 patients were identified. Demographics, complications, referring patterns, and state of residence were examined. A validated questionnaire (76.4 percent response rate) was administered determining satisfaction, quality of life, and referral patterns.

Results: After program creation, there was an increase in the number of patients undergoing reconstruction from outside the state (10.6 percent versus 20.9 percent, $p < 0.0001$). There was also an increase in the number of outside referrals to the institution (53.8 percent versus 64.4 percent, $p = 0.016$). Perforator flap reconstruction had a higher referral rate from outside the referral base compared with nonperforator flap reconstruction (76.6 percent versus 52.0 percent, $p < 0.0001$). Finally, there was an increase in general patient satisfaction in perforator flap compared with nonperforator flap patients (82.7 percent versus 65.8 percent, $p = 0.002$).

Conclusions: The creation of a perforator flap program can increase referrals to an institution and increase general patient satisfaction. With the new National Accreditation Program for Breast Centers, more institutions may consider developing these programs. The authors offer their blueprint as a potential model for program design. (*Plast. Reconstr. Surg.* 124: 1410, 2009.)

Access to breast cancer care is an important component to any hospital organization or institution. In 2008, the American College of Surgeons established a National Accreditation Program for Breast Centers. The purpose of this program is to maintain a high level of multidisciplinary care, as 27 program standards and 17 components of care have been outlined for institutions. The guidelines for standards list access to reconstructive surgeons as an essential aspect for accreditation. Components outlined for reconstructive

surgery include access to tissue expander/implants, transverse rectus abdominis musculocutaneous (TRAM) flaps, latissimus flaps, and deep inferior epigastric perforator (DIEP) or free flaps if available.¹

It is important that the National Accreditation Program for Breast Centers recognized perforator free flap reconstruction, most notably the DIEP flap, as an important component within a breast cancer center. Perforator flap reconstruction marks an important advance in the care of patients undergoing mastectomy.^{2,3} The ability to

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