



Demographics

**\* 1. Are you board certified or eligible for certification in Plastic and Reconstructive Surgery?**

Yes

No

**\* 2. In which country do you currently practice?**



United States of America

**\* 3. In which state or U.S. territory do you currently practice?**



**\* 4. How many years have you been in practice?**

**\* 5. What best describes your practice type?**

- Solo practice
- Solo practice-shared facility
- Small plastic surgery group practice (2-5 plastic surgeons)
- Large plastic surgery group practice (6 or more plastic surgeons)
- Medium multi-specialty group practice (6-20 physicians)
- Large multi-specialty group practice (more than 20 physicians)
- Academic practice
- Academic practice (salaried with private practice)
- Employed Physician
- Military

**\* 6. Do you perform breast reconstruction after mastectomy?**

- Yes
- No



**\* 7. Please type in the estimated percentages next to each breast reconstruction type that you perform (total numbers should sum up to 100)**

Implant-Based Reconstruction

Autologous Breast Reconstruction

Combination of Implant-Based and Autologous Reconstruction

**\* 8. For breast reconstruction surgery, what percentage of patients you operate on receive neoadjuvant radiation therapy?**

- <25%
- 25-50%
- 51-75%
- >75%

**\* 9. For breast reconstruction surgery, what percentage of patients you operate on receive adjuvant radiation therapy?**

- <25%
- 25-50%
- 51-75%
- >75%

**\* 10. What is (would be) your preferred method of breast reconstruction in a patient who has already undergone radiation therapy? Please rate from 1 to 4, by dragging options**



Implant-Based Reconstruction



Autologous Tissue Reconstruction



Combination of tissue expansion followed by autologous tissue reconstruction



Combination of implant and autologous tissue reconstruction

**\* 11. How often do you perform delayed breast reconstruction after mastectomy?**

- <25%
- 25-50%
- 51-75%
- >75%

**\* 12. When the need for postmastectomy radiation therapy is not clear until the final pathology, what is your preferred method for reconstruction? Please rate from 1, 2, 3 by dragging.**



Immediate Reconstruction



Delay Reconstruction



Delayed-Immediate Reconstruction

*\*Mastectomy with placement of tissue expander followed by immediate reconstruction within the next few weeks if no post-mastectomy radiation is needed after review of the permanent sections.*

**\* 13. In your experience/opinion, when the need for postmastectomy radiation therapy is not clear until the final pathology, which option(s) below would be the best reconstructive technique?**

- |   |   |
|---|---|
| <input type="checkbox"/> Immediate tissue expander placement followed by implant-based reconstruction     | <input type="checkbox"/> Immediate autologous tissue reconstruction |
| <input type="checkbox"/> Immediate tissue expander placement followed by autologous tissue reconstruction | <input type="checkbox"/> Delayed breast reconstruction              |
| <input type="checkbox"/> Immediate direct-to-implant reconstruction                                       | <input type="checkbox"/> No breast reconstruction                   |

**\* 14. In your experience/opinion, what is the amount of time one should wait between completion of radiation treatment and implant exchange surgery?**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="radio"/> 0 - 3 months | <input type="radio"/> 7 - 12 months |
| <input type="radio"/> 4 - 6 months | <input type="radio"/> >12 months    |

**\* 15. In your experience/opinion, what is the amount of time one should wait between completion of radiation treatment and autologous tissue reconstruction?**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="radio"/> 0 - 3 months | <input type="radio"/> 7 - 12 months |
| <input type="radio"/> 4 - 6 months | <input type="radio"/> >12 months    |

**\* 16. In you experience/opinion, can you check the 3 main concerns for performing autologous tissue based breast reconstruction in patients who had recent (< 3 months) radiation therapy to the ipsilateral chest wall?**

- |  |  |
|--|--|
| <input type="checkbox"/> Mastectomy skin loss    | <input type="checkbox"/> Hematoma                                      |
| <input type="checkbox"/> Asymmetry               | <input type="checkbox"/> Edema   |
| <input type="checkbox"/> Fat necrosis            | <input type="checkbox"/> Fibrosis                                      |
| <input type="checkbox"/> Total/Partial flap loss | <input type="checkbox"/> Problem with the donor site vessel/dissection |
| <input type="checkbox"/> Surgical site infection | <input type="checkbox"/> Poor aesthetic outcome                        |
| <input type="checkbox"/> Wound dehiscence        |  |

**\* 17. In your experience/opinion, can you check the 3 main concerns for performing Implant based breast reconstruction in patients who had recent (< 3 months) radiation therapy to the ipsilateral chest wall?**

Severe capsular contracture

Surgical site infection

Mastectomy skin loss

Wound dehiscence

Asymmetry

Hematoma



**Thank You**

**Finished**

**Thank you for taking time to complete this survey. Your input is extremely valuable to us.**

**If you have any questions or comments, please contact us at [research@plasticsurgery.org](mailto:research@plasticsurgery.org)**