

OBJECTIVES : This work studies the indications, methods, results , satisfaction and partner relationships in immediate (IBR) and deferred breast reconstruction (DBR) to objectively consider the benefits and indications IBR .

METHOD : IBR between 1/2002-12/2012 underwent 51 (33.33 %) women (29-58 years, mean 41.5 , median 40.5) ; DBR 102 (66.67 %) (31-64 , mean 47.5 , median 47), data were obtained from medical records , questionnaires interviews and questionnaires , processed by statistical analysis **RESULTS :** Indications IBR : \leq pT2N0M0 , low grade tumor ; DBR : \geq 1 year of remission. Age at IBR was lower than the DBR (p- 0.0004) Statistical differences in the modes of life after reconstruction the IBR a DBR were observed (p- 0.1935-0.9659) predominates full and prevailing contentment. IBR does not burden patients (55 to 160 min, average 91.1 and 139.3 min, median 75 and 135 min) between unilateral and bilateral operations are not statistically significant differences (p -value 0.1065) . Complications prolonging healing rare - IBR 5 (8.33 %) , DBR 6 (5.8 %) and mortality generalization low - IBR 1 (1.96 % s) DBR 1 and 2 (0.98 % and 1 , 96%) . Satisfaction with IBR was reported by 84.09 % , with 86.11 % DBR . The DBR was found 4 times greater risk of life or relationship.

SUMMARY: IBR women are significantly younger than the DBR, oncology are safe , infrequent complications , the risk of collapse of a relationship with IBR is 4 times smaller than the DBR . IBR can be declared for a procedure brings profit is worth considering the release indication criteria .