

Breast Reconstruction post-Cancer

(Including Surgery to provide symmetry)

CRITERIA BASED ACCESS

Before consideration of referral for management in secondary care, please review advice on the Remedy website (<https://remedy.bnssg.icb.nhs.uk>) or consider use of advice and guidance services where available.

Note: Funding is only supported for the breast affected by cancer.

Funding for surgery will only be provided by the ICB for patients meeting all criteria as set out below:

1. Patients must be assessed by a Oncoplastic (MDT).
AND
2. The Oncoplastic (MDT) must confirm that:
 - a) it recommends appropriate options for the patient and has considered all the available alternatives.
AND
 - b) the potential benefits outweigh potential harm.

In addition to the MDT criteria above (Criteria 1 & 2) the following criteria must be met:

3. The patient has required the removal of some or all of their breast tissue as part of their breast cancer treatment.
AND
4. This surgery is to reconstruct the affected breast to achieve an acceptable cosmetic outcome, acknowledging that reconstructing the breast to achieve the same shape/contour is unlikely to be possible.

NOTE:

Patients will generally be limited to 3 surgeries, and these should ideally be completed within 2 years of the patient starting their reconstructive process (i.e. their 1st reconstruction operation). Any patient in whom more than 3 operations are required MUST be discussed and agreed at the Oncoplastic MDT.

Complications Following Surgery

Patients are entitled to access surgery following significant complications associated with their breast reconstruction.

- Patients in whom further surgery for complications is considered **MUST** be discussed by the Oncoplastic MDT. The MDT must agree that the proposed surgery is appropriate and that the benefits outweigh the risks.

Patients whose oncoplastic surgery was initially in the private sector who are no longer covered in the private sector will be allowed to access to the pathway for management of significant complications, and for completion of their reconstructive journey if this was not finished in the private sector.

For more information, please see <https://remedy.bnssg.icb.nhs.uk/>

BREAST RECONSTRUCTION POST-CANCER CONTRALATERAL BREAST REBALANCING SURGERY

(Surgery to Breast Unaffected by Cancer to Achieve Symmetry)

Funding for surgery will only be provided by the ICB for patients meeting all criteria as set out below:

1. Patients must be assessed by a Oncoplastic (MDT). The expectation of the CCG is that the MDT recommends clinically appropriate options and does not recommend surgery purely for cosmetic reasons.

AND

2. The Oncoplastic Team (MDT) confirms that:
 - a) it recommends surgery to the unaffected breast for this patient having considered all available alternatives

AND

- b) the potential benefits outweigh potential harm

In addition to the MDT Criteria above (criteria 1 & 2) the following criterion must be met:

3. The surgery to the contralateral breast is required for **breast rebalancing** purposes as appropriate.

NOTE:

1. **Surgery to the contralateral breast should ideally be undertaken within the pre-agreed 3 surgical episodes for both breasts unless there are specific reasons why this is not possible. All cases must be discussed at the Oncoplastic MDT.**
2. **Bilateral mastectomy if supported by the Oncoplastic MDT will be considered as the definitive surgical intervention, rather than reconstruction.**

Complications Following Surgery

Patients are entitled to access surgery following significant complications.

- Surgery for significant complications related to reconstruction will be funded on an ongoing basis following discussion and approval at the Oncoplastic MDT
- Patients whose oncoplastic surgery was initially in the private sector who are no longer able to receive treatment in the private sector will be allowed to access the pathway for management of significant complications and for completion of their reconstructive journey if this was not finished in the private sector.

For more information, please see <https://remedy.bnssg.icb.nhs.uk/>

BRAN

For any health- related decision, it is important to consider “**BRAN**” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

Benefits

Reconstructive Breast surgery can:

- Reconstruct the breast mound to achieve an acceptable cosmetic outcome this has been shown to improve the patient’s psychological wellbeing, self-esteem and confidence.

Risks

As with all types of surgery, there is a risk of developing certain complications.

Other complications can include:

- An adverse reaction to the anaesthetic
- Excessive bleeding
- Risk of infection
- Implant loss
- Flap loss
- Fat necrosis
- Implant rupture
- Implant displacement
- Capsular contracture
- Developing blood clots (where the blood thickens to form solid lumps)
- After breast surgery, all patients will have some degree of scarring

Alternatives

- Choosing to go flat after a mastectomy

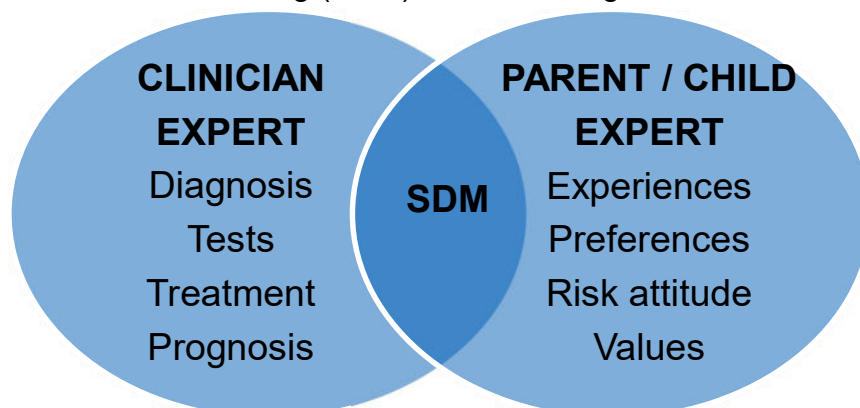
Do Nothing

- Choosing to go flat after a mastectomy

Shared Decision Making

If a person fulfils the criteria for breast surgery, it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts patients with breast cancer at the centre of decisions about their treatment and care. It respects what is unique about them including their preferences and values. It means that people receiving care and those involved in delivering care can understand what is important to the other person.

The patient and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are the options?
2. What are the pros and cons of each option for **me**?
3. How do I get support to help me make a decision that is right for **me**?

Breast Reconstruction Post Cancer – Plain Language Summary

For most people diagnosed with breast cancer, removal of any cancerous tissue in the breast forms part of a treatment pathway. The tissue that is removed can be limited to a localised amount of breast tissue around the cancer or can be the full removal of a breast. These procedures are used to treat breast cancer in both females and males.

Following treatment for breast cancer, a patient may wish to recreate the appearance of having a breast so that they feel balanced and can dress as they would like. This can be achieved by wearing an external prosthesis (bra insert) and specialist bras. There are also several surgical options available for breast reconstruction after the removal of cancerous breast tissue. These include reconstruction using implants or the patient's own tissue. Breast reconstruction can be performed at the time of the removal of the breast (immediate reconstruction) or at a later date, dependant on patient's wishes and any additional cancer treatments that may be required.

Support is given to patients who are preparing for surgery, and this can help prepare for both the physical and emotional impact of such surgery.

The purpose of breast reconstruction surgery is to allow the surgeon to rebuild the affected breast to give an appearance of a natural contour.

This policy has been developed with the aid of the following references:

1. National Health Service (2021) Health A to Z: Mastectomy [online] www.nhs.uk/conditions
2. National Health Service (2019) Health A to Z: Cosmetic Surgery [online] www.nhs.uk/conditions
3. Cancer Research UK (2021) Breast Cancer [online] www.cancerresearchuk.org
4. Mayo Clinic (2021) Cosmetic Surgery Risks [online] www.mayoclinic.org
5. Breast Cancer Org (2021) Breast Reconstruction [online] www.breastcancer.org
6. Macmillan Cancer Support (2018) Cancer Information and Support www.macmillan.org.uk
7. NHS Information Centre (2010) National Breast Audit 2010 www.rcseng.ac.uk

Connected Policies

- Prophylactic Mastectomy
- Liposuction Treatment
- Skin Contouring Treatment
- Breast Surgery (Male)
- Cosmetic Surgery

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED), and NHSE Evidence-Based Interventions (EBI). This applies to all the activities for which the CCGs are responsible, including policy development and review.

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OPCS Procedure codes

Must have any of (primary only):

B301,B302,B303,B304,B308,B309,B311,B312,B313,B314,B318,B319,B381,B382,B388,B389,B391,B392,B393,B394,B395,B398,B399,B351,B356,B358,B359

Relevant diagnoses for this policy:

ICD10 Code: None

Diagnoses for which the above procedures are permitted:

ICD10 Code: C50, C500, C509, C501, C502, C503, C504, C505, C506, C507, C508, C509D, Z853

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.