

Breast Reconstruction Surgery

Department of Health Policy

QH-POL-463

1. Statement

Breast reconstruction surgery following mastectomy for breast cancer is evidenced to improve psychological well-being¹, body image, self-esteem and enhance quality of life², whilst also being clinically indicated for other medical conditions, including congenital abnormalities.

Evidence shows that the percentage of women in Queensland choosing to have breast reconstruction surgery following mastectomy (18.3%³) is lower than expected (around 50%⁴). Some women will choose to remain 'flat' and not undergo a breast reconstruction and this choice must be respected. However, evidence shows that women are less likely to choose to have breast reconstruction surgery if they do not have access to adequate information about their options⁵. Some women are less likely to choose to have a mastectomy as part of their cancer treatment if they have not discussed breast reconstruction surgery with their treating clinician⁶.

Queensland Health is committed to providing timely, equitable and quality care for patients within a fiscally responsible environment. This policy refers to the updated *Breast Reconstruction Surgery Standard*, which clearly outlines patient suitability guidelines and access criteria to enable consistency in care and equitable access to publicly funded services for breast reconstruction surgery across Queensland.

2. Purpose

The purpose of this policy is to:

- Support equitable access to breast reconstruction surgery
- Enable consistency in the scope of breast reconstruction surgery services provided within public facilities
- Support quality and fiscally responsible care.

3. Scope

This policy applies to all employees, contractors and consultants within the Department of Health divisions, Hospital and Health Services and commercialised business units involved directly or indirectly in the provision of care.

4. Principles

- **Equity** – services provided and supported within public health facilities are consistent.
- **Clarity** – access guidelines are clearly defined to support equitable provision of services.
- **Timely** – services are provided in a timely manner.
- **Quality** – care is patient-centred and based on best-practice.
- **Fiscally responsible** – services are prioritised to ensure resources are allocated to those with the greatest health benefit or health need.

5. Requirements

Breast reconstruction surgery in Queensland public facilities will be managed in accordance with the corresponding Breast Reconstruction Surgery Standard (QH-IMP-463).

6. Aboriginal and Torres Strait Islander considerations

Queensland public hospital services and staff recognise and commit to the respect, understanding and application of Aboriginal and Torres Strait Islander cultural values, principles, differences and needs when caring for Aboriginal or Torres Strait Islander patients.

Each individual HHS is responsible for achieving successful provision of culturally appropriate services to and with Aboriginal and Torres Strait Islander individuals and their communities within the respective HHS catchment.

Refer to the [Aboriginal and Torres Strait Islander Patient Care Guideline](#) for advice on providing culturally capable patient care and culturally safe environments.

7. Human rights

Human rights are not engaged by this policy.

8. Legislation

- Hospital and Health Boards Act 2011
- Public Sector Act 2022
- Public Records Act 2002

- Right to Information Act 2009
- Human Rights Act 2019.

9. Supporting documents

9.1. Authorising standard

- Breast Reconstruction Surgery Standard (QH-IMP-463).

9.2. Guidelines

- Aboriginal and Torres Strait Islander Patient Care Guideline - https://www.health.qld.gov.au/_data/assets/pdf_file/0022/157333/patient_care_guidelines.pdf

10. Definitions

Term	Definition
Breast reconstruction	A surgical procedure to restore the shape and appearance of the breast following mastectomy or as a result of congenital abnormalities, gynaecomastia or burns
Mastectomy	A surgical procedure involving the removal of all or part of the breast. Mastectomy classifies into partial, simple, modified-radical and radical.

11. References

1. Ng, S.K., Hare, R.M., Kuang, R.J., Smith, K.M., Brown, B.J., & Hunter-Smith, D.J. 2016. Breast reconstruction post mastectomy: patient satisfaction and decision making. *Breast Surgery*, 76(6), 640-644. doi:10.1097/SAP.0000000000000242
2. Cancer Australia. 2020. Making decisions about breast reconstruction. Retrieved from <https://www.canceraustralia.gov.au/cancer-types/breast-cancer/treatment/surgery/breast-reconstruction/deciding-about-breast-reconstruction>
3. Flitcroft K, Brennan M, Costa D, Spillane A. Documenting patterns of breast reconstruction in Australia: The national picture. *The Breast*. 2016 Dec; 30: 47-53. doi: 10.1016/j.breast.2016.08.013
4. Brennan ME, Spillane AJ. Uptake and predictors of post-mastectomy reconstruction in women with breast malignancy – Systematic review. *European Journal of Surgical Oncology*. 2013 Jun; 39(6): 527-541. doi: 10.1016/j.ejso.2013.02.021
5. Alderman AK, Hawley ST, Janz NK, Mujahid MS, Morrow M, Hamilton AS, Graff JJ, Katz SJ. Racial and ethnic disparities in the use of postmastectomy breast reconstruction: results from a population- based study. *J Clin Oncol*. 2009 Nov 10;27(32):5325-30. doi: 10.1200/JCO.2009.22.2455.
6. Alderman AK, Hawley ST, Waljee J, Mujahid M, Morrow M, Katz SJ. Understanding the impact of breast reconstruction on the surgical decision-making process for breast cancer. *Cancer*. 2008 Feb 1;112(3):489-94. doi: 10.1002/cncr.23214.

12. Approval and implementation

Policy Custodian	Policy Contact Details	Approval Date	Approver
<i>Executive Director Healthcare Improvement Unit</i>	<i>HIU@heath.qld.gov.au</i>	<i>14/06/2024</i>	<i>Acting Deputy Director-General Clinical Excellence Queensland</i>

13. Version control

Version	Date	Comments
1.0	06 July 2018	New Policy.
2.0	7 June 2024	Transferred into new template updated sections 1, 2, 5 and 6.