

Breast reconstruction surgery

Department of Health Standard
QH-IMP-463:2019

1. Statement

Queensland Health is committed to providing timely, equitable and quality care for patients within a fiscally responsible environment. Breast reconstruction surgery following mastectomy for breast cancer is evidenced to improve psychological well-beingⁱ, body image, self-esteem and enhance quality of lifeⁱⁱ, whilst also being clinically indicated for other medical conditions, including congenital abnormalities. This standard clearly defines patient suitability guidelines and access criteria to enable consistency in care and equitable access to services for breast reconstruction surgery.

This standard was developed to assist - not replace - clinical judgement and decision-making.

2. Scope

This standard 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.

3. Requirements

3.1 General requirements

- 3.1.1** Breast reconstruction surgery may be performed on patients who have:
- undergone mastectomy for the treatment of breast cancer
 - undergone prophylactic mastectomy (in accordance with section 3.9)
 - congenital abnormalities – e.g. Poland syndrome, tuberous breast deformity and gross asymmetry
 - gynaecomastia
 - burn-related abnormalities or deformities.
- 3.1.2** Patients are to be offered reconstruction up to the size of their original or remaining breast so as to achieve symmetry.
- 3.1.3** The option for breast reconstruction surgery, including the pros and cons of the various options, is to be discussed with all patients prior to undergoing mastectomy.
- 3.1.4** Where a patient is declined surgery due to not being eligible or suitable, a reason must be provided to the patient along with appropriate information about their options.
- 3.1.5** For unilateral breast cancer where breast conserving surgery is suitable, but a patient chooses unilateral mastectomy, access to reconstruction may not be routinely available without a multidisciplinary team review and approval.

3.2 Patient eligibility criteria

- 3.2.1** The Clinical Prioritisation Criteria (CPC) for reconstructive breast surgery are to be applied in the management of referrals for breast reconstruction surgery.
- 3.2.2** The following body mass index (BMI) requirements are to be applied:
- patients with a BMI > 40 are not suitable for reconstruction due to the associated risk to patients and the risk of failure of the reconstruction.
 - a BMI of 35 - 40 is a relative contraindication and such patients should be considered as possible candidates for delayed reconstruction. It is recommended that these patients are reviewed by a multidisciplinary team (MDT) and suitability determined on a case-by-case basis. It is recommended that the MDT consist of

the patient's breast surgeon, plastic and reconstructive surgeon, breast care nurse, dietician and psychologist.

- Where patients are not suitable due to a high BMI, they are to be referred to an appropriate primary care weight loss management programme.

3.2.3 Smoking should not automatically preclude a patient from breast reconstruction surgery, however:

- smoking is a contraindication for autologous breast reconstruction, and
- it is not usual for a smoker to be suitable for immediate breast reconstruction
- where patients are not suitable for surgery due to their smoking status, they are to be referred to an appropriate primary care smoking cessation programme.

3.2.4 A frailty assessment should be undertaken, where relevant, to ensure appropriate surgical management.

3.3 Radiotherapy

3.3.1 For patients desiring a reconstruction where radiotherapy is required post-mastectomy, a discussion should take place with the patient regarding the pros and cons for immediate implant versus delayed autologous reconstruction and consensus reached.

3.3.2 Patients undergoing chemotherapy and radiation prior to immediate reconstruction should be enrolled in a clinical trial to monitor outcomes.

3.4 Clinical urgency categorisation

3.4.1 Delayed breast reconstruction surgery is to be assigned clinical urgency category 3 (clinically indicated within 365 days) as per the National Elective Surgery Urgency Categorisation Guideline.

3.4.2 For staged breast reconstructions (i.e. those requiring completion over multiple surgeries), the timeframe for all procedures to be completed should not exceed the category 3 timeframe of 365 days.

3.4.3 Since immediate breast reconstruction surgery is performed at the same time as mastectomy, the clinical urgency category will be that assigned to the mastectomy procedure.

3.5 Contralateral breast reconstruction / augmentation

3.5.1 Medicare guidelines regarding contralateral breast reconstruction and augmentation surgery are to be applied such that, mastopexy on the contralateral breast may be performed to match the reconstructed breast, noting requirement 3.1.2.

3.6 Revision breast reconstruction surgery

3.6.1 Patients are not to proceed to further revision procedures after four (4) operations without undergoing a documented multidisciplinary team (MDT) review.

3.7 Replacement of breast implants

3.7.1 Breast implants inserted either post-mastectomy or for other medically indicated conditions, as outlined in section 3.1.1, may be removed in the event of complications and also replaced to the same or lesser size.

3.7.2 Breast implants inserted for cosmetic reasons (i.e. reasons other than those outlined in section 3.1.1) may be removed in the event of complications but are not to be replaced. In this event, no other surgery (e.g. augmentation or mastopexy) is to be performed.

3.7.3 Patients undergoing removal of breast implants should be appropriately counselled on the expected outcomes.

3.7.4 All implants and air expanders inserted into patients must be registered on the Australian Breast Device Registry.

3.8 Nipple and areola reconstruction

- 3.8.1** Nipple and areola reconstruction may be offered to patients who have undergone breast reconstruction surgery.

3.9 Prophylactic mastectomy

- 3.9.1** The Cancer Institute NSW's eviQ risk management guidelines are to be applied in the management of female BRCA1 and BRCA2 mutation carriers and high breast cancer risk patients.
- 3.9.2** Patients should only be offered prophylactic mastectomy where it is clinically indicated. This may include patients at high risk due to:
- BRCA or other genetic susceptibility gene mutations
 - strong family history with no identifiable mutations
 - proven high risk breast pathology
- 3.9.3** Bilateral prophylactic mastectomy should only be a routine option where it is clinically indicated. Contralateral prophylactic mastectomy should only be a routine option for patients if they are identified as high risk for developing contralateral breast cancer.
- 3.9.4** For women where breast conserving surgery is suitable for the treatment of unilateral breast cancer, but a patient chooses bilateral mastectomy, access to reconstruction is not to be routinely available without a multidisciplinary team review and approval, as this would not normally be considered as fiscally responsible care.
- 3.9.5** Prophylactic (contralateral) mastectomy should not be a routine option for patients undergoing unilateral mastectomy for the affected breast if they do not fall into a 'high risk' category. In particular, bilateral mastectomy with reconstruction would in most cases be considered inappropriate for a unilateral conservable breast cancer in a non-high-risk patient.
- 3.9.6** Patients seeking to undergo prophylactic mastectomy are to be categorised as a category 3 for both outpatients and elective surgery and placed on a high-risk surveillance program. Patients must not be waitlisted for surgery until a decision for surgery has been made.

4. Legislation

- Hospital and Health Boards Act 2011

5. 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.

Equally, the respect and acknowledgement extended to Aboriginal and Torres Strait Islander people will be extended to all participants, irrespective of ethnic background or membership of community group.

6. Supporting documents

6.1.1 Authorising policy

- Breast Reconstruction Surgery Policy

6.1.2 Procedures, guidelines and protocols

- Clinical Prioritisation Criteria (CPC)
- EviQ risk management guidelines
- National Elective Surgery Urgency Categorisation Guideline

7. Definitions

Term	Definition
Breast reconstruction	A procedure to restore the shape and appearance of the breast following mastectomy or as a result of congenital abnormalities, gynaecomastia or burns.
Breast augmentation	A procedure used to enhance the breast.
Contralateral breast	The opposite breast to that reconstructed.
Cosmetic	Relating to treatment intended to improve appearance rather than for medically indicated reasons.
Gynaecomastia	An excessive enlargement of the male breast, which may be present in one breast (unilaterally) or in both breasts (bilaterally).
Mastopexy	A procedure for raising sagging breasts by changing and modifying the size, contour and/or elevation of the breast.
Prophylactic mastectomy	Surgery to remove one or both breasts to reduce the risk of developing breast cancer. This is also known as risk-reducing mastectomy.

Version Control

Version	Date	Comments
1.0	10 December 2018	New Standard endorsed by the breast reconstruction surgery clinical and operational reference group

ⁱ 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

ⁱⁱ Cancer Australia. 2017. *Making decisions about breast reconstruction*. Retrieved from <https://breast-cancer.canceraustralia.gov.au/treatment/surgery/breast-reconstruction/deciding-about-breast-reconstruction>