Shared care pathway for breast reconstruction following a breast cancer diagnosis:

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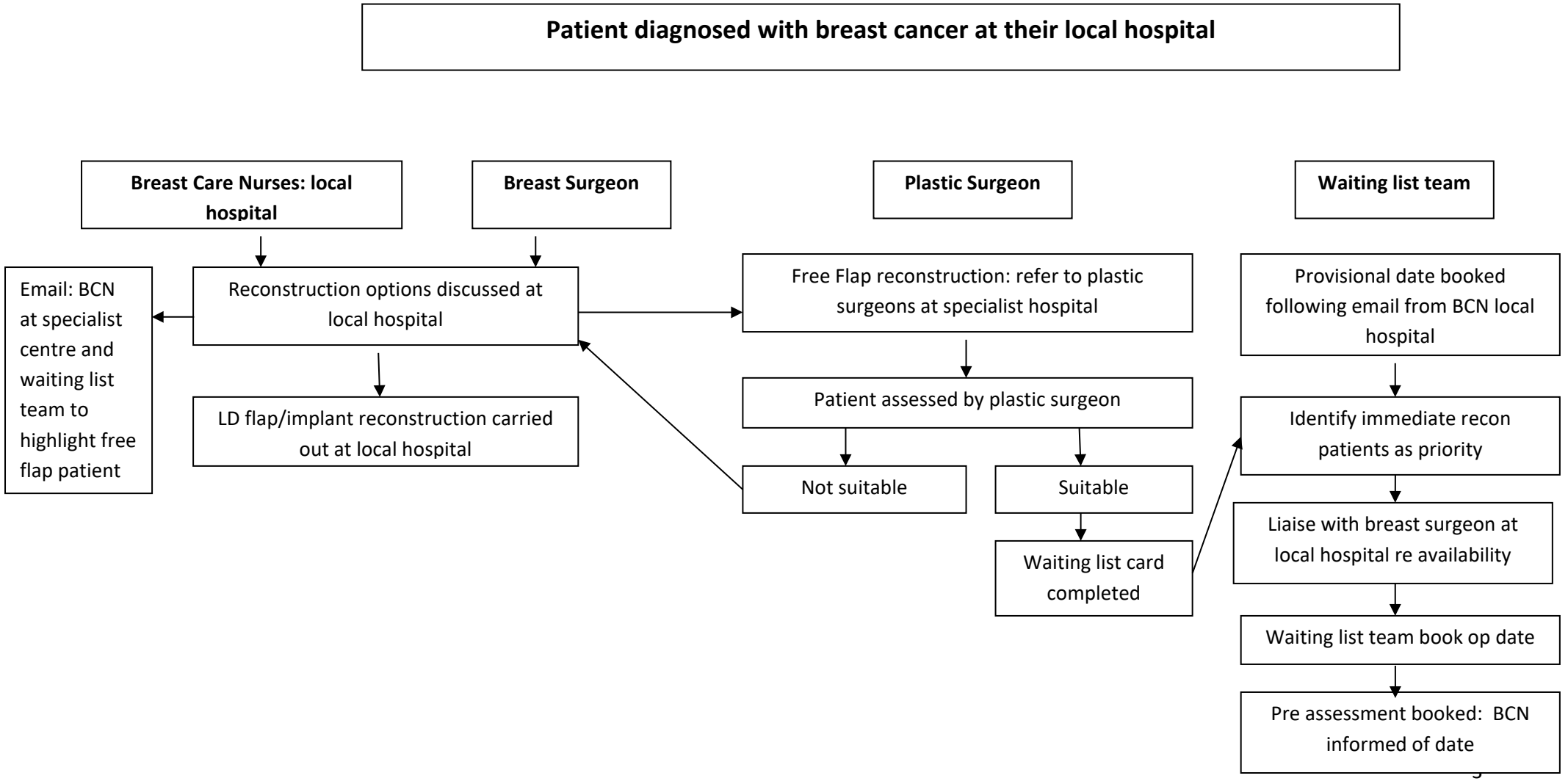
BCN contact details:

Click here to enter text

Breast cancer reconstruction patients: Shared care pathway for reconstruction following breast cancer diagnosis



Breast Surgeon local hospital:

Patient diagnosed with breast cancer

Discussed at MDM

Treatment options discussed with patient, including reconstruction options

Free flap identified as preferred reconstruction option

Refer to plastic surgeons at insert specialist centre Lettered addressed to: insert name

Referral should include: Copy of MDM discussion document, original pathology results, management plan for axilla, any other relevant PMH

Post op: patient discussed at local MDM with pathology results, further treatment plan decided

Pathology sides can be requested via: email address

Patients with wound infection should be treated locally where possible, initial assessment through breast unit/GP/out of hour service. Plastic team at insert hospital name

available to offer advice via on call consultant through insert contact details

Breast Care Nurse local hospital:

Free flap identified as preferred reconstruction option

Highlight patient details to BCN at insert specialist centre waiting list team and breast unit secretary: insert contact details for breast care nurse, and relevant secretaries

Ensure patient is counselled regarding: post op complications, wound care, underwear advice (see patient information leaflet provided)

Patient should be offered an opportunity to see photographs of reconstruction

Post op: make contact with patient as per local practice if team at specialist hospital do not follow up

Ensure patient has follow up appointment with breast surgeon to discuss pathology results, further treatment and ongoing surveillance

Ensure patient has follow up with plastic surgeons insert number of weeks post op

Patients with wound infection should be treated locally where possible, initial assessment through breast unit/GP/out of hour service. Plastic team at specialist centre may be available to offer advice via insert contact details

Plastic surgeons:

Assess patient's suitability for free flap

Complete waiting list card and send to waiting list team at insert specialist centre
Waiting list team are available for communication via email: insert email address

Any changes made after card completed should be emailed directly to waiting list team

Discharge summary

Follow up at 1 week, 6–8 weeks post op, then approx. 3 months post op

Ct angio requested

Breast surgeon:

Liaise with waiting list team regarding availability

Check procedure listed matches local MDM management plan (including management of axilla)

Consent patient

Complete pathology request form, including details of outlying patients and their local hospital and breast surgeon

Waiting list team:

Provisionally book op date following email from BCN at local hospital: liaising with breast surgeon Click or tap here to enter text re availability

Identify immediate patients as priority

Sentinel node biopsy should not be booked on Monday

Confirm date when waiting list card received

Book pre op assessment

Inform BCN and breast unit secretary at insert hospital of dates via:

insert email address

Breast unit secretary:

Record op date to highlight when pathology results will be available

Chase results if needed

Forward pathology results to patients local hospital FAO: their breast surgeon

If time constraints (i.e. if results have been delayed) results can be scanned and emailed to local BCN team. Paper copy should follow

Breast Care Nurses:

Meet patient at pre op assessment or contact via telephone after pre assessment if not seen in clinic

Offer opportunity for further consultation with plastic surgeon if required

Offer further appointment with BCN to discuss operation details only if perceived lack of understanding or unexpected raised anxiety. Where possible this should be managed locally. Liaise with local BCN re appointment date/time.

Visit patient while an inpatient (where possible)

Discharge information provided

Complete discharge proforma and email patients local BCN team to inform of discharge.
CC: Click or tap here to enter text to highlight patients details for pathology results.

Pre-op checklist

This document serves as a template or prompt to ensure all reconstructive patients are given thorough and relevant information about what to expect pre- and post-operatively.

Information will vary according to the surgery being performed and local policies and procedures.

It is recognised that units will have different protocols, procedures and eligibility criteria and therefore the information provided to the patient should be adapted to reflect your individual setting.

Patients who are fully informed about their surgery and recovery will be better prepared for their operation and more able to cope with potential complications, should they occur.

Patient's understanding of their operation:

- Patients should have a clear understanding of the nature of their operation.
- Where tissue is taken from and how it is taken (e.g. free or pedicled)
- Size and location of scars
- Realistic expectation of cosmesis (images of reconstruction are available for patient to view)
- Is nipple to be preserved?
- How many procedures (Phase 2) and time frames between each, and if contralateral surgery included
- Benefits for surgery
- How it may affect lifestyle/activities and hobbies
- Section of rib removed during operation

BMI

- Patients should be informed of BMI criteria for reconstruction surgery according to the unit's protocol (most units state a BMI of less than 30)

Smoking

- Patients should be aware that they should stop smoking according to surgeon's protocol (most units state at least 6 months smoking or vaping free)

Duration of operation:

- Standard length of each surgery explained according to the type of operation being performed
- Length of hospital stay
- Length of recovery

What to expect immediately post op:

- Position and likely duration of drains dependent on operation and surgeon
- Urinary catheter in situ if needed
- Post-operative analgesia
- Review by physiotherapist prior to starting mobilisation. Provision of post-operative exercises
- Reconstruction will be kept warm and room temperature will be warm to maximise blood supply to “flap”
- Possible constipation: advise to speak to ward staff re laxatives
- May need a blood transfusion
- Oxygen overnight
- IV fluids and kept well hydrated
- Risk of DVT – prophylaxis anti-embolic stockings/LMWH/continue on discharge

Scarring

- Position and size of scars depending on surgery
- Comprehensive images provided of donor sites and reconstructed breasts

Possible complications:

- Bleeding
    - Ensure patients on warfarin are aware they require pre-op instructions for stopping drug
- Necrosis – flap and skin
- Infection
- Seroma
- Potential partial or full flap failure necessitating return to theatre
- Systemic complications
    - DVT
    - Respiratory
    - Cardiovascular

Post operative expectations:

- Altered sensation to reconstructed breast – nerve damage and recovery
- Change in shape and size to previous breast – asymmetry/appearance and feel
- Possible need for further symmetrising surgery and likely time frame for this
- Altered sensation or lack of sensation across donor sites
- Ensure patients have been given an opportunity to look at written literature about their operation and images showing reconstruction and to attend a show and tell event if possible in the area
- Initial swelling etc will take up to 3 months to settle
- May take up to 6–8 months before cosmesis can be assessed accurately

- If post-op radiotherapy required this may affect cosmesis
- Further surgery and procedures may be required e.g. for nipple reconstruction or symmetrisation purposes and time frame

Follow up:

- Explain when and where patients will receive their pathology results
- Contact details provided of who to contact should the patient have concerns including at weekends and out of hours

Pathology results for immediate reconstructions:

- Explain when and where patients will receive their pathology results

Practical advice:

- Underwear dependent on surgery
    - Non wired bras initially
    - Will be given a light/medium support front fastening bra post-surgery
    - Light support pants (not control pants) lycra is more supportive than cotton
    - Pants should be high waisted which will prevent rubbing against abdominal wound
    - TUGS – cycle short type pants
- Driving
    - Approximate timeline for when patients can start to drive post-operatively
- Exercise
    - Time frame for resuming physical activities
    - Physio leaflet provided for example
- What to bring to hospital
- **Tamoxifen:**
    - If patient on Tamoxifen this should stop 6 weeks prior to surgery to reduce risk of DVT dependent on local protocols
    - Restart when mobile post-surgery
- **Anticoagulation**
    - How long anticoagulation medication will be given for and how to administer it according to local protocols
    - Ted stockings – how long they should be worn according to local protocols

Discharge proforma for breast cancer reconstruction patients: shared care pathway

Patient:

Click here to enter text

Address:

Click here to enter text

Plastic surgery consultant NHS Lothian:

Click here to enter text

CHI:

Click here to enter text

Telephone Number:

Click here to enter text

Operation details:

Click here to enter text

Peri operative complications:

Click here to enter text

Post op recovery/complications:

Click here to enter text

Follow up:

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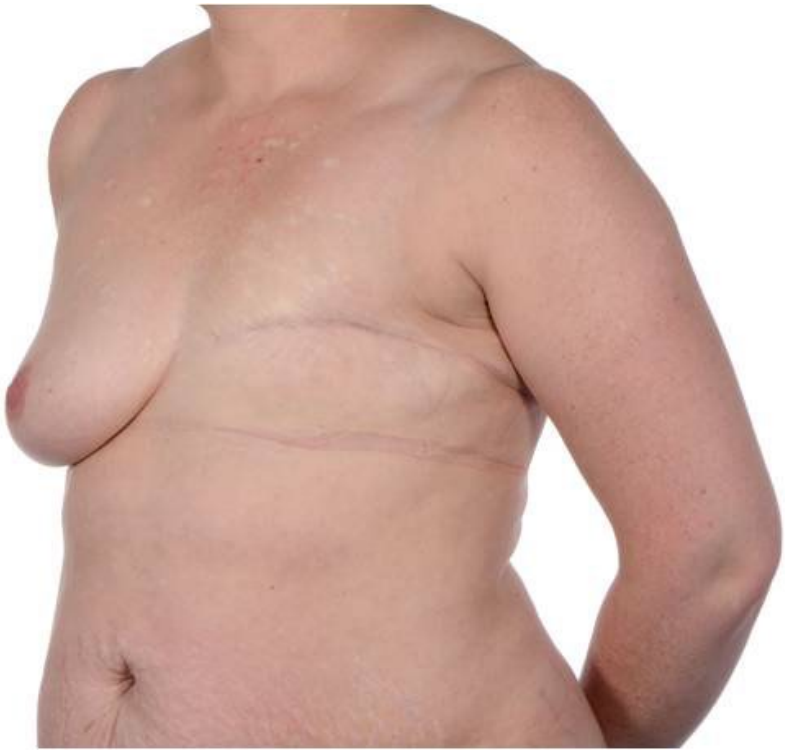
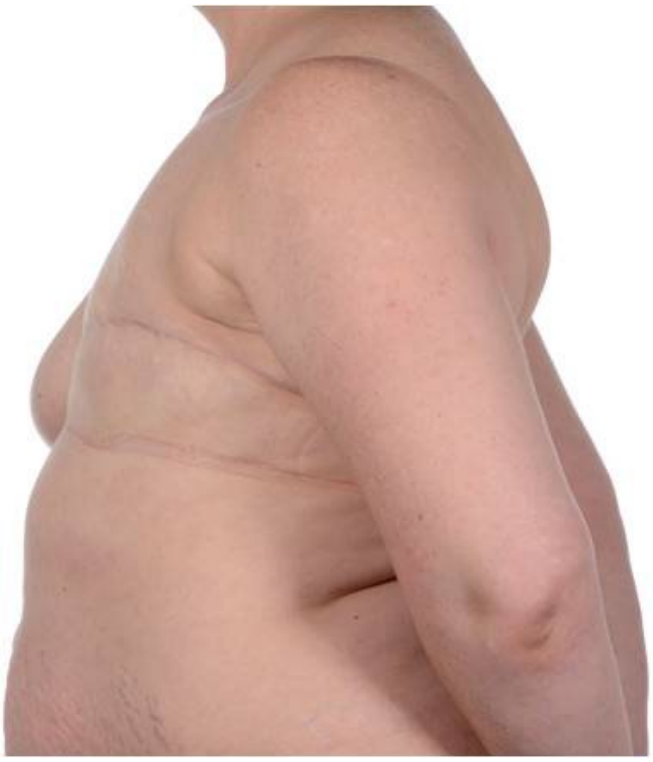
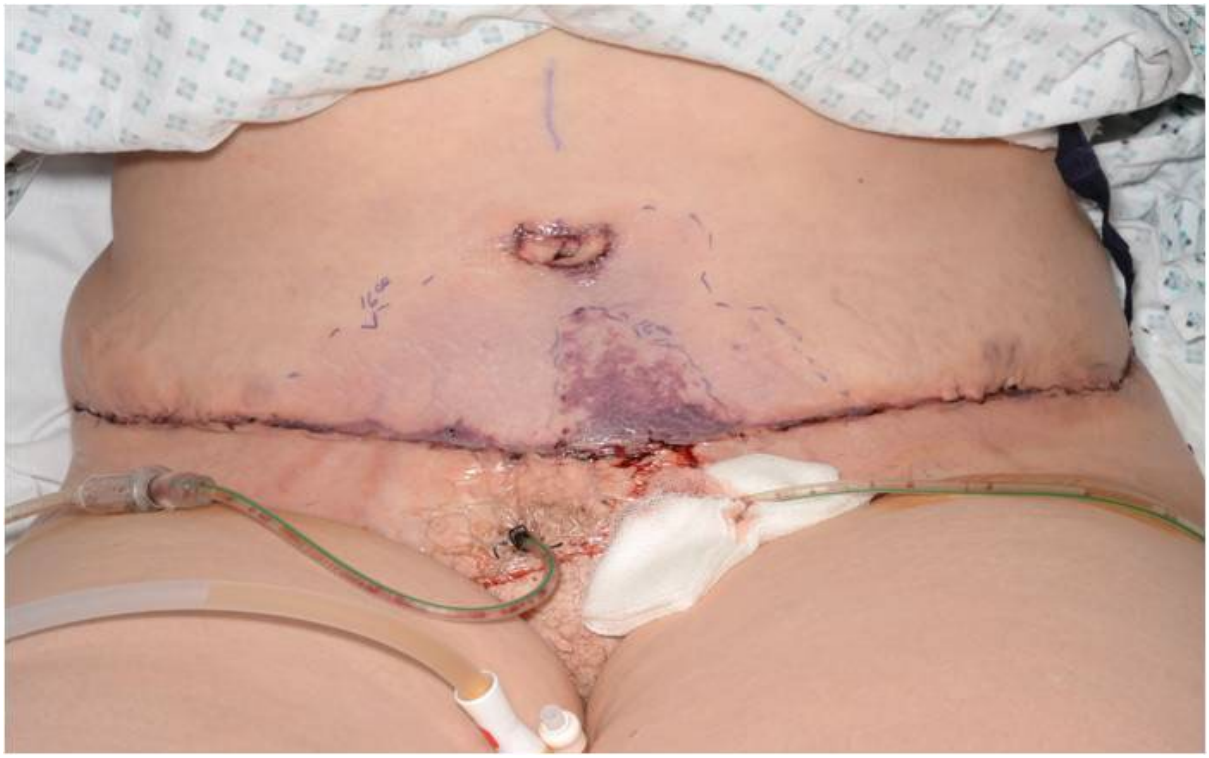
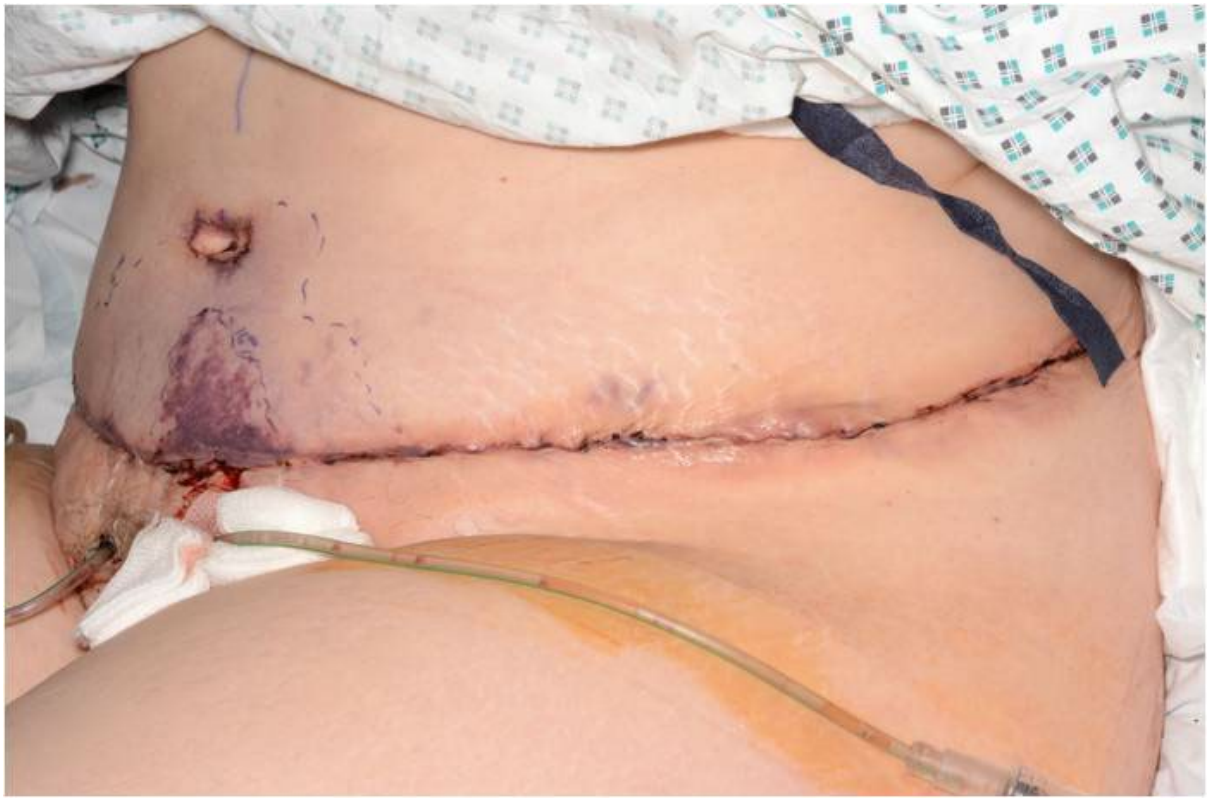
Mastectomy

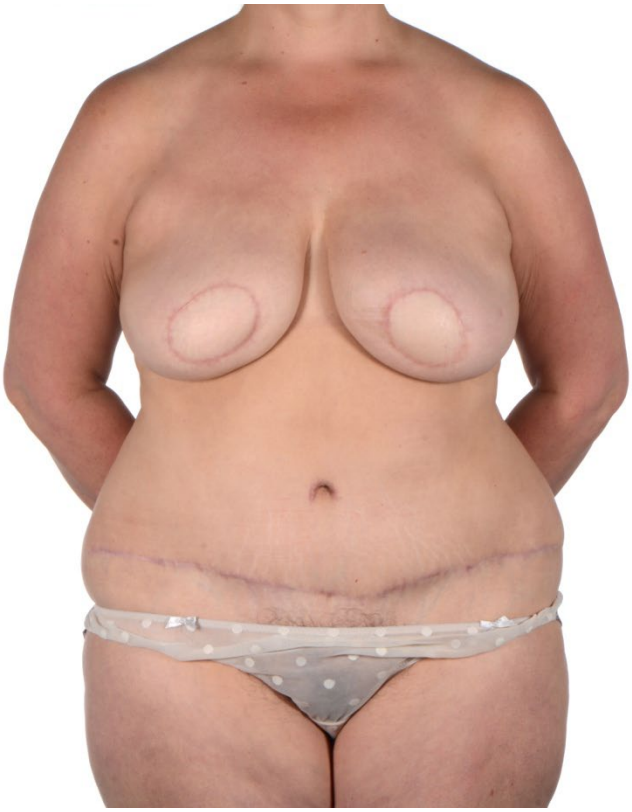


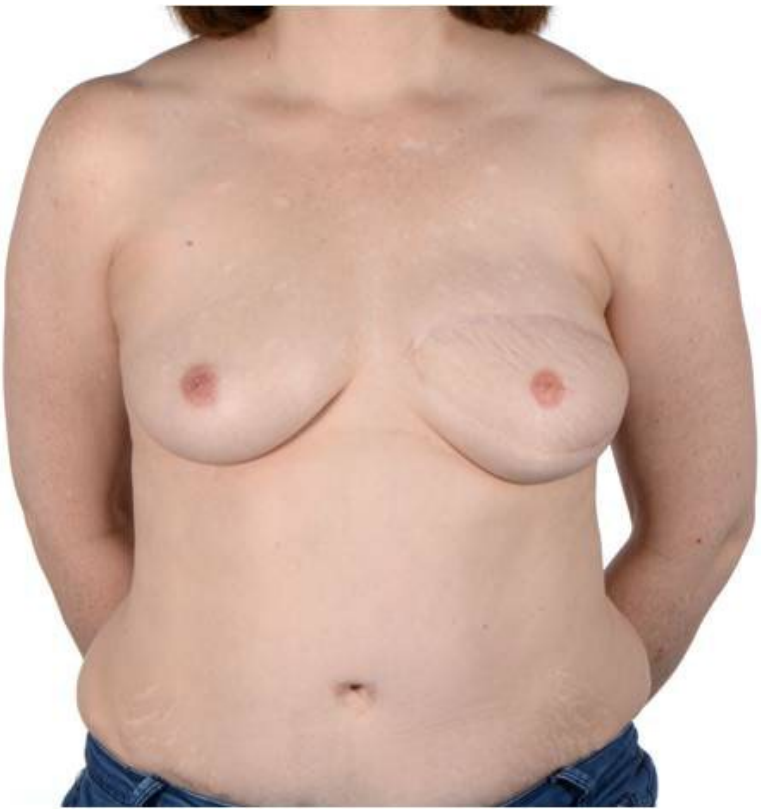


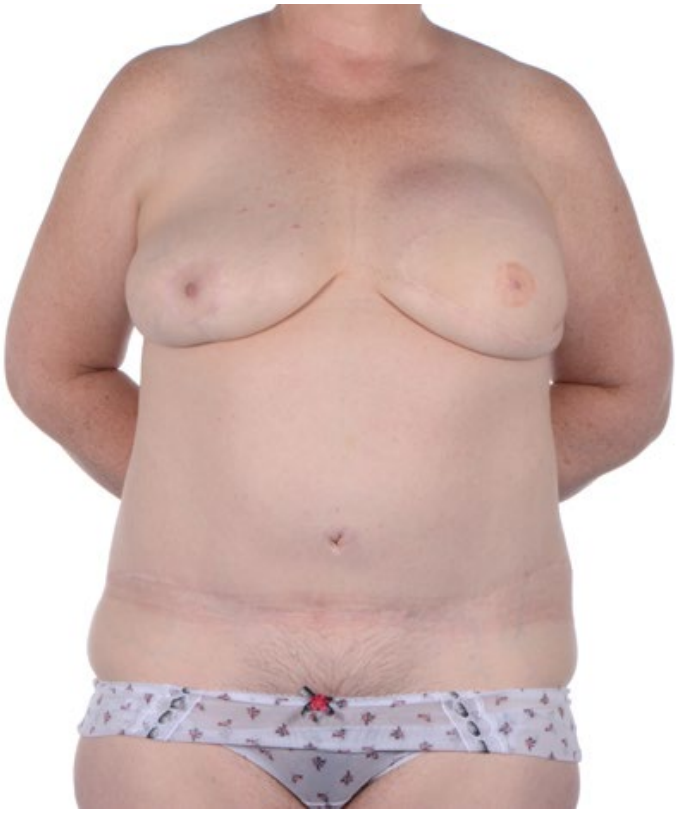
Abdominal wound after lower abdominal tissue flap

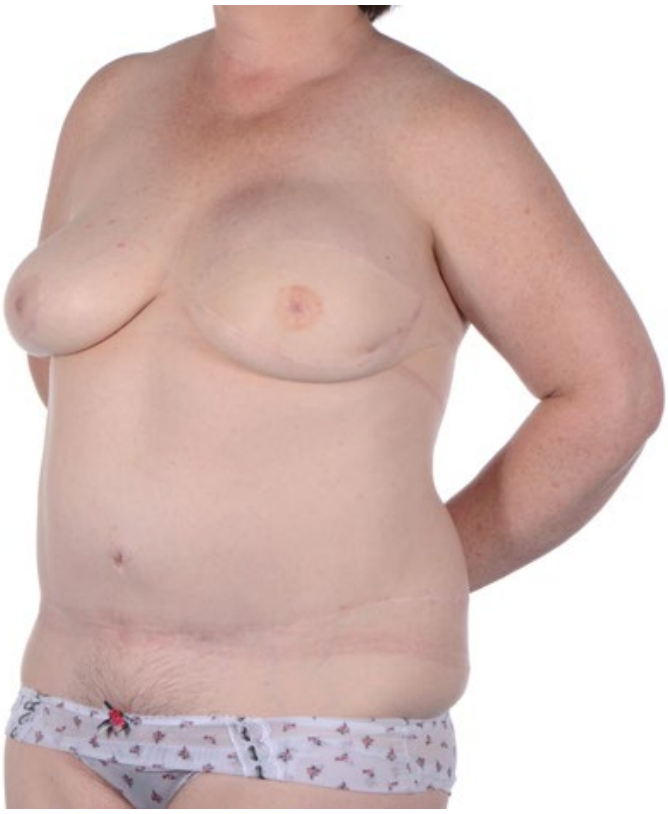












Nipple reconstruction with tattoo