

Bedfordshire, Hertfordshire, West Essex and Milton Keynes Priorities Forum statement

Number: 73

Subject: Breast reconstruction after treatment for breast cancer

Date: May 2018

Date review due: May 2021

If criteria in this guidance are met, breast reconstruction after cancer will be automatically approved for funding within the appropriate NHS tariff. Each CCG will determine if this requires prior approval or post-surgical validation. If the procedure does not meet the following criteria then an IFR request for each case with accompanying medical photography will be required. Please note that IFR is only suitable for patients who are exceptional compared to the overall cohort of patients.

Biological mesh will only be considered for funding on a case by case basis.

Guidance

Guidance supports

- A maximum of three procedures within three years from the commencement of reconstructive surgery.
- A maximum of four procedures in the case of delayed-immediate reconstruction.

Cosmetic/reconstructive surgery to reduce discomfort and improve appearance following initial cancer surgery will be funded if it involves a maximum of three procedures within three years of initial reconstructive surgery in order to adequately complete reconstruction. This may involve but is not limited to surgery to the contralateral side, course of lipofilling and nipple reconstruction surgeries (excluding nipple tattooing).

For the purpose of this guidance, initial mastectomy procedures do not constitute as the beginning of reconstruction and patients reserve the right to delay the beginning of their reconstruction process.

If a patient should choose to have a delayed-immediate procedure, maximum number of procedures will be increased to four.

The treatment plan should be documented at the start of treatment, and should not exceed a total of three operations or four in a delayed-immediate procedure. Patients should be advised and it should be documented that if they choose not to have surgery on their contralateral breast at the time of reconstruction that this may cause asymmetry later in life due to natural ageing and at that point they are unlikely to qualify for further reconstructive surgery.

Any further surgery required beyond the original documented treatment plan for primary reconstruction; in excess of three initial procedures or four in the case of delayed-immediate reconstruction; or beyond three years after the first procedure will require approval from the Individual Funding Requests department of the relevant CCG. Exceptions to this requirement are if the patient suffers from:

1. Complications (such as severe infection)
2. If there is a recurrence of disease or nodules discovered

In this instance where patients may require further surgery, the reconstructive process (time limits and number of procedures) will recommence at the start again at the commencement at the beginning of the first reconstructive procedure following surgery to correct complications.

Wide local excisions are unlikely to require extensive reconstruction. All intended procedures should be agreed upon during the treatment MDT. 1 reconstructive procedure will be routinely funded. Please note, that due to extensive swelling following radiotherapy treatment any reconstructive processes may begin up to 4 years following the excision surgery which is acceptable within this guidance.

All patients must be advised that further requests for surgery to address concerns about appearance, size, position, angle or balance will be considered to be cosmetic and as such will not be routinely funded, however exceptional cases will be considered by the Individual Funding Requests department.

With regards to implant based reconstructions, patients must be made aware of all known complications, including rippling and capsular contracture. Implant replacements will only be funded on the basis of grade IV capsular contracture on the Baker's scale. Grade III capsular contracture will be considered for funding for further surgery based on individual circumstances and medical photography. In this situation an IFR must be completed.

Funding will not be routinely approved for procedures to correct any naturally occurring change in the breast shape and symmetry following the completion of the reconstruction process. This includes but is not limited to as a consequence of aging.

This guidance was completed in conjunction with representative breast and plastic surgeons from East and North Herts Acute Trusts.

Background

Breast reconstruction after treatment for breast cancer, in particular mastectomy, is a routinely funded procedure. Women currently are given the choice for immediate reconstruction – i.e. at the same time of the original surgery to remove the cancer, or to delay it until cancer treatment has been completed. Usually this can be completed in between one and three operations depending on the surgery required. There are a variety of different operations available for breast reconstruction.

This guidance recognises that women who have had surgery for breast cancer should be entitled to reconstructive surgery with the aim of replicating the appearance of the original breast as far as possible, rather than create the perfect replacement of the breast.

Human Rights and Equalities Legislation has been considered in the development of this guidance.

List of Breast Reconstruction Codes:

Please note that it is expected that each patient will have only one code which includes the work reconstruction (excluding nipple reconstruction) for acute presentation and further procedures will be documented by the procedure type (e.g. lipofilling B.375)

BREAST RECONSTRUCTION LATISSIMUS DORSI FLAP	B29.1	
RECONSTRUCTION OF BREAST USING MYOCUTANEOUS FLAP OF LATISSIMUS DORSI MUSCLE		B30.1
SKIN SPARING MASTECTOMY BREAST RECONSTRUCTION LATISSIMUS DORSI FLAP AND IMPLANT		B27.6
BREAST RECONSTRUCTION USING TRANSVERSE UPPER GRACILIS FLAP	B29.4	
BREAST RECONSTRUCTION AND EXPANDABLE IMPLANT	B29.9	
BREAST RECONSTRUCTION AND IMPLANT	B29.9	
BREAST IMPLANT REMOVAL	B30.3	
BREAST IMPLANT EXCHANGE RENEWAL	B30.4	
SKIN SPARING MASTECTOMY WITH STRATTICE BREAST RECONSTRUCTIONS		B27.6
BREAST REDUCTION MAMMOPLASTY	B31.1	
MASTOPEXY	B31.3	
NIPPLE RECONSTRUCTION	B36.1	
RECONSTRUCTION OF NIPPLE	Y26.8	
COMPLEX NIPPLE TATTOOING	B36.4	
BREAST CAPSULECTOMY	B37.4	
BREAST CAPSULECTOMY AND IMPLANT EXCHANGE	B37.4	
BREAST CAPSULECTOMY AND REMOVAL IMPLANTS	B37.4	
LIPOFILLING BREAST	B37.5	
LIPOFILLING OF BREAST	S62.2	
BREAST LIPOSUCTION	B37.8	
RECONSTRUCTION OF BREAST USING FREE SUPERIOR GLUTEAL ARTERY PERFORATOR FLAP		B38.1
RECONSTRUCTION OF BREAST USING FREE INFERIOR GLUTEAL ARTERY PERFORATOR FLAP		B38.2
BREAST RECONSTRUCTION SUPERFICIAL INFERIOR EPIGASTRIC ARTERY FLAP	B39.8	
BREAST RECONSTRUCTION DEEP INFERIOR EPIGASTRIC PERFORATOR FLAP	B30.1	