

# National Mastectomy & Breast Reconstruction Audit Datasheet - Mastectomy +/- Immediate Reconstruction

## Patient Registration data

**Surname** \_\_\_\_\_ **Forename** \_\_\_\_\_  
**NHS/Private Hospital Number** \_\_\_\_\_ **Date of birth** \_\_\_\_\_  
**Postcode** \_\_\_\_\_ **Ethnicity** \_\_\_\_\_

## Patient-reported outcomes consent

**Has this patient consented to being sent outcome questionnaires?**

- ☐ Patient has consented to receive questionnaires
- ☐ Patient does not want to receive questionnaires
- ☐ Patient judged incapable of completing a written questionnaire in English
- ☐ Patient was capable but not asked whether they were happy to receive questionnaire

**Reason patient was judged incapable of completing the questionnaires (if applicable):**

- ☐ Poor eyesight
- ☐ Literacy or language comprehension problems
- ☐ Cognitive impairment

**DO NOT SUBMIT DATA ELECTRONICALLY UNTIL THIS SECTION IS COMPLETED**

## Previous treatment data

**Date of breast cancer diagnosis:** \_\_\_\_\_

**Date of decision to treat (mastectomy):** \_\_\_\_\_

**Treatments for ipsilateral breast cancer prior to this admission (please select all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> None  | <input type="checkbox"/> Breast-conserving surgery |
| <input type="checkbox"/> Axillary surgery (including Sentinel Node Bx) | <input type="checkbox"/> Radiotherapy              |
| <input type="checkbox"/> Chemotherapy                                  | <input type="checkbox"/> Hormone Therapy           |

## Co-morbidity data

**Smoking status:**

- ☐ Current smoker
- ☐ Ex-smoker
- ☐ Never smoked

**ASA Grading (from pre-operative assessment):**

- ☐ I – Normal healthy individual
- ☐ II – Mild systemic disease that does not limit activity
- ☐ III – Severe systemic disease that limits activity but is not incapacitating

**Body mass index:**

Weight/kg \_\_\_\_\_

Height/m \_\_\_\_\_

BMI (W/H<sup>2</sup>) \_\_\_\_\_

- ☐ IV – Incapacitating systemic disease which is constantly life-threatening

**Diabetes status:**

- ☐ Not diabetic
- ☐ Type I diabetes
- ☐ Type II diabetes

**Pre-operative performance status (ECOG/WHO):**

- ☐ 0 - Fully active
- ☐ 1 - Light/office work
- ☐ 2 – Ambulatory / self care, up and about > 50% of the time
- ☐ 3 - Limited self care, confined to bed / chair > 50% waking hours
- ☐ 4 - Completely disabled, no self care and totally confined to bed / chair



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## Operative data

**Date of admission for surgery:** \_\_\_\_\_

**Date of mastectomy:** \_\_\_\_\_

**Type of mastectomy (please select one option only):**

- ☐ Simple mastectomy
- ☐ Subcutaneous or skin sparing mastectomy via circumareolar approach (nipple excised)
- ☐ Subcutaneous or envelope mastectomy via lateral or submammary approach (nipple spared)
- ☐ Total mastectomy with excision of any part of pectoralis muscle
- ☐ Total mastectomy with excision of both pectoral muscles + part of chest wall

**Type of axillary surgery (please select one option only):**

- |   |   |
|---|---|
| <input type="checkbox"/> None                 | <input type="checkbox"/> Level 1 axillary clearance |
| <input type="checkbox"/> Sentinel node biopsy | <input type="checkbox"/> Level 2 axillary clearance |
| <input type="checkbox"/> Axillary sampling    | <input type="checkbox"/> Level 3 axillary clearance |

**Type of immediate primary reconstruction performed (please select all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> None                  | <input type="checkbox"/> SIEA free flap        |
| <input type="checkbox"/> Tissue expander       | <input type="checkbox"/> TDAP flap             |
| <input type="checkbox"/> Fixed volume implant  | <input type="checkbox"/> TMG/TUG free flap     |
| <input type="checkbox"/> Latissimus Dorsi flap | <input type="checkbox"/> SGAP free flap        |
| <input type="checkbox"/> TRAM pedicle flap     | <input type="checkbox"/> IGAP free flap        |
| <input type="checkbox"/> TRAM free flap        | <input type="checkbox"/> Nipple reconstruction |
| <input type="checkbox"/> DIEP free flap        |  |

**Type of contralateral symmetrisation surgery performed (please select all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> None                     | <input type="checkbox"/> Reduction mammoplasty           |
| <input type="checkbox"/> Tissue expander          | <input type="checkbox"/> Mastopexy (skin reduction only) |
| <input type="checkbox"/> Augmentation mammoplasty |  |

**Planned adjuvant treatments:**

- ☐ Radiotherapy
- ☐ Chemotherapy
- ☐ Hormone therapy
- ☐ Specialist palliative care

**Planned secondary reconstructive procedures:**

- ☐ Tissue expansion of breast mound
- ☐ Exchange of expander for fixed volume implant
- ☐ Nipple reconstruction
- ☐ Areolar tattooing
- ☐ Symmetrisation procedure
- ☐ Exchange of implant/expander for autologous flap



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## Reconstructive decision-making data

### PLEASE COMPLETE IF IMMEDIATE RECONSTRUCTION HAS NOT BEEN PERFORMED

**Was immediate reconstruction offered to this patient?** ☐ Yes ☐ No

**If immediate reconstruction was not offered, why was this? (please select all that apply)**

#### Patient appropriateness for surgery:

- ☐ Advanced stage of disease
- ☐ Concerns about local recurrence
- ☐ Age of patient
- ☐ Degree of co-morbidity (e.g. cardio-respiratory disease)
- ☐ Lifestyle factors (e.g. smoking)
- ☐ Cognitive impairment
- ☐ Mental health issues (e.g. psychiatric illness)

#### Treatment pathway issues:

- ☐ Patient has undergone recent neo-adjuvant chemotherapy
- ☐ Adjuvant radiotherapy to chest wall anticipated for this patient
- ☐ Reconstructive surgery would delay other anticipated adjuvant therapies

#### Service access issues:

- ☐ Immediate reconstruction not available locally
- ☐ Immediate reconstruction would significantly delay mastectomy surgery

**Has delayed reconstruction been offered to this patient?** ☐ Yes ☐ No

**If yes, have they accepted the offer?** ☐ Yes ☐ No

**If delayed reconstruction has not been offered, why is this? (please select all that apply)**

#### Patient appropriateness for surgery:

- ☐ Advanced stage of disease
- ☐ Concerns about local recurrence
- ☐ Age of patient
- ☐ Degree of co-morbidity (e.g. cardio-respiratory disease)
- ☐ Lifestyle factors (e.g. smoking)
- ☐ Cognitive impairment
- ☐ Mental health issues (e.g. psychiatric illness)

#### Service access issues:

- ☐ Delayed reconstruction not available locally



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## Peri-operative morbidity data

Date of discharge: \_\_\_\_\_

Return to theatre during admission

☐ Yes

☐ No

Emergency transfer to HDU or ITU during admission

☐ Yes

☐ No

Death during admission

☐ Yes

☐ No

## In-patient complications (please select all that apply):

Complications requiring therapeutic intervention at:

**Mastectomy  
site**

**Flap donor  
site  
(if applicable)**

None

☐
☐

Wound infection requiring intravenous antibiotics

☐
☐

Wound infection requiring surgical debridement

☐
☐

Skin flap necrosis requiring surgical debridement

☐
☐

Wound dehiscence requiring re-closure

☐
☐

Haematoma or seroma requiring aspiration or drainage

☐
☐

**Flap-related complications requiring therapeutic intervention:**

Not applicable

☐

None

☐

Impaired flap perfusion requiring re-exploration or revision of anastomosis

☐

Partial flap necrosis or failure requiring debridement

☐

Total flap necrosis or failure requiring removal

☐

**Implant/expander-related complications requiring therapeutic intervention:**

Not applicable

☐

None

☐

Displaced implant/expander requiring re-positioning

☐

Infected implant/expander requiring intravenous antibiotic therapy

☐

Infected implant/expander requiring removal

☐

Ruptured implant/expander requiring removal

☐

**Distant or systemic complications requiring therapeutic intervention:**

None

☐

Haemorrhage requiring blood transfusion

☐

Deep venous thrombosis (DVT) requiring formal anticoagulation

☐

Pulmonary embolism (PE) requiring formal anticoagulation

☐

Acute myocardial infarction (MI) requiring anticoagulation +/- thrombolysis

☐


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## Pathology data (from post-operative histology report)

**Tumour laterality:**

☐ Right

☐ Left

**Invasive status:**

☐ Invasive

☐ DCIS (ductal carcinoma in situ)

### **Grade of DCIS or Invasive Carcinoma:**

- ☐ 1 – low (DCIS) or well differentiated (invasive)
- ☐ 2 – intermediate (DCIS) or moderately differentiated (invasive)
- ☐ 3 – high (DCIS) or poorly differentiated (invasive)

### **Lymph node involvement:**

( \_\_\_\_\_ / \_\_\_\_\_ )

(number of positive axillary nodes / total number of axillary nodes in pathology specimen)

**Invasive lesion size (mm):** \_\_\_\_\_

**Recorded Nottingham Prognostic Index Score (if invasive):** \_\_\_\_\_



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