

# National Mastectomy & Breast Reconstruction Audit Datasheet – Delayed 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 original mastectomy:** \_\_\_\_\_

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

- ☐ None ☐ Breast-conserving surgery  
☐ Axillary surgery (including Sentinel Node Bx) ☐ Radiotherapy  
☐ Chemotherapy ☐ 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  
☐ IV – Incapacitating systemic disease which is constantly life-threatening

**Body mass index:**

Weight/kg \_\_\_\_\_  
 Height/m \_\_\_\_\_  
 BMI (W/H<sup>2</sup>) \_\_\_\_\_

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

**Diabetes status:**

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

- ☐ 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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## 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):** \_\_\_\_\_

## Delayed reconstruction data

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

**Date of delayed reconstruction:** \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Tissue expander       | <input type="checkbox"/> SIEA free flap        |
| <input type="checkbox"/> Fixed volume implant  | <input type="checkbox"/> TDAP flap             |
| <input type="checkbox"/> Latissimus Dorsi flap | <input type="checkbox"/> TMG/TUG free flap     |
| <input type="checkbox"/> TRAM pedicle flap     | <input type="checkbox"/> SGAP free flap        |
| <input type="checkbox"/> TRAM free flap        | <input type="checkbox"/> IGAP free flap        |
| <input type="checkbox"/> DIEP free flap        | <input type="checkbox"/> Nipple reconstruction |

### **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 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

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

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

### Patient appropriateness for surgery (at time of mastectomy):

- ☐ 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 (at time of mastectomy):

- ☐ 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 (at time of mastectomy):

- ☐ Immediate reconstruction not available locally
- ☐ Immediate reconstruction would have significantly delayed mastectomy surgery



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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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