

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
- Axillary surgery (including Sentinel Node Bx)
- Chemotherapy
- Breast-conserving surgery
- Radiotherapy
- 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/H²) _____

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



National Mastectomy & Breast Reconstruction Audit Datasheet – Delayed Reconstruction

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



National Mastectomy & Breast Reconstruction Audit Datasheet – Delayed Reconstruction

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



Royal College
of Nursing



BAPRAS

British Association of Plastic
Reconstructive and Aesthetic Surgeons



The
Information
Centre
knowledge for care

National Mastectomy & Breast Reconstruction Audit Datasheet – Delayed Reconstruction

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	<input type="checkbox"/>	<input type="checkbox"/>
Wound infection requiring intravenous antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
Wound infection requiring surgical debridement	<input type="checkbox"/>	<input type="checkbox"/>
Skin flap necrosis requiring surgical debridement	<input type="checkbox"/>	<input type="checkbox"/>
Wound dehiscence requiring re-closure	<input type="checkbox"/>	<input type="checkbox"/>
Haematoma or seroma requiring aspiration or drainage	<input type="checkbox"/>	<input type="checkbox"/>

Flap-related complications requiring therapeutic intervention:

Not applicable	<input type="checkbox"/>
None	<input type="checkbox"/>
Impaired flap perfusion requiring re-exploration or revision of anastomosis	<input type="checkbox"/>
Partial flap necrosis or failure requiring debridement	<input type="checkbox"/>
Total flap necrosis or failure requiring removal	<input type="checkbox"/>

Implant/expander-related complications requiring therapeutic intervention:

Not applicable	<input type="checkbox"/>
None	<input type="checkbox"/>
Displaced implant/expander requiring re-positioning	<input type="checkbox"/>
Infected implant/expander requiring intravenous antibiotic therapy	<input type="checkbox"/>
Infected implant/expander requiring removal	<input type="checkbox"/>
Ruptured implant/expander requiring removal	<input type="checkbox"/>

Distant or systemic complications requiring therapeutic intervention:

None	<input type="checkbox"/>
Haemorrhage requiring blood transfusion	<input type="checkbox"/>
Deep venous thrombosis (DVT) requiring formal anticoagulation	<input type="checkbox"/>
Pulmonary embolism (PE) requiring formal anticoagulation	<input type="checkbox"/>
Acute myocardial infarction (MI) requiring anticoagulation +/- thrombolysis	<input type="checkbox"/>



Royal College
of Nursing



BAPRAS

British Association of Plastic
Reconstructive and Aesthetic Surgeons



The
Information
Centre
knowledge for care