BAPRAS
British Association of Plastic Reconstructive and Aesthetic Surgeons

RCS
ADVANCING SURGICAL STANDARDS

2014

Commissioning guide:

Breast reduction surgery

Sponsoring Organisation: British Association of Plastic, Reconstructive and Aesthetic Surgeons
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NICE accredited
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Commissioning guide 2014

Breast reduction surgery

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Introduction

This guidance relates to patients that present with breast hyperplasia, where breasts are large enough to cause symptoms, infection, pain and adverse effects to quality of life.

1491 patients underwent Breast reduction surgery in 2012 calendar year. There was wide variation in the rate of the procedure carried out locally, ranging from 0.22 to 14.88 per 100,000 population.

Breast reduction improves the quality of life of patients by amelioration of associated physical symptoms. The patient is not likely to present with further physical symptoms. There is also an improvement in the patient's psychological wellbeing, self-esteem, willingness to engage in social activities and employment potential.[3, 4, 5, 6]

Breast reduction should be considered for patients who meet the following criteria:

- Are physically healthy
- Have a BMI less than 27.5
- Excised breast weight of 500 grams and upwards
- Are non-smokers
- If the patient is taking other medication for other long term conditions, such as diabetes.
- Have some or all of the following signs and symptoms:
    - Emotionally and socially bothered by having large breasts
    - Low self-esteem and depression
    - Breast size limits physical activity
    - Back, neck and shoulder pain caused by the weight of breasts
    - Has regular indentations from bra straps that support heavy, pendulous breasts
    - Has skin irritation, intertrigo, beneath the breast crease
    - Breasts hang low and has stretched skin
    - Nipples rest below the breast crease when breasts are unsupported
    - Enlarged areolas caused by stretched skin

Male breast reduction is in the majority associated with weight loss and is not to be included in this document.

Email: secretariat@bapras.org.uk
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1. High Value Care Pathway for Breast reduction

Primary Care

Assessment:

- Take history including all path of pathophysiological processes (to exclude breast lumps).
- Take BMI
- Ask family history of breast cancer
- Has had professional bra fitting advice

Consider a referral to:

- Clinical psychologist
- Dietician if applicable
- Cognitive Behavioural Therapy (CBT)
- Genetic risk assessment if greater than two, first degree relatives with breast cancer at less than 50 years of age.

Offer all patients

- Reassurance and lifestyle advice
- Access to help with relevant physical, emotional, psychological and social issues
- Advice about relevant support groups
- Advice about smoking cessation

Secondary Care Provider

- Referral to a Plastic surgeon or a Consultant in the plastic surgery department.
- Patient history assessment – health, medication, lifestyle and work
- Patient is weighed, height taken and BMI assessment made. If BMI is below 27.5, consider if the patient is fit for surgery and fit for anaesthetic
- Psychological readiness assessed. Offer a psychological referral if patient has yet to receive one
- Take photographs
- Mammograms to be offered in those women approaching age for breast screening, within 2 years of screening or strong family history
- Offer the patient advice on outcomes and impact, access to photos, patient information leaflets and patient groups
- Appointments should last a minimum of 20 minutes

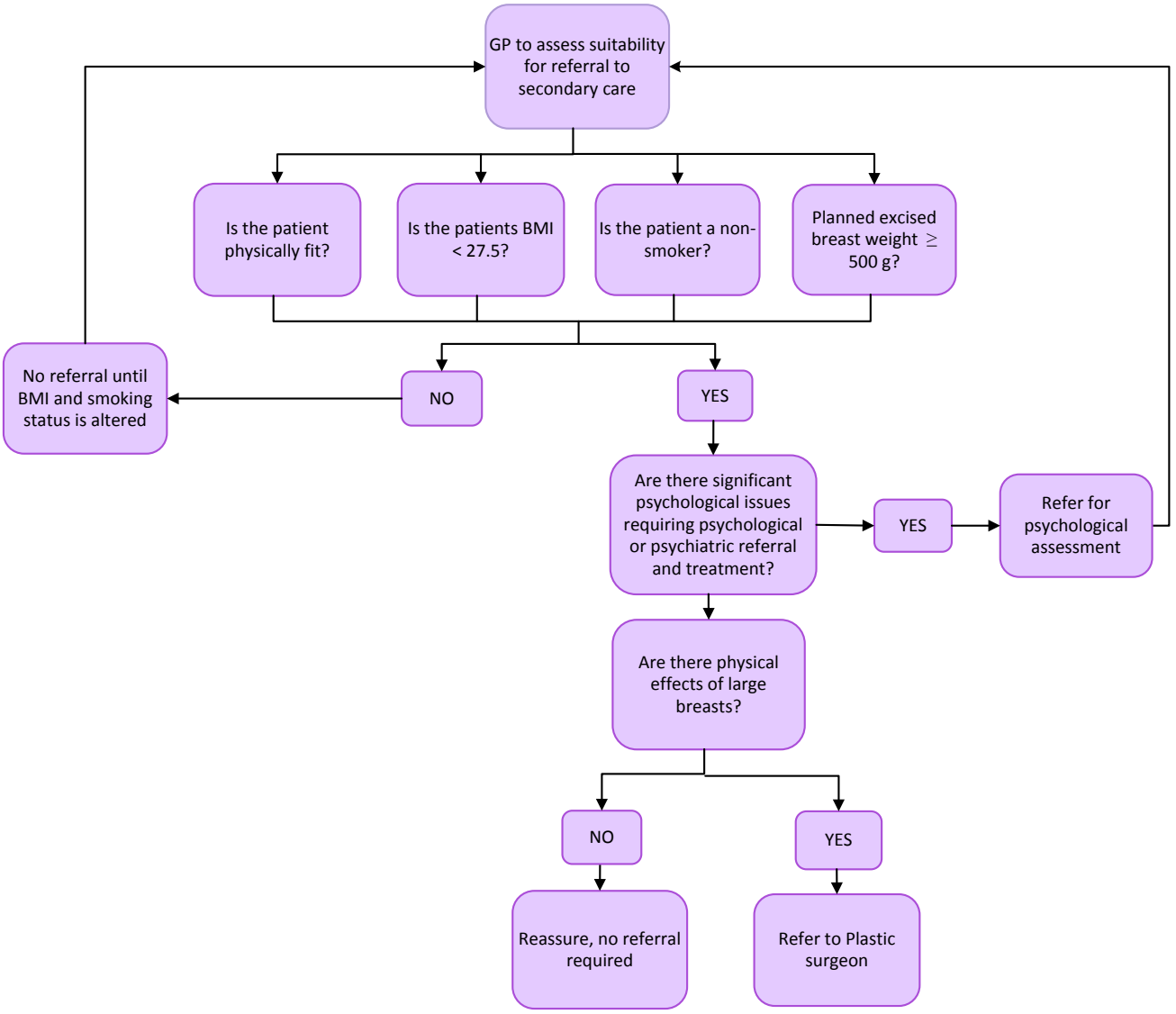
Patients who do not meet the criteria

- Offer the option to review their case in future. Patient given information. To present in Primary Care in future.
- Application for ‘exceptional cases’ for individualised funding, should only be done by an application by the specialist outlining why exceptional circumstances should be mitigated

Surgical Intervention & post-operative treatment

- Hospital stay of 24-48 hours
- Specialist dressing clinic appointment 7-14 days post operatively
- Specialist visit after 3 months. 2 specialist visits post operatively
- Post-operative photographs taken
- Histology
- Breast reduction specimens should be weighed and examined histologically and any with unusual pathology should be discussed in Breast MDM.

Pathway for referral from primary care



2. Procedures explorer for Breast reduction surgery

Users can access further procedure information based on the data available in the quality dashboard to see how individual providers are performing against the indicators. This will enable CCGs to start a conversation with providers who appear to be 'outliers' from the indicators of quality that have been selected.

The Procedures Explorer Tool is available via the Royal College of Surgeons website.

3. Quality Dashboard for Breast reduction surgery

The quality dashboard provides an overview of activity commissioned by CCGs from the relevant pathways, and indicators of the quality of care provided by surgical units

The Quality Dashboard is available via the Royal College of Surgeons website.

4. Levers for Implementation

4.1 Audit and Peer Review Measures

The following measures and standards are those expected at primary and secondary care. Evidence should be able to be made available to commissioners if requested.

Area	Measure	Standard
Primary Care	Patient information	Patients should be provided with or directed to appropriate information
Secondary care	Hospital stay/complication rates	Information on unit analysis of morbidity mortality rates related to breast reduction should be available
	Patient satisfaction data	Information on patient experience and patient outcomes should be measured and available

4.2 Quality Specification/ CQUIN

Commissioners may wish to include the following measures in the Quality Scheduled with providers. Improvements could be included in a discussion about a local CQUIN.

Measure	Description	Data specification (if required)
Length of stay	Provider demonstrates a mean LOS of 2 days	Data available from HES
Hospital stay related to drainage of the breast		Data available from HES
Complications	• Rate of skin grafting • Rate of debridement • Nipple necrosis reconstruction	Data available from HES
Reoperation rate	Provider demonstrates a readmission rate of <10%	Data available from HES
Readmission rate within 30 days	Provider demonstrates a readmission rate of <10%	Data available from HES

5. Directory

5.1 Patient Information for Breast Reduction Surgery

Name	Publisher	Link
Breast reduction - patient information guide	BAPRAS	www.bapras.org.uk/resources/plastic_surgery_information_guides/breast_reduction
Breast Reduction	NHS Choices	www.nhs.uk/conditions/breast-reduction/Pages/Introduction.aspx
Evidence-based Clinical Practice Guideline: **Reduction Mammaplasty**	American Society of Plastic Surgeons	www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Reduction_Mammaplasty_Evidence_Based_Guideline%20%282%29%282%29.pdf

5.2 Clinician Information for Breast Reduction Surgery

Name	Publisher	Link
Adult Exceptional Aesthetic Referral Protocol (Breast Reduction)	NHS Scotland	www.sehd.scot.nhs.uk/mels/CEL2011_27.pdf
Breast reduction	American Society of Plastic Surgeons	www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Reduction_Mammaplasty_Evidence_Based_Guideline%20%282%29%282%29.pdf

6. Benefits and Risk

Consideration	Benefit	Risk
Patient outcome	Positive psychological benefits including a reduction in rates of depression, improvement in self-esteem and a better quality of life	
	Physiological benefits. A reduction in physical outcome reducing the need of primary care physical treatment and allows the patient to take part in physical activity	
Resource impact	Low cost procedure to gain patient improvement	Resource required to establish MDT

7. Further Information

7.1 Research Recommendations

- The exact relationship between BMI and clinical outcome in breast reduction surgery is unclear. There is evidence to suggest there is no difference in outcome that surgery on patients with a BMI greater than 25 than those less than 25.
- Antibiotic prophylaxis and the effect on wound infection.

7.2 Other recommendations

- A national outcome audit relating patient parameters to complications would potentially highlight a shift in practice.
- A national tool for measuring and collating patient experience and outcomes

7.3 Evidence Base

1. Chadbourne EB, Zhang S, Gordon MJ et al. Clinical outcomes in reduction mammaplasty: a systematic review and meta-analysis of published studies. Mayo Clinic Proceedings. 2001;76(5):503-10.
2. Cook SA, Rosser R, Salmon P. Is cosmetic surgery an effective psychotherapeutic intervention? A systematic review of the evidence. Journal of Plastic, Reconstructive and Aesthetic Surgery. 2006;59(11):1133-51.
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4. Freire M, Neto MS, Garcia EB et al. Functional capacity and postural pain outcomes after reduction mammoplasty. Plastic & Reconstructive Surgery. 2007;119(4):1149-56.
5. Iwuagwu OC, Walker LG, Stanley PW et al. Randomized clinical trial examining psychosocial and quality of life benefits of bilateral breast reduction surgery. British Journal of Surgery. 2006;93(3):291-4.
6. Iwuagwu OC, Stanley PW, Platt AJ et al. Effects of bilateral breast reduction on anxiety and depression: results of a prospective randomised trial. Scandinavian Journal of Plastic & Reconstructive Surgery & Hand Surgery. 2006;40(1):19-23.
7. Collis N, McGuiness CM, Batchelor AG. Drainage in breast reduction surgery: a prospective randomised intra-patient trail. British journal of plastic surgery. 2005;58(3):286-9.
8. American Society of Plastic Surgeons. Evidence-based clinical practice guideline: Reduction mammaplasty. Arlington Heights (IL): American Society of Plastic Surgeons; 2011

7.4 Guideline Development Group for Breast Reduction Surgery

A commissioning guidance development group was established to review and advise on the content of the commissioning guide. This group met once, with additional interaction taking place via email.

Name	Job Title/Role	Affiliation
Mr Stuart McKirdy, Chair	Consultant Plastic Surgeon	BAPRAS
Mr Anil Agarwal	Consultant Plastic Surgeon	
Ms Elaine Sassoon	Consultant Plastic Surgeon	BAPRAS
Dr Kiranmayi Penumaka	GP	Halesowen Central Medical Practice
Ms Jillian Nye	Lay Representative (ex commissioner)	
Ms Sara Payne	Patient representative	Member, Patient Liaison Group, Royal

		College of Surgeons of England
Ms Iris McMillan	Patient representative	Member, Patient Liaison Group, Royal College of Surgeons of England

7.5 Funding Statement

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- The Royal College of Surgeons of England (RCSEng) and the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) provided staff to support the guideline development.

7.6 Conflict of Interest Statement

Individuals involved in the development and formal peer review of commissioning guides are asked to complete a conflict of interest declaration. It is noted that declaring a conflict of interest does not imply that the individual has been influenced by his or her secondary interest. It is intended to make interests (financial or otherwise) more transparent and to allow others to have knowledge of the interest.

The following interests were declared by the group:

Name	Job title/role	Declared interest
Mr Stuart McKirdy, Chair	Consultant Plastic Surgeon	• Was employed as a speaker for Johnstone and Johnstone • Mentor – Breast implants – Scientific meeting, Science of implants in Lieden
Ms Jillian Nye	Lay representative	• Worked as Assistant director of commissioning until 30/09/2012
Ms Elaine Sassoon	Consultant Plastic Surgeon	• Mentor- Breast reconstruction meeting (did not take fee for this)