

For Immediate Release

(Case studies included)

GIVE WOMEN THE BREAST CHANCE

Restart Breast Reconstructions for Cancer Patients, Demand Surgeons

London – 14 October 2021 - The Confederation of British Surgery, the UK's sole trade union for surgeons and anaesthetists (www.cbsgb.co.uk) today joins the British Association of Plastic, Reconstructive and Aesthetic Surgeons (www.bapras.org.uk) in warning that women are still being refused vital reconstructive surgery, despite hospitals having a clear ability to do so.

Together, the organisations highlight new protocols published during the pandemic proving the procedures can be reduced from the traditional 8-12 hours down to 2-3 and hospital stays from 7 days to just 72 hours. Yet many Trusts still (conveniently) deem breast reconstruction as 'cosmetic' and are performing less than two-thirds of the amount they were pre-COVID.

Breast reconstruction was stopped at the height of the COVID pandemic, leaving women who had mastectomies battling high levels of anxiety and low self-esteem. An expert in breast reconstruction and member of BAPRAS, Dhalia Masud, fought and won a battle to change the priority in her hospital – even publishing their successful roadmap¹ in the *Journal of Plastic, Reconstructive and Aesthetic Surgery*. Yet many Trusts have yet to restart the procedures because of the complex nature of the NHS approval process, and an inherent dismissal of the surgery being purely aesthetic.

With a recent report showing a rise in cases of breast cancer in younger women² and with this cohort most likely to request a reconstruction *and* be more susceptible to mental health issues,³ a catastrophe is almost inevitable.

Dhalia Masud is Breast Reconstruction Lead at Norwich and Norfolk Hospital. Despite resistance, she managed to re-categorise the procedure and published in *JPRAS* a model that can be followed by other hospitals. She says;

“A reconstruction is an integral part of cancer treatment and shouldn't be viewed as a separate entity or a cosmetic surgery. To delay this part of a patient's treatment indefinitely has a huge psychological impact on the patient and a financial impact to the NHS — we're now looking at two separate hospital admissions and two recovery periods. We have shown that this essential surgery can be restarted and managed. Until the mentality towards breast reconstruction changes, both within society and the NHS, women will continue to be ignored.”

Miss Masud recognised early on that work would need to be done to continue to help women and so developed a roadmap out of crisis with a COVID-specific enhanced recovery protocol which reduces the length of operation from 8 to 12 hours to 2 to 3 hours, while shortening the length of hospital stay from up to 7 days to just 72 hours. She also successfully campaigned to recategorise the priority status of breast reconstruction surgery, raising it from priority 4 to priority 2, yet still hospitals have not resumed this vital part of cancer treatment.

An internal straw poll of breast reconstruction units conducted by BAPRAS amongst members showed that, on average, they are operating at less than two-thirds of their pre-COVID rates, with

¹ <https://pubmed.ncbi.nlm.nih.gov/32893149/>

² <https://www.healthline.com/health-news/breast-cancer-rate-rises-in-women-under-40-what-we-can-do>

³ <https://www.mentalhealth.org.uk/a-to-z/w/women-and-mental-health>

almost 80% saying that this reduction in service adversely affected their patients. One South West-based surgeon commented that waiting lists for a delayed reconstruction are now at *four years*, while another noted that immediate reconstructions are not routinely offered, meaning more women are being added to unacceptably long waiting lists. Full mastectomies are being offered at one NHS South Central hospital in place of the usual breast conservation surgery — a procedure which removes the cancer while leaving the unaffected breast tissue intact — leaving women undergoing not one but two extensive operations, often unnecessarily.

Miss Masud has experienced women so desperate for a breast reconstruction that they have driven several hours for a consultation, as their local hospitals are not offering the surgery. Studies⁴⁵ show that quality of life is significantly greater in women who have undergone a reconstruction when compared to women who have had a mastectomy alone.

Mark Henley, consultant plastic surgeon and President of The Confederation of British Surgery says; ***“Sadly, breast reconstruction seems to be undervalued, and this needs to change. It is shocking that this key part of cancer treatment is being delayed indefinitely at an enormous cost to women’s mental health and ability to live a normal life.”***

Consultant plastic surgeon and BAPRAS President Ruth Waters, agrees: ***“This situation can only be deemed as unfair and unacceptable. I have personally seen the attitude that some in management – and even some surgical colleagues – can show towards breast reconstruction, deeming it purely ‘cosmetic’ and somehow unnecessary.***

“I fully support Dhalia Masud’s work in re-categorising the priority of breast reconstruction, and am saddened that, despite this clear roadmap for the rest of the country to follow suit, cancer treatment journeys are still being unnecessarily delayed.”

Dhalia concludes: ***“Of course I appreciate that surgery uses up a vast amount of resources, but we have shown that it is possible to not only continue to undertake reconstructions but also to streamline the process, undoubtedly saving the NHS a lot of money.”***

CASE STUDIES

Nicola Johnston, 53, is based in Bristol and teaches fitness classes to the over-80s. She is newly married and has a 16 year-old daughter. She says;

“I was diagnosed with breast cancer and underwent a mastectomy in 2018, then went through chemotherapy. By 2020 I was ready for my reconstruction, having attended several open evenings and educating myself about the various options, and even speaking with other women who had breast reconstruction. In March this year, I was thrilled to find out I was 4th on the waiting list!

“Unfortunately, six months on, no reconstruction appears to be taking place at the hospital, and they’ve been unable to give me an estimated date. Psychologically for me, this was such an important step in my recovery journey and I feel lost in limbo.

“There is nothing ‘cosmetic’ about breast reconstruction – there is scarring and loss of feeling. But I just don’t want to be looked at as different or deserving of pity. Regardless of what you wear, nothing fits properly with one breast and you can’t ‘fake’ cleavage. Mentally, it’s like being in no man’s land.

⁴ <https://pubmed.ncbi.nlm.nih.gov/21899982/>

⁵ <https://academic.oup.com/bjs/article/104/9/1197/6095029?login=true>

“I feel too young to spend my life with only one breast – I’m desperate to put this chapter of my life behind me.”

Georgia Evans, a 21-year-old beautician from Norwich, underwent a double mastectomy and breast reconstruction in March 2020, just on the cusp of lockdown. She was diagnosed with a mutated BRCA gene, meaning she had an increased chance of developing breast cancer. By undergoing a preventative double mastectomy, she has significantly reduced her chances of developing breast cancer. Georgia says:

“When I discovered I had the faulty BRCA gene, I was keen to undergo a preventative mastectomy and reconstruction as soon as possible. I was lucky to be offered an appointment quite quickly; although with only two weeks’ notice, I felt like I didn’t have much time to prepare. Although I did go through with the operation, had I not been offered the reconstruction at the same time, I would probably have chosen not to have it. The impact of not having the reconstruction at the same time as the mastectomy would have been huge — it’s shocking to think that this part of the potentially life-saving treatment is being delayed, adding extra pressures to women’s mental health at such a difficult time. I don’t regret my operation at all; it has been a very positive process for me, and I would urge other women to do the same if they are in the same position.”

ENDS

Notes to Editors:

About the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)

The British Association of Plastic, Reconstructive and Aesthetic Surgeons is the voice of plastic surgery in the UK, advancing education in all aspects of the specialty and promoting understanding of contemporary practice. BAPRAS speaks for the majority of reconstructive and aesthetic plastic surgeons providing services to patients in the UK today. For more information visit www.bapras.org.uk or @BAPRASvoice on Twitter.

About the Confederation of British Surgery

Launched in November 2018, The Confederation of British Surgery (www.cbsgb.co.uk) is the first and only trade union to be recognised under UK law to protect the welfare of surgeons, including the extended surgical team and their families. The CBS represents all surgeons, regardless of surgical speciality or affiliation, and negotiates on their behalf the terms and conditions of service, contracts of employment, litigation and insurance. Follow @UKSurgeons on both Instagram and Twitter.

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