

24 May 2022

To whom it may concern,

Re: NHS Trusts provision of Breast reconstruction and balancing surgery

Under the Freedom of Information Act 2000, I would be grateful if you could provide data on:

Part A- Delayed reconstructive surgery backlog

- 1. Following the suspension of reconstructive surgery in March 2020 as a result of the pandemic, when was reconstructive surgery restarted within your trust, for:**

A. Immediate reconstruction?

We resumed immediate reconstruction 29th June 2020

- B. Delayed reconstructive surgery (*by delayed reconstructive surgery we mean reconstructive surgery that happens after a mastectomy as opposed to immediate reconstructive surgery which occurs concurrently*)?**

Delayed reconstruction 5/10/2020.

- 2. What percentage of patients who have been on the waiting list since March 2020 to May 2022 have had their reconstructive breast surgery, for:**

A. immediate reconstruction?

All immediate reconstructions have been completed.

B. delayed reconstruction?

For the delayed reconstruction we are now operating on people who were listed in September 2021. Everyone on the list prior to this date has had their surgery. About 10% listed after this date have been operated on as we had cancellations due to positive Covid tests and these patients were ready to go.

- 3. At what proportion of capacity (i.e. average number of patients operated on per month) is the service currently operating at for:**

a. immediate reconstruction?

We are running at 100% capacity for the immediate reconstruction patients

b. delayed reconstructive surgery?

We are probably running at 75 - 80% for the delayed, it does vary by month, depending on the amount of cancer work we have. At the moment the cancer work is having to take priority as we have an increase in our cancer referral numbers. We have appointed a new breast consultant

starting work later in the year which hopefully will allow us to do more delayed work, while maintaining the same numbers of cancers, and there by bringing the waiting time down. We also hope to not have the amount of delayed work by being able to perform symmetrisation surgery at the same time with joint consultant operating.

4. At what capacity (average number of patients operated on per month) was the service operating at pre-pandemic for (January 2019 – January 2020)?

a. immediate reconstruction?

For January 2019 - 2020 we were performing 5 - 6 immediate recon a month,

b. delayed reconstructive surgery?

4 -5 delayed recon a month.

5. What was the average waiting time for receiving reconstruction in your trust between 2018-2019 (in weeks) for:

Free- flap reconstruction

A. Immediate?

Waiting time for free flap in 2018 - 2019 is via referral to our neighbouring Trusts, principally High Wycombe, occasionally to Oxford. For those not having chemotherapy and wishing to have free flaps they would wait 70 - 80 days from referral by GP to MKUH. Those having neo-adjuvant chemotherapy would be operated on for their free flaps 35 days after their last chemotherapy.

B. Delayed?

Delayed reconstructions with flaps were waiting 6 - 7 months. Immediate reconstructions with implants were operated on within the 62-day breach date target, and within 28days of a decision to treat. Delayed implant reconstructions waited 3 - 4 months.

Implant reconstruction

a. Immediate?

Free flap waiting time is still dependent on High Wycombe's waiting time but is about 90 days, and 50 days for those having surgery after chemotherapy, but we have only very small patient numbers.

b. Delayed?

The waiting time for delayed free flaps is 18 months.

What is the current average waiting time for receiving delayed reconstruction in your trust (in weeks) for:

Free- flap reconstruction

Immediate?

For the immediate implant patients we are running at 40 - 50 days, but we have had some patients wait longer due to having positive covid tests at the time of testing pre-operatively or the patients notifying of a covid infection between being seen in clinic and having their surgery. Therefore we have had to delay their surgery due to their covid infection as per the guidance. These patients have all been operated on at 5 weeks following their positive covid test. Delayed reconstruction patients are waiting currently 7 - 9 months, the wide difference in waiting time is due to people who've waited longer having positive covid tests and we substituted someone who has waited a shorter time to operate at maximal capacity.

Delayed?

Delayed reconstruction patients are waiting currently 7 - 9 months, the wide difference in waiting time is due to people who've waited longer having positive covid tests and we substituted someone who has waited a shorter time to operate at maximal capacity.

What is the current average wait time for additional surgeries (i.e. balancing and correction surgeries) in your trust?

Current average waiting time for additional surgeries is 6 - 9 months as some of the smaller procedures we have added to earlier lists to run at maximal capacity on lists, as it is easier to accommodate a small case on a list.

Part B- Reconstructive and balancing breast surgery- procedural limits

- 1. Does your trust operate under any policies or guidance which place limitations on the number of reconstructive surgical procedures a breast cancer patient is able to access, including limiting the number of balancing surgeries (procedures to the unaffected breast to ensure it matches the reconstructed breast)?**

If so, could you please provide details of the limitations and how long they have been in place?

We have not had formal guidelines limiting work undertaken by the Trust for reconstructive patients. Although both ourselves and the Trusts who are performing our free flaps are asking patients to have stopped smoking for delayed reconstructive work and to have a BMI under 30 for free flap surgery as per High Wycombe and Oxford guidelines.

Part C- Reconstructive and balancing breast surgery- time limits

- 1. Does your trust operate under any policies or guidance which place limitations on the timescale for surgical procedures a breast cancer patient is able to access, including for balancing surgeries?**

If so, could you please provide details of the policy and how long it has been in place?

We do not have any limitations of timescale placed upon us, but we do discuss it with implant and therapeutic mastoplasmy patients that we maybe faced with restrictions in the future as far as changing implants and symeterisation surgery. With implant patients we do discuss with them this possibility may be a reason for considering tissue based reconstruction, along with other reasons.

Please send your response via email to policy@breastcancer.org. We look forward to receiving your response by Monday 23 June as per Section 10 of the Freedom of Information Act which allows 20 working days for a response. If you have any queries or would like any further information, please do not hesitate to contact me using the above contact details and I would be happy to clarify the request.

Kind regards
Eleanor Mellor
Policy Officer
Breast Cancer Now