Joint Statement from the Association of Breast Surgery and the British Association of Plastic and Reconstructive Surgery

Breast Reconstruction

During the height of the COVID pandemic advice was issued regarding surgical prioritisation in the treatment of breast cancer. Initially surgery was avoided completely in all but the most hight risk patients. Breast reconstruction was also paused at this time due to initial concerns regarding the outcomes in cancer patients who might be COVID positive. There was also enormous pressure on beds, and intensive care with relatively high death rates from COVID.

The situation in 2022 is radically different, and while COVID remains common a combination of a less aggressive dominant COVID variant, widespread vaccination and better treatment mean that morbidity and mortality from covid infection is much reduced.

There is now no medical reason why breast reconstruction should not be performed in the normal way. This includes free flap and implant-based breast reconstruction.

The balance of benefit and risk has shifted fundamentally. We now believe that the psychological harm of not doing breast reconstruction, and the risks of developing breast cancer in those awaiting risk reducing surgery outweigh the risks from COVID.

We understand that enormous practical problems remain for service delivery. These pressures vary from region to region, and from week to week, often related to underlying staff shortages exacerbated by COVID related absences. The delivery of a normal reconstructive surgery remains a challenge, but this should now be re-established if at all possible.

The Backlog

While the situation is variable around the country in some areas there are large numbers of patients awaiting secondary breast reconstruction, especially autologous free flap surgery.

We would encourage our members to work together and do all they can to address this backlog.

Please do work with your local Trust management on a recovery plan.

The NHS has designated £8 billion of recovery funding and published and elective recovery plan. Do make sure you access this funding locally for breast reconstruction. Do consider whether it is possible to access lists and facilities at the new surgical hubs.

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