



COUNTIES
MANUKAU
HEALTH

7 August 2020

Email: [REDACTED]

Dear [REDACTED]

Official Information Act Request for – Breast Reconstruction Wait List

I write in response to your Official Information Act request, received by us on **7th July 2020**.

For context Counties Manukau Health (CM Health) employs over 7,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 569,400 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services

There are also several specialist services provided for our community via other metro Auckland DHBs, including tertiary surgical and medical services, mental health and addiction services.

Breast Reconstruction Data from iPM (Patient Management System) 01/01/19-30/06/20

Please note that there have been several major service disruptions in FY19/20, including COVID-19. We recommend not to use the fiscal year as an indication of trend, or use the volume as an expected activity level in normal circumstances.

You requested the following information:

The number of clients who received immediate breast reconstruction following a mastectomy in 2019/20

Counties Manukau DHB Response

Total number of cases that immediately had a Breast reconstruction following a Mastectomy

Note: Immediate – Within the day

Calendar Year	Total number of cases
2019	57
2020	25
Grand Total	82

Table.1 Data Source: iPM (Patient Management System) 01/01/19-30/06/20

The average breast reconstruction wait time for 2019/20

Counties Manukau DHB Response

This table shows the average waiting time from Mastectomy surgery to Breast reconstruction. This does not include immediate.

Theatre Calender year	Average waiting days
2019	134
2020	68
Grand Total	117

Table.2 Data Source: iPM (Patient Management System) 01/01/19-30/06/20

The number of women currently on the waitlist for reconstruction following a mastectomy

Counties Manukau DHB Response

This table shows the total number who are currently on waitlist for Breast reconstruction following a mastectomy Used waiting start date as search criteria

Gender	Total patients in waitlist
Female	5

Table.3 Data Source: iPM (Patient Management System) 01/01/19-30/06/20

The number of women who did not meet waitlist criteria

Counties Manukau DHB Response

We are unable to determine the total volume of women that did not meet the waitlist criteria as the patients were not being referred if they do not meet the inclusion criteria. (Inclusion Criteria: BMI of 30 or lower, non-smoking)

An outline of criteria that guides/governs whether a woman seeking breast reconstruction is accepted or denied treatment.

Counties Manukau DHB Response

Every referral must include **smoking status** (patient must be non-smoking), **BMI** and **chance of adjuvant treatment**.

Regarding BMI

- Ideally, the patients BMI should be < 30 for reconstructive surgery. This is a requirement for delayed reconstruction.
- Patients with BMI 30 to 35 will be considered on a case-by-case basis for immediate reconstruction as appropriate / able.
- BMI > 35 will be declined for reconstruction because of poorer outcomes and increased complications rates.

Regarding Smoking

In recent years, research has shown that compared to non-smokers, smokers have a higher chance of surgery-related complications like heart attack, stroke, shock and death. Smoking decreases blood flow making surgical wounds less likely to close, less likely to heal well and more likely to become infected. Smoking also weakens the immune system, which increases the chance of infection after surgery. Active smokers will be declined for delayed reconstruction and counselled to stop smoking if they wish to have a reconstruction. For immediate breast reconstructions these patients will be considered on a case by case basis and if surgery is offered counselled to stop or reduce their smoking prior to their surgery.

Immediate Reconstruction and Adjuvant Treatment:

Radiotherapy: It is our preference to delay reconstruction if the patient has a moderate or high likelihood of requiring post-operative radiotherapy. This is due to the increased complication rate and poorer outcome of immediate reconstructions in these settings.

Chemotherapy: It is also our preference to delay reconstruction if post-operative chemotherapy is likely, although the case for this is less strong than for XRT.

Neoadjuvant Chemotherapy: If the patient is receiving neoadjuvant treatment and this means the patient is *not* likely to require post-operative XRT, please refer them for consideration of breast reconstruction **at the time of referral for neoadjuvant treatment**. This allows our service time to coordinate a mutually convenient surgical date if they are appropriate for immediate reconstruction. If XRT is still likely to be required, our preference is still for delayed reconstruction.

Delayed Reconstruction

Delayed reconstruction will be offered to patients meeting the above criteria no sooner than one year following completion of their adjuvant treatment.

Reconstruction and Metastatic Breast Cancer

Evidence of metastatic breast cancer is considered to be a relative contraindication to breast reconstruction. We will consider these referrals on a case by case basis depending on available resources, taking into consideration the Oncologists opinion of predicted lifespan and the patient's medical fitness for surgery.

Contralateral or Bilateral Prophylactic Mastectomy

We are happy to support breast reconstruction for prophylactic mastectomies in the setting of **genetic high breast cancer risk**, such as BRCA or similar mutation or genuine strong family history to a similar risk level. Our preference is for women requesting prophylactic contralateral or bilateral mastectomies to undergo genetic assessment pre-operatively. In contralateral prophylactic mastectomy cases, if the required time course for treatment of the cancer does not allow time for genetic screening, we *may*

consider the result of an appropriate risk modelling tool such as BOADICEA if this confirms significant high risk status.

We do not have the resource at present to provide prophylactic surgery for those at **potentially high risk or moderate risk** – for example, a lifetime risk of 1:4 (25%). We will consider these patients on a case-by-case basis, depending on resource and capacity constraints.

In order to provide you with further context in terms of the information you have requested, please note that, as the regional service the CM Health Plastic Surgery Department receives some referrals for breast reconstructive surgery for patients that are domiciled in the wider Northern Region, (covering Northland DHB, Waitemata DHB, Auckland DHB, and Counties Manukau DHB). These referrals can occur at any stage post-breast cancer treatment, and there is no time limit applied to accepting these referrals for a reconstruction following other treatment.

The majority of referrals for reconstruction are from within the Northern Region; however in the period specified, there have been accepted referrals for reconstruction procedures from 18 of the 20 District Health Boards.

The only reconstruction data recorded for this OIA relates to patients who also had both their Mastectomies at this Counties Manukau DHB. Therefore all Counties Manukau DHB domiciled patients would appear in the data as they would all have received their Mastectomies under General surgery at Counties Manukau DHB. However only patients who had immediate breast reconstruction from ADHB, WDHB and NDHB will show up in this OIA data. Counties Manukau DHB patients far outweigh the other DHB numbers if you were to look at the split between DHB of domicile.

The total volumes should be considered in the context of approximately 15,000 elective procedures completed by CM Health each year.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely



Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health

