

# Evidence Based Intervention

## Breast Surgery (Reconstruction)

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## Policy: Breast Surgery

In March 2025, the decision was made to separate this policy into two policies: cosmetic breast surgery and reconstructive breast surgery post cancer. A standalone cosmetic breast surgery policy has been agreed and therefore all elements relating to this have been removed from this Breast Surgery policy. A new standalone breast reconstruction post cancer policy is under development and this Breast Surgery policy will then be retired. In the meantime, the remaining sections of this Breast Surgery policy, which relate to breast reconstruction post cancer, remain local policy

### Breast reconstruction

Reconstructive breast surgery will be commissioned:

- As part of reconstruction surgery after physical trauma
- After mastectomy or wide local excision (lumpectomy) undertaken as part of treatment or prophylaxis of cancer.

Wide local excisions are unlikely to require extensive reconstruction. All intended procedures should be agreed upon during the treatment MDT. One reconstructive procedure will be routinely funded.

Please note, that due to extensive swelling following radiotherapy treatment any reconstructive processes may begin up to 4 years following the excision surgery which is acceptable within this policy.

### Following initial cancer surgery, reconstructive surgery will be funded if it involves:

- a maximum of three procedures within three years of initial reconstructive surgery in order to adequately complete reconstruction.

OR

- a maximum of four procedures in the case of delayed-immediate reconstruction

For the purpose of this guidance, initial mastectomy procedures do not constitute as the beginning of reconstruction and patients reserve the right to delay the beginning of their reconstruction process. Reconstructive procedures may involve but are not limited to surgery to the contralateral side, course of lipofilling and nipple reconstruction surgeries (excluding nipple tattooing)

The treatment plan should be documented at the start of treatment and should not exceed a total of three operations or four in a delayed-immediate procedure. Patients should be advised, and it should be documented that if they chose not to have surgery on their contralateral breast at the time of reconstruction that this may cause asymmetry later in life due to natural ageing and at that point they are unlikely to qualify for further reconstructive surgery.

Any further surgery required beyond the original documented treatment plan for primary reconstruction; in excess of three initial procedures or four in the case of delayed-immediate reconstruction; or beyond three years after the first procedure will require approval from the ICBs EBI and IFR team.



Exceptions to this requirement are if the patient suffers from:

- Complications (such as severe infection)

OR

- If there is a recurrence of disease or nodules discovered

In this instance where patients may require further surgery, the reconstructive process (time limits and number of procedures) will recommence at the start again at the commencement at the beginning of the first reconstructive procedure following surgery to correct complications.

All patients must be advised that further requests for surgery to address concerns about appearance, size, position, angle, or balance will be considered to be cosmetic and as such will not be routinely funded, however exceptional cases will be considered by the Individual Funding Requests department.

With regards to implant-based reconstructions, patients must be made aware of all known complications, including rippling and capsular contracture. Implant replacements will only be considered in line with the national EBI programme (list 3) guidance on breast prosthesis removal and replacement.

Funding will not be routinely approved for procedures to correct any naturally occurring change in the breast shape and symmetry following the completion of the reconstruction process. This includes but is not limited to as a consequence of aging.

Biological mesh will only be considered for funding on a case-by-case basis.

## Background

Breast reconstruction after treatment for breast cancer, in particular mastectomy, is a routinely funded procedure. Women currently are given the choice for immediate reconstruction – i.e., at the same time of the original surgery to remove the cancer, or to delay it until cancer treatment has been completed. Usually this can be completed in between one and three operations depending on the surgery required. There are a variety of different operations available for breast reconstruction.

This guidance recognises that women who have had surgery for breast cancer should be entitled to reconstructive surgery with the aim of replicating the appearance of the original breast as far as possible, rather than create the perfect replacement of the breast.

**Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy. Photographic evidence may be requested.**

See <https://www.hweclinicalguidance.nhs.uk/clinical-policies-group-evidence-based-interventions>




## Change History:

| Version | Date       | Reviewer(s) | Revision Description  |
|---------|------------|-------------|---|
| 1.1     |            | S Chepkin   | Addition of section on removal of accessory nipples and/or breast tissue  |
| 2.0     | March 2025 | S Chepkin   | Removal of all content relating to Cosmetic Breast Surgery – now included in separate policy. Addition of note outlining: this policy has been split into two; new Cosmetic Breast Surgery has been agreed; new Breast Reconstruction post surgery policy is under development; in the meantime, this policy is maintained with the current policy position on breast reconstruction post surgery; once the new policy is agreed, this Breast Surgery policy will be retired. |
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