An audit of breast reconstruction surgery discussion among patients diagnosed with breast cancer requiring mastectomy

Background/rationale It is the recommendation of the National Institute of Clinical Excellence that breast reconstruction be discussed with all patients scheduled to have a mastectomy for breast cancer with the exception of those with significant morbidity and/or a need for adjuvant therapy. This is irrespective of the availability of the service locally.

Aims/objectives To determine the number of patients referred for a mastectomy at the St Richard’s hospital

To determine patients who had the breast reconstruction discussion, those who did not and the reasons behind the exclusion

To present the result of the audit locally/regionally

To ascertain an appropriate intervention if required

Data collection/methodology Data was collated retrospectively from clinical notes of patients referred for mastectomy following a diagnosis of breast cancer.

Inclusion All patients over 18 years and under 85 years referred to a specialist centre such as East Grinstead for their surgery and those whose procedure was to be performed at the St Richard’s.

Exclusion Patients less than 18 years and above 85 years.

Patients referred for mastectomy outside the above-stated window period.

Key Findings 64% (16 patients) of the subjects discussed breast reconstruction with the breast surgeon, out of which 44% (11 patients) signified a preference for delayed reconstruction.

20% (5 patients) showed no particular preferences based on the available data and at the time of this audit, had not undergone any breast reconstruction.

36% (9 patients) were excluded, 8 based on the comorbidities/need for adjuvant therapy.

There was a 2.4% improvement when compared to the 61.6% for the audit in 2014.

Recommendations Explicit entries of breast reconstruction discussion and reasons for exemption should be available at the multidisciplinary meeting notes.

MDT outcomes to be entered into the Somerset cancer register which now available online.

Engaging patients in education and training

Context Pelvic examination is an essential component of the care women receive. Medical students are required to acquire these pelvic examination skills as a core competency. However, learning to perform the pelvic examination is difficult.

Objective We developed a novel patient delivered pelvic examination training intervention to improve educational outcomes.

Strategy for improvement Ninety-four medical students scheduled to undertake pelvic examination training were recruited into a randomised trial evaluating the educational impact of the training.