**APPENDIX 1 – Extract from the *Standards of Service Provision for Breast Cancer Patients in New Zealand* (Ministry of Health, 2013, pp 54-55.)**

### **Surgery – breast reconstruction**

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| **Standard 8.6** | Clinicians discuss delayed or immediate breast reconstruction with all women who are due to undergo mastectomy, and offer it except where significant comorbidity precludes it. All appropriate reconstruction options are offered and discussed with women, irrespective of whether they are all available locally. |

#### Rationale

Breast reconstruction is an important means of enhancing body image and self-confidence after mastectomy, for women who are prepared to undergo more major surgery.

Breast reconstruction is not associated with a higher risk of recurrence. Women who have breast reconstruction report a number of benefits, including: a feeling of being whole again, better psychological and social adjustments to their cancer and mastectomy, more positive body image, better sexual adjustment, less depression and feeling more comfortable without a prosthesis (Scottish Intercollegiate Guidelines Network 2005).

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Methods of reconstruction include implant-based techniques, pedicled flaps and free tissue transfers. There are pros and cons of each method that need to be considered with other patient characteristics when deciding which approach is best for each individual. Those informing women about the procedure must have a thorough knowledge of the techniques available. Furthermore, well-defined referral pathways must be in place where not all methods can be carried out locally (NZGG 2009).

One of the goals of breast cancer surgery is to restore a woman’s breast to as normal a state as practical, as part of her treatment, and in keeping with her wishes. To achieve this many women require more than one operation to the same breast and/or contralateral breast surgery for symmetry to attain an appropriate result after reconstruction and sometimes after breast-conserving surgery.