Patient information and consent to chest wall perforator flap based partial breast reconstruction

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Simple painkillers such as paracetamol and ibuprofen may be required after surgery. Simple bowel medication such as senna and lactulose may be required after surgery. It is suggested that you discuss with your pharmacist and have a seven day supply of these medications at home to take as you need according to the instructions.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- Please call a member of the breast specialist nurses on 01223 596291 or 01223 216313 if you have any questions or concerns about this procedure or your appointment.

After the procedure, we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form.
We are unable to guarantee that a particular person will perform the procedure. However, the person undertaking the procedure will have the relevant experience. All information we hold about you is stored according to the Data Protection Act 1998.

About perforator flap based partial breast reconstruction

The “perforator flap” type of breast reconstruction involves using skin and underlying fatty tissue based on perforators (tiny blood vessels that pierce or perforate deeper tissues to reach the surface to supply skin and fatty tissue). This perforator flap (skin island based on these perforators) can be used either to partially reconstruct the breast following defect after a lumpectomy operation (wide local excision) for cancer, or less frequently to reconstruct the whole breast after mastectomy.

Intended benefits

The perforator type of surgery is suitable for those breast cancers where there may be an anticipated significant deformity after lumpectomy. This is often related to the sizes of the tumour compared with the size of the breast. Therefore, in small to medium size breast, this surgery utilises perforator flap to fill in defect and reduce the deformity. Your surgeon should be able to assess and discuss your suitability at the time of diagnosis. Depending on the nature of the tumour, it may be necessary to perform this in two stages: initial lumpectomy to confirm clear cancer margins followed by reconstruction four to six weeks later.

Who will perform my procedure?

This procedure will be performed by, consultant oncoplastic breast surgeon who is formally trained in this procedure or one of his trainees working under his direct supervision.

Before your procedure

Most patients attend a pre-admission clinic, when you will meet a member of the pre-assessment team. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication, either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

Smoking: If you are a smoker, it is essential to stop smoking to reduce your risks of wound healing and general recovery problems.
Bra: You should buy a soft, unwired, front-fastening sports-type bra that should be approximate to the anticipated bra cup and two more, (a cup size above and below).

This procedure involves the use of anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure.

Most people who have this type of procedure will need to stay in hospital (either the same day or overnight). Your doctor will discuss the length of stay with you.

On the morning of surgery, your surgeon will design and mark the flap site with you after listening (with equipment called Doppler) and mapping out the blood vessels that will be used for this flap surgery.

Hair removal before an operation
For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

During surgery, you may lose blood. If you lose a considerable amount of blood your doctor may want to replace the loss with a blood transfusion as significant blood loss can cause you harm. The blood transfusion can involve giving you other blood components such as plasma and platelets which are necessary for blood clotting. Your doctor will only give you a transfusion of blood or blood components during surgery, or recommend for you to have a transfusion after surgery, if you need it.

Compared to other everyday risks the likelihood of getting a serious side effect from a transfusion of blood or blood component is very low. Your doctor can explain to you the benefits and risks from a blood transfusion. Your doctor can also give you information about whether there are suitable alternatives to blood transfusion for your treatment. There is a patient information leaflet for blood transfusion available for you to read.

What happens during the perforator flap based partial breast reconstruction
This procedure involves making incisions around the breast, removing the affected site of the breast tissue followed by filling in the defect with the flap, either at the same time, or at a later date. Depending on the nature of the tumour, your surgeon will have discussed with you in advance in the clinic, your suitability for this surgery to be performed in one, or two, stages. The operation itself could take two and a half to five hours depending on multiple factors but mainly the size of your breasts and the size of the flap necessary which your surgeon will have discussed with you in clinic prior to surgery.
The scar in this type of surgery usually involves a one line (either straight or gently curved) scar across the side of the chest and to some extent towards the back. It can start from under the breast and usually the surgeon attempts to put it along the bra-strap line. You may need a separate scar should you need any armpit gland surgery.

**After the perforator flap based partial breast reconstruction**

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief, until you are comfortable enough to return to your ward.

Sometimes, people feel sick after an operation and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you feel more comfortable.

When you wake up, you may have a drain (plastic tube) coming from your wound. The drain collects tissue fluid in a small collecting chamber, which is monitored daily. When there is less than a certain amount (usually 50mls) of fluid collected in the drain over 24 hours, the drainage tube will be removed, which is a simple procedure. It might be possible for you to be discharged on the day of your surgery, with your drain in place. Your district nurse will take over your care and remove the drain. Occasionally it may be possible to avoid the use of drains.

**Eating and drinking.**

After the operation, you will be able to eat and drink when you are awake again. This usually takes two to four hours. How quickly you return to a normal diet will depend on how you feel. Most patients recover their appetite very quickly.

**Getting about immediately after the procedure.** We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. Your surgeon and the breast specialist nurses will advise you and also give you information on arm exercises for after your surgery.

**Leaving hospital.** Generally, most people who have had this operation will be able to leave hospital within 24 hours. However, the actual time that you stay in hospital will depend on your general health, how quickly you are recovering from the procedure and your doctor’s opinion.
Resuming normal activities including work.
You can usually begin gentle work within a week or two, but you might need to wait a little longer for more vigorous activity. It is not uncommon to feel a bit 'down' after any operation, so do ask your doctor or breast specialist nurse if you feel you need more psychological support with this.

Special measures after the procedure:
You will be given more detailed information about any special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of problems (for example, infection).

The skin stitches are dissolvable and will not need to be removed. You will be likely to have surgical wound glue on top of your wound which helps the wound to heal and acts as a waterproof protection.

You may have further light dressing covering your wound, depending on a number of operative factors and your wound healing risk factors. The breast specialist nurses will contact you at home the day following your surgery to discuss the care of your wound.

Check-ups and results:
We will give you a date to return to clinic for the results of your surgery. By then the breast care team will have examined the tissue removed at the operation and discussed your results. Any further treatment, if recommended, will be discussed with you then.

Significant, unavoidable or frequently occurring risks of this procedure

Surgery in general
All operations carry a small risk of side effects, such as pain, bleeding and infection. The risks associated with general anaesthesia include potential breathing and heart problems, as well as possible reactions to medications. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.

Risks associated with this procedure:

Short-term
- Bleeding, bruising, haematoma (blood collection needing repeat surgery)
- Infection, wound healing problems (especially in smokers, diabetics)
- Seroma – fluid build-up in possible defect which may need aspiration
- Loss of or altered nipple sensation (in cancer resections closer to nipple)
- Partial or total loss of blood supply to nipple, resulting in nipple loss
- Partial or total loss of blood supply to the flap resulting in severe bruising or infection. This might involve return to theatre to remove a part or whole of the flap
- Other general risks such as anaesthetic risks and blood clot in the legs
Long-term

- Scar may be hard initially but tends to soften with time
- Asymmetry – there may not be a match between the shape and size of the breasts (no two breasts are the same naturally); also, normal breasts change with weight and time and the cancer site may not.
- Fat necrosis means some bits of fat in the breast/flap may lose blood supply and turn into hard lumps which may or may not need investigation especially following radiotherapy

Alternative procedures that are available

Keeping it simple: simply lumpectomy if you are not overly concerned about possible misshapenness or defect

Displacement type of surgery: involves moving remaining breast tissue to fill in defect (though this is more suitable for larger breasts)

Mastectomy: removal of whole breast with or without reconstruction

An alternative to this surgery is a decision not to have surgery. We will discuss with you the implications of deciding not to have surgery.

Information and support

Please call a member of the breast specialist nurses on 01223 596291 or 01223 216313 if you have any questions or concerns about this procedure or your appointment.

Anaesthesia

Anaesthesia means ‘loss of sensation’. There are three types of anaesthesia: general, regional and local. The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness. Sometimes different types of anaesthesia are used together.

Before your operation

Before your operation you will meet an anaesthetist, who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.
Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

**Pre-medication**
You may be prescribed a ‘premed’ prior to your operation. This is a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have. *Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.*

**Moving to the operating room or theatre**
You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and **before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.**

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be performed, this may be performed at this stage. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.

**General anaesthesia**
During general anaesthesia, you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the necessary dose of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

In local anaesthesia, the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted. Some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.

**Sedation**
Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents you from feeling pain and the sedation makes you drowsy.
also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.

What will I feel like afterwards?
How you will feel will depend on the type of anaesthetic and operation you have had, how much pain-relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of anaesthesia?
In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.

Very common (1 in 10 people) and common side effects (1 in 100 people)
- Feeling sick and vomiting after surgery
- Sore throat
- Dizziness, blurred vision
- Headache
- Bladder problems
- Damage to lips or tongue (usually minor)
- Itching
- Aches, pains and backache
- Pain during injection of drugs
- Bruising and soreness
- Confusion or memory loss

Uncommon side effects and complications (1 in 1000 people)
- Chest infection
- Muscle pains
- Slow breathing (depressed respiration)
- Damage to teeth
- An existing medical condition getting worse
- Awareness (becoming conscious during your operation)
Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications
Damage to the eyes
Heart attack or stroke
Serious allergy to drugs
Nerve damage
Death
Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists' website: www.rcoa.ac.uk
Information about important questions on the consent form

1  Creutzfeldt Jakob Disease (‘CJD’)
We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2  Photography, Audio or Visual Recordings
As a leading teaching hospital, we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment; they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3  Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4  Use of Tissue
As a leading biomedical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.
Chest wall perforator flap based Partial Breast Reconstruction

Consultant or other health professional responsible for your care

Name and job title: 

☐ Any special needs of the patient (e.g. help with communication)?

Please use ‘Procedure completed’ stamp here on completion:

Statement of health professional (details of treatment, risks and benefits)

1 I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital's consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)

The perforator type of surgery is suitable for those breast cancers where there may be an anticipated significant deformity after lumpectomy. This is often related to the sizes of the tumour compared with the size of the breast.

b) the possible risks involved. Addenbrooke's always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

- Bleeding, bruising, haematoma
- Infection
- Seroma
- Loss of or altered nipple sensation
- Partial or total loss of blood supply to nipple
- Partial or total loss of blood supply to the flap
- Scar
- Asymmetry
- Fat necrosis

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:

Patient safety – at the heart of all we do

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Consent Form

Chest wall perforator flap based Partial Breast Reconstruction

d) any extra procedures that might become necessary during the procedure such as:

☐ Blood transfusion ☐ Other procedure (please state)

2 The following information leaflet has been provided:
Chest wall perforator flap based partial breast reconstruction

Version, reference and date: V1, 100636, January 2018
or ☐ I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:

☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ None

Signed (Health professional): .......................................................... Date: D.D./M.M./Y.Y.Y.

Name (PRINT): ........................................................................ Time (24hr): H.H.:M.M.

Designation: ........................................................................ Contact/bleep no:

6 Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeld Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.

☐ Yes ☐ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.

☐ Yes ☐ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.

☐ Yes ☐ No

3 Students in training
I agree to the involvement of medical and other students as part of their formal training.

☐ Yes ☐ No
Consent Form

Chest wall perforator flap based Partial Breast Reconstruction

4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

☐ Yes ☐ No

I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): __________________________ Date: D.D./M.M./Y.Y.Y.Y.
Name of patient (PRINT): __________________________

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.
Signed: __________________________ Date: D.D./M.M./Y.Y.Y.Y.
Relationship to patient: __________________________

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.
Signed (Witness): __________________________ Date: D.D./M.M./Y.Y.Y.Y.
Name of witness (PRINT): __________________________
Address: __________________________
Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): ........................................... Date: ...D.D./M.M./Y.Y.Y.Y...
Name (PRINT): ................................................................. Job title: ............................................................... 

Please initial to confirm all sections have been completed: .................................................................

Interpreter’s statement (if appropriate)
I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ..................................................... Date: ...D.D./M.M./Y.Y.Y.Y...
Name (PRINT): .................................................................

Or, please note the language line reference ID number: .................................................................

Withdrawal of patient consent
☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ............................................................. Date: ...D.D./M.M./Y.Y.Y.Y...

Signed (Health professional): ........................................... Date: ...D.D./M.M./Y.Y.Y.Y...

Name (PRINT): ................................................................. Job title: .................................................................