

Aesthetic/Oncoplastic/Reconstructive Surgery

GUIDELINE	DOCUMENT	ORGANISATION/ COUNTRY	YEAR PUBLISHED
ALCL	ABS Summary Statement: Breast Implant Associated-Anaplastic Lymph Cell Lymphoma	Association of Breast Surgery, UK	2016
Comments: None			
ALCL	Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL). Information for patients, public and healthcare professionals	Medicines and Healthcare products Regulatory Agency, UK	2021
Comments: On the 1st of November 2021, the MHRA issued up to date guidance on Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL). The guidance contains information for patients and health care professionals including how to report new cases. Up to December 2020, the UK had 83 confirmed cases of BIA-ALCL giving a current estimate of incidence of 1/15000 implants sold. The MHRA stopped issuing device alerts in September 2020, which means that anyone wishing to receive device alerts must subscribe to receive National Patient Safety Alerts or device safety alerts (subscription link in guidance document). Lastly, the guidance gives information about the independent MHRA Expert Advisory Group; the Plastic, reconstructive and aesthetic surgery expert advisory group (PRASEAG), on which the ABS is represented, as well as links to international regulatory agency decisions related to BIA-ALCL.			
Biological and Synthetic Mesh Assisted Breast Reconstruction	Biological and synthetic mesh assisted breast reconstruction procedures: Joint guidelines from the ABS & BAPRAS	Association of Breast Surgery & British Association of Plastic, Reconstructive & Aesthetic Surgery, UK	2021
Comments: The ABS and BAPRAS have collaborated to produce comprehensive guidance for the use of acellular dermal matrixes (ADM), biological meshes and synthetic meshes to assist breast reconstruction. The guidance is a consensus document based on the best available evidence for the use of these products. There is a useful section on patient consent as well as information to aid patient selection and maximise favourable outcomes. Importantly, the authors have also included a list of data items to collect so individual breast units can audit their own practice. The guidelines have been submitted as a manuscript to the EJSO and are currently pre-publication.			
Breast imaging before/ after aesthetic surgery	Breast Imaging for Aesthetic Surgery	British Society of Breast Radiology, Association of Breast Surgery and British Association of Plastic, Reconstruction and Aesthetic Surgeons	2018
Comments: ABS, BAPRAS and the British Society of Breast Radiology have collaborated to produce these guidelines to help surgeons manage patients before and after aesthetic breast procedures. The guidance is based on a review of published evidence and, where this is not available, a consensus between imaging and surgical specialists. The guidance pertains to all aspects of aesthetic surgery.			

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Commissioning	Guidance for the Commissioning of Oncoplastic Breast Surgery	Association of Breast Surgery, British Association of Plastic, Reconstructive & Aesthetic Surgeons and Breast Cancer Now, UK	2018
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Comments:

The ABS have collaborated with BAPRAS and Breast Cancer Now to produce this guidance document for the delivery of Oncoplastic & Reconstructive Surgery. The document is aimed at commissioners with the aspiration that there will be uniformity of commissioning of this type of surgery across the UK. It is also hoped that clinicians and acute providers will be able to use the contents during their discussions and negotiations with commissioning groups.

GUIDELINE	DOCUMENT	ORGANISATION/COUNTRY	YEAR PUBLISHED
Lipomodelling	Lipomodelling Guidelines for Breast Surgery	Association of Breast Surgery, British Association of Plastic, Reconstructive & Aesthetic Surgery (BAPRAS) & British Association of Aesthetic Plastic Surgeons (BAAPS), UK	2021

Comments:

ABS has worked with colleagues from BAPRAS and BAAPS to produce this comprehensive guidance for best practice in lipomodelling. The guidance has drawn on best available evidence following extensive review of published literature. We hope that members find it useful in helping deliver a high quality lipomodelling service to patients.

The guidelines have been submitted as a manuscript for peer reviewed publication.

Lipomodelling	Breast reconstruction using lipomodelling after breast cancer treatment (IPG417)	National Institute for Health & Care Excellence (NICE), UK	2012
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Comments:

Lipomodelling in Breast Cancer patients is supported by NICE provided adequate arrangements for clinical governance, consent and audit are in place.

Prepectoral implant based breast reconstruction	Prepectoral implant-based breast reconstruction: a joint consensus guide from UK, European and USA breast and plastic reconstructive surgeons	Consensus statement from USA, UK and European Breast Surgeons and Plastic Reconstructive Surgeons	2019
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Comments:

This useful document describes the evidence base for a list of recommendations around the technical aspects of prepectoral implant based breast reconstruction. Issues such as post-mastectomy reconstruction and complications are also discussed.

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Oncoplastic Breast Reconstruction	Oncoplastic Breast Reconstruction: Guidelines for Best Practice	Association of Breast Surgery & British Association of Plastic, Reconstructive & Aesthetic Surgery (BAPRAS), UK	2021
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Comments:

Oncoplastic Surgery is now firmly established as a surgical strategy for many women with breast cancer and an extensive body of literature has been published on this topic. ABS has collaborated with BAPRAS to carefully assess the available evidence and the result is the production of these carefully crafted guidelines on best practice. The guidelines have also been published in a peer reviewed journal.

GUIDELINE	DOCUMENT	ORGANISATION/COUNTRY	YEAR PUBLISHED
Surgical Technique	Nipple and areolar sparing mastectomy for the treatment of breast cancer	Cochrane Library, UK	2016

Comments:

This Cochrane Review concludes that there is low quality evidence on which to decide upon oncological safety of nipple sparing mastectomies when compared to skin sparing mastectomies or standard mastectomies.

The authors recommend that "In practice the decision to select nipple-sparing mastectomy over other types of mastectomy should be done through shared decision making after extensive discussion of the risks and benefits. Generally the nipple-sparing mastectomy studies reported a favourable aesthetic result and a gain in quality of life compared with the other types of mastectomy."

When performing therapeutic nipple sparing mastectomies the ABS consider that a shave from behind the nipple allows the pathologist to comment on that specific margin, which, if involved may lead to consideration of nipple excision.

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The guideline title in the document column includes a hyperlink to the relevant guideline. Please view the document on the ABS website to follow these links.