## Antibiotic prophylaxis

**ABS Summary Statement: Guidelines on antibiotic prophylaxis in breast surgery**

**ORGANISATION/ COUNTRY**: Association of Breast Surgery, UK  
**YEAR PUBLISHED**: 2015

**Comments**: None

**Prophylactic antibiotics to prevent surgical site infection after breast cancer surgery (review)**

**Cochrane Library, UK**  
**YEAR PUBLISHED**: 2014

**Comments**:  
The comprehensive review by the Cochrane team concludes that prophylactic antibiotics can reduce surgical site infection in breast cancer surgery. The Cochrane reviewers do not comment on antibiotic usage in breast reconstruction patients. This topic is covered by the ABS summary statement.

## Documentation

**ABS Summary Statement: Breast operation note documentation**

**ORGANISATION/ COUNTRY**: Association of Breast Surgery, UK  
**YEAR PUBLISHED**: 2015

**Comments**: None

## Documentation

**ABS Summary Statement: Consent Best Practice**

**ORGANISATION/ COUNTRY**: Association of Breast Surgery, UK  
**YEAR PUBLISHED**: 2018

**Comments**:  
The principle of consent is an important part of medical ethics and human rights law. The ABS’ Clinical Practice and Standards Committee has produced this best practice guidance for its members.

## Fibroadenoma management

**ABS Summary Statement: Management of fibroadenomas**

**ORGANISATION/ COUNTRY**: Association of Breast Surgery, UK  
**YEAR PUBLISHED**: 2019

**Comments**:  
This guidance document on the management of fibroadenomas has been produced by the ABS with the involvement of representatives from the British Society of Breast Radiologists and the National Coordinating Committee of Breast Pathology.

## Gynaecomastia

**ABS Summary Statement: Investigation and management of gynaecomastia in primary and secondary care**

**ORGANISATION/ COUNTRY**: Association of Breast Surgery, UK  
**YEAR PUBLISHED**: 2021

**Comments**:  
The Association of Breast Surgery has produced clinical guidance for the investigation and management of gynaecomastia. There are recommendations for appropriate investigation of patients and recommended referral pathways to ensure most appropriate care.
### Breast Surgery

<table>
<thead>
<tr>
<th>GUIDELINE</th>
<th>DOCUMENT</th>
<th>ORGANISATION/ COUNTRY</th>
<th>YEAR PUBLISHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynaecomastia</td>
<td>Gynaecomastia Infographic for Primary Care</td>
<td>Association of Breast Surgery, UK</td>
<td>2021</td>
</tr>
</tbody>
</table>

**Comments:**

The Royal College of General Practitioners have endorsed the ABS infographic for the assessment and referral of gynaecomastia patients in Primary Care. ABS members are welcome to download this infographic and share amongst primary and secondary care colleagues. The infographic supplements the ABS Summary Statement: Investigation and management of gynaecomastia in primary and secondary care.

<table>
<thead>
<tr>
<th>Management of nipple discharge</th>
<th>ABS Summary Statement: Guidelines for the investigation and management of spontaneous nipple discharge in the absence of a breast lump</th>
<th>Association of Breast Surgery, UK</th>
<th>2019</th>
</tr>
</thead>
</table>

**Comments:**

This guidance document on the management of nipple discharge has been produced by the ABS with the involvement of representatives from the British Society of Breast Radiologists and the National Coordinating Committee of Breast Pathology.

<table>
<thead>
<tr>
<th>Negative Pressure Wound Dressings: Veraflo</th>
<th>Medical Technologies Guidance MTG54</th>
<th>NICE, UK</th>
<th>2021</th>
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</thead>
</table>

**Comments:**

NICE conclude that the VAC Veraflo Therapy system shows promise for treating acute infected or chronic wounds that are not healing. However there is not enough good-quality evidence to support the case for routine adoption. Although there are potential benefits for patients and the NHS, more evidence is needed to be certain of VAC Veraflo Therapy system’s clinical effectiveness and potential for cost savings compared with negative pressure wound therapy.

<table>
<thead>
<tr>
<th>Paediatric Breast Patients</th>
<th>Guidance &amp; Pathways for the Assessment of Children with Breast Symptoms</th>
<th>Association of Breast Surgery, UK</th>
<th>2021</th>
</tr>
</thead>
</table>

**Comments:**

ABS has collaborated with colleagues from the Royal College of General Practitioners and the Royal College of Paediatrics & Child Health to produce these guidelines for the assessment of children with breast symptoms.

<table>
<thead>
<tr>
<th>Sutures</th>
<th>Plus sutures for preventing surgical site infection</th>
<th>NICE, UK</th>
<th>2021</th>
</tr>
</thead>
</table>

**Comments:**

Plus sutures (Ethicon, Johnson & Johnson Medical) are a range of absorbable sutures that are either impregnated or coated with the antimicrobial triclosan. NICE medical technologies guidance recommend using Plus Sutures as part of a bundle of care to reduce surgical site infections. When compared with non-triclosan absorbable sutures, using Plus sutures results in a average cost saving of £13.62 per patient by reducing surgical site infections.

Based on this NICE guidance, it seems reasonable to use Plus sutures for the majority of breast surgical wound closures as using these sutures results in a nearly 30% reduced risk of wound infections. This may be particularly applicable to implant based breast reconstruction and wound closure in high risk patients such as smokers, diabetics and those with a high BMI.
Breast Surgery

<table>
<thead>
<tr>
<th>VTE</th>
<th>Venous thromboembolism prophylaxis for patients undergoing breast operations</th>
<th>Cochrane Library, UK</th>
<th>2015</th>
</tr>
</thead>
</table>

**Comments:**
The incidence of VTE is lower after breast surgery than that seen following abdominal or lower limb surgery. The American Society of Breast Surgeons have produced well referenced recommendations on VTE prophylaxis for breast patients. ABS finds this document a useful tool that members could consider during discussions with their own hospital trust when formulating local VTE prophylaxis regimes.

<table>
<thead>
<tr>
<th>Wound drains</th>
<th>Wound drainage after plastic &amp; reconstructive surgery of the breast</th>
<th>Cochrane Library, UK</th>
<th>2015</th>
</tr>
</thead>
</table>

**Comments:**
The Cochrane Reviewers find little evidence to support the routine use of drains following reduction mammoplasty. They conclude that there are not enough published data to make recommendations for routine drain use in breast reconstruction.

**Date**
July 2021

**Version**
9

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.