

BREAST OPERATION NOTE DOCUMENTATION

STATEMENT OF PURPOSE

The operation note is an important document in the medical records of the care of a patient. It informs the surgeon and multidisciplinary team with regards to details of the surgical treatment. It is also an important medicolegal document. The information recorded may be required during the treatment pathway or be accessed at a future time. Currently there is no consensus in the UK on the required fields for the index breast surgery operations. As a consequence variation on what is included exists between clinicians and between hospital Trusts.

This document focuses on the recommended operation note documentation of the following breast surgery index operations:

1. Wide local excision
2. Mastectomy
3. Sentinel lymph node biopsy
4. Axillary node clearance

However the intention is that the structure is applicable to all standard breast index operations including reconstruction and oncoplastic procedures.

ACCESSIBILITY

The move towards a paperless NHS provides a great opportunity for robust, consistent record keeping and accessibility for operation notes.

Breast units should explore the use of electronic systems to record an operation note which will then be accessible as part of the patient's electronic clinical record. The system should allow the surgeon to construct drawings to complement the written information. These electronic records should be readily accessible in clinical areas such as outpatient clinic, ward and MDT meeting rooms.

The system should generate an agreed template with some pre-recorded fields that are common to all breast related procedures such as the administration of local anaesthetic and dressings advice.

The electronic system should contain common dataset items to allow automatic data submission to national audits.

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SUMMARY STATEMENT:

BREAST OPERATION NOTE DOCUMENTATION

REQUIRED DOCUMENTATION

- Patient Identifiers
- Date
- Consultant in charge of patient's care
- Operation Title including laterality and method of localization
- Names of surgeons who performed (each side of operation if bilateral) the operation including assistants and grades of the surgeons
- Anaesthetist and grade
- Indication for operation
- OPCS Code (desirable)
- ASA score (desirable)
- VTE prophylaxis /Blue dye injection/ Skin marking and cancer localization
- Counts (for sentinel node) – injection site and background (desirable)
- Incision(s)
- Findings
- Procedure
- Presence (system used) of clips in WLE cavity
- Diagram with labels to show position of tissue samples including cavity shaves sent for histology
- Closure technique
- Post operative instructions
- Follow-up arrangements

BACKGROUND

Within an additional free text field it is suggested a number of comments are considered:

1. Underlying diagnosis and known tumour staging.
2. Previous site-specific surgery – is this a re-operation.
3. Previous adjuvant treatment – neoadjuvant chemotherapy/previous radiotherapy
4. If patient is in a trial

Include in findings field any unexpected findings and the excised dry specimen weight.

PROCEDURE

Within this free text field it is suggested a number of comments are considered:

1. What pre-operative skin markings were done?
2. Comments on oncoplastic breast tissue displacement techniques if used.
3. Effectiveness of localization technique for sentinel node biopsy (desirable)
4. Comment on identification and preservation of long thoracic nerve and LD neurovascular pedicle, and whether intercostal brachial nerve sacrificed/ preserved in axillary clearance surgery.
5. Intra-operative analysis if any (such as Touch imprint cytology, specimen radiograph, OSNA) and results.
6. Document specimen orientation.
7. Level of nodal clearance achieved. Record if residual disease remains
8. Comment on plan if margin positive after wide excision for example whether further excision possible with reasonable cosmetic outcome or mastectomy advised. Surgical comment on anterior/posterior macroscopic margin.

POST-OPERATIVE INSTRUCTIONS

Within this free text field it is suggested a number of comments are considered.

1. Regime for clinical assessment of patient in the post-operative period.
2. Requirements regarding eligibility for discharge including suitability for nurse led discharge
3. Instructions on any drain management and criteria for removal.
4. Instruction on dressings and suture care for ward staff.
5. Include instructions for VTE prophylaxis and analgesia management. Any other instruction such as for diabetics or recommencement of blood thinning therapies (desirable)

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FOLLOW-UP

Within this free text field it is suggested a number of comments are considered to include the date of next clinical review and for what purpose e.g. dressings/drain/histology.

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NOTE:

Members of ABS Council and Committees met and discussed a set of topics on which it was felt clinical guidance was sought by ABS members. This document represents the considered, agreed opinions of experienced breast surgeons. It is not meant to supplant authoritative guidelines. Discussion and correspondence would be gratefully received by the ABS to lucy davies@absgbi.org.uk