Australian Society of Plastic Surgeons

Breast Surgeons of Australia & New Zealand

POSITION STATEMENT REGARDING BREAST RECONSTRUCTION DURING THE COVID-19 PANDEMIC – VICTORIAN UPDATE AUGUST 2020

Recent publications have highlighted the considerable mortality rate for COVID-19 positive patients undergoing a general anaesthetic. It is critically important to preoperatively test all patients prior to any elective surgery and for them to be quarantined during the test period in this current environment. Consideration should be given to delaying, or minimising the extent of surgery, stay in hospital and risk of complications during the pandemic. This is to reduce the risk of patient mortality, patient exposure to COVID-19, the risk of anaesthetising a COVID-19 positive patient and to preserve resources. This may affect decision making regarding breast reconstruction.

Breast Cancer treatment is deemed as category ONE and thus should proceed as clinically indicated. In almost every case breast reconstruction can be delayed. Each patient should continue to be treated as an individual and have their oncologic and possible reconstructive options discussed on a personalised basis. Reconstruction should still be discussed wherever possible. Telehealth should be considered for reconstructive consultations.

In a COVID **positive** patient, in the unlikely setting that the resection must proceed without delay, the reconstructive component of the breast cancer surgery should be postponed until the patient is asymptomatic and fully recovered. The time frame for this period of recovery is uncertain with the available data, but current recommendations are a minimum of eight weeks.

In a COVID **negative** patient, and provided that supplies of PPE are adequate, and inpatient beds are not compromised, and the patient is unlikely to require admission to intensive care as a result of the reconstructive procedure, the current advice is that these patients should receive their complete surgery, including reconstruction. This is because of an anticipated significant backlog of category 2 and 3 patients still requiring care that will occur once the pandemic is controlled and elective surgery recommences. However, contralateral procedures which extend surgical time substantially should be deferred.

DELAYED RECONSTRUCTION AND REVISION SURGERY

Delayed breast reconstruction and planned secondary or revision breast reconstruction are not classified as Category ONE and thus should be postponed until which time the government and system in your area can accommodate non-urgent elective surgery as deemed safe for patients and staff.

IMMEDIATE RECONSTRUCTION

Please see above.

Wide local excision and total mastectomies should be performed as clinically indicated. Risk reducing mastectomies (e.g. for high genetic risk) should be deferred until after the pandemic eases.

RECOMMENDATIONS

- All patients must be tested for COVID -19 prior to admission to hospital, and must be in quarantine/self-isolate from the time of their testing until admission to hospital.
- The administration of a general anaesthetic to a patient who is COVID -19 positive is associated with significant mortality rates varying between 23 and 39 % and should be avoided if at all possible.
- Surgeons should include as part of their informed consent process the issue of performing reconstructive surgery in light of the COVID-19 pandemic and the potential consequences to the patient and others
- In general, reconstructive surgeons should err on the side of caution
- If access to PPE, theatre time, inpatient beds is compromised
    - Then consider delaying immediate autologous flap reconstruction for breast reconstruction (this does not include chest wall wound coverage)
    - Immediate tissue expander or direct to implant reconstruction can be evaluated on a case-by-case basis, or where the preservation of the skin envelope will allow for potential autologous reconstruction at a later date. This decision should take into account the likelihood of complications, the age and comorbidities of the patient, the resources utilised, as well as local/regional and individual institutional factors such as the availability of healthcare resources and anticipated availability of resources in the post-operative period
    - Address only the cancer side and avoid prolonged surgery by deferring concurrent contralateral balancing procedures if likely to significantly add to the complexity of the procedure, length of hospitalisation and/or consumption of resources
- If oncoplastic reconstruction is a consideration, it should also be evaluated on a case by case basis, depending on the complexity of the reconstruction, the likelihood of complications and other factors as listed above
- If there is uncertainty whether or not a case should proceed during this period, a second opinion is recommended and the rationale to proceed clearly documented

Dr Dan Kennedy

ASPS President

Dr Melanie Walker

President BreastSurgANZ