

791 Using Audit Data to Inform and Guide COVID-19 Recovery: A Case for the Re-Introduction of Immediate Breast Cancer Reconstructions

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Introduction: During the COVID-19 pandemic, operations performed in NHS hospitals were restricted. Breast cancer surgery remained vital, however, to reduce theatre capacity pressures and re-admission rates the procedures available were rationalised to keep the risk of complications low. Immediate breast reconstruction was stopped.

COVID-19 recovery meant careful reintroduction of complex surgeries, with competing interests from different surgical specialities for theatre capacity within the Trust. The psychological effects of breast cancer are significant. Therefore, it was important to advocate for our patients and ensure the reintroduction of this service.

Method: To strengthen our case, a retrospective audit of all immediate breast reconstruction outcomes was performed for cases during the 12 months preceding COVID-19.

Results: 64 patients underwent immediate implant and Acellular Dermal Matrix (ADM) breast reconstruction. Five (7.8%) patients returned to theatre. One (1.5%) returned during their initial in-patient stay due to haematoma. Four patients (6.3%) returned between 3 and 12 weeks following their original surgery date. Infection rates were higher in smokers or those with a BMI >35.

Conclusions: These results were presented to management and the reconstruction services were re-introduced in our Trust with stringent inclusion criteria. We can therefore offer our patients an improved service that considers both physical and psychological health.