# Multiple operation rate in invasive breast cancer in the Breast Screening Service

**Descriptor:**

Audit looking at the number of operations required for women diagnosed with invasive and non-invasive breast cancer in the NHS Breast Screening Programme.

**Background:**

For a number of reasons it is hoped and expected that the majority of women will require only one surgical procedure during their treatment for breast cancer. Multiple operations are stressful for the patient, may be associated with increased morbidity and are an inefficient use of what is often limited theatre time, as well as the knock on effect on treatment times, extra bed days, extra pathology and radiology resource time, amongst other issues. There are however a number of reasons why patients will require more than one surgical procedure. This audit looks at the women requiring three or more surgical procedures to determine the reasons behind this and identify whether there are any factors related to the radiological aspects of their diagnosis and management which contributed if the standard is not met.

## The Cycle

**The standard:**

The number of therapeutic operations in women undergoing conservation surgery for an invasive cancer should be kept to a minimum.

**Target:**

- Minimum standard:  >95% of patients should have three or fewer operations

- Target: 100% of patients should have three or fewer operations

## Assess local practice

**Indicators:**

Number of women requiring three or more operative procedures.

**Data items to be collected:**

The number of operative procedures per woman is collected as part of the Association of Breast Surgery annual report. If the target is not met the case notes, imaging records and MDT notes for all women requiring three or more surgical procedures should be reviewed looking at in particular the imaging.

**Suggested number:**

12 month period in line with the annual report.

**Suggestions for change if target not met:**

Review possible radiological causes for second operative procedure.

   - Was this due to failure to appreciate extent of lesion at initial assessment

   - Failure to identify axillary nodal disease at assessment

   - Failure to localise lesion adequately?

**References:**

1. Quality assurance guidelines for surgeons in breast cancer screening.Ref: ISBN [978 1 84463 059 2](tel:978%201%2084463%20059%202), NHSBSP No 20 <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/465694/nhsbsp20.pdf>
2. 2016-2017 NHSBSPand ABS report. <https://associationofbreastsurgery.org.uk/media/64840/nhs-bsp-abs-audit-2016-2017.pdf>
3. Reoperation rates after breast conserving surgery for breast cancer among women in England: retrospective study of hospital episode statistics BMJ 2012; 345 doi: <https://doi.org/10.1136/bmj.e4505>

**Editor's comments:**

A UK study in 2012 found the reoperative rate in the first three months after breast conserving surgery in England was 20% (range 12.4%-29.5% by NHS Trust) 1.5% of women had two or more operations. This study included both symptomatic and screen detected cancers, but could be used as a reference for anyone wishing to look at their symptomatic rather than screen detected population.

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