

Sydney Oncoplastic Surgery

GP Newsletter July 2020



Dear GP,

What a unique first half to a year all of us have had! Our practices have changed and have had to adapt to the safety measures needed to combat COVID-19. Specific to breast cancer in Australia, BreastScreen was shut down during the peak outbreak of COVID-19 in NSW. During this time, I encouraged women to be proactive with their self-examination, and to be vigilant with changes to their bodies. My fear was that a prolonged closure of breast screening would lead to a greater proportion of cancer detection occurring in later stages (2, 3, or 4). Fortunately, COVID-19 numbers were able to be brought under control and BreastScreen is now back up and running.

In this newsletter, we introduce a new breast screening tool for younger women and women with implants: the abbreviated MRI. We clarify the treatment of breast reductions for women with macromastia, and we discuss the use of regional anaesthetic blocks to significantly improve the patient's experience during and after surgery.

Finally, we feature a patient of ours who was able to undergo advanced oncoplastic breast conserving surgery and avoided a mastectomy.

Sincerely,
Eva

Breast Reduction to Relieve Neck/Shoulder Pain



Women with large breasts may suffer from chronic pain in their neck, shoulder and back. This occurs simply because of the disproportionate amount of weight on their chest. For most women with macromastia, a breast reduction often brings immediate relief to their chronic pain.

Unknown to many, the correction of this via breast reduction is often medically indicated and eligible for a Medicare rebate. We note that some women exploring breast reductions are put off by the sticker shock when looking up costs. Quoted prices can vary significantly across medical providers. We recommend patients query prices from their Breast or Plastic Surgeon when they set up consultation appointments.



RACGP CPD Online Course

Originally intended for an in-person setting, I've posted our presentation on breast cancer surgery online (can be viewed and completed online). This learning material qualifies for 3 CPD points.

It can be found at www.oncoplasticsurgery.com.au/gped

Enhancing Breast Cancer Treatment through Anaesthesia

Fundamentally, Anaesthesia facilitates surgery and relieves post-operative pain. Generally, systemic anaesthesia is administered through IV or inhaled gas prior and over the course of surgery. While effective in achieving its desired outcome in enabling safe surgery, it is often accompanied by post-operative nausea and grogginess that may last for days if not weeks.

An emerging study in the field of Anaesthetics explores the use of regional anaesthetic blocks (or targeted nerve blocks) to improve post-operative experiences for patients. For a breast cancer patient, the administration of regional anaesthetic blocks involves the provision of long-lasting local anaesthetic to the nerves supplying the surgical site. This is done under ultrasound guidance prior to the commencement of surgery. Although systemic anaesthesia is still used to facilitate the surgery, the regional blocks reduce the quantity of systemic anaesthesia required to maintain the patient's anaesthetised state during surgery.



Enhancing Breast Cancer Treatment through Anaesthesia

This brings benefits (actual and proposed) for the patient:

1 Quicker discharge from hospital

The use of targeted nerve blocks means that less opioids and anaesthesia are required for the patient. This improves recovery and mobilisation, and ultimately an earlier discharge.

2 Quicker return to function and fitness

Targeted nerve blocks may reduce the post-operative pain experienced by patients. This reduces the recovery time in the patient's function and fitness. Consequently, cancer patients may more quickly embark on other required adjuvant treatments such as chemotherapy or radiotherapy. A faster functional recovery also imparts benefits to a patient's psychological and emotional wellbeing over the course of their treatment.

3 Reduction in occurrence of chronic pain

Targeted nerve blocks are believed to be more effective than systemic anaesthesia in combating acute post-operative pain, which is thought to be a risk factor for chronic wound pain. Consequently, it is believed that nerve blocks can reduce the occurrence of post-mastectomy pain syndrome (PMPS).

4 Possible reduction in cancer recurrence rates

Studies are being carried out to better understand the impact of the systemic stress the body undergoes during surgery and its impact on the circulation of tumour cells. It is believed by some that there exists a direct relationship between systemic operative stress, circulating tumour cells, and cancer recurrence rates.

In that context, it is proposed that the use of regional anaesthetic blocks reduces the systemic stress that the patient's body goes through, thus reducing the circulation of tumour cells and reducing the likelihood of cancer recurrence. Research on this topic is still ongoing.

Our use of regional anaesthetic blocks for our breast cancer patients have yielded significant outcomes in terms of their post-operative recovery and pain scores. It is common to see these patients seated upright within 12 hours of surgery, and on their feet within a day. Some patients also mention that the lack of post-operative nausea is a pleasant change compared to other surgeries they've had in the past.

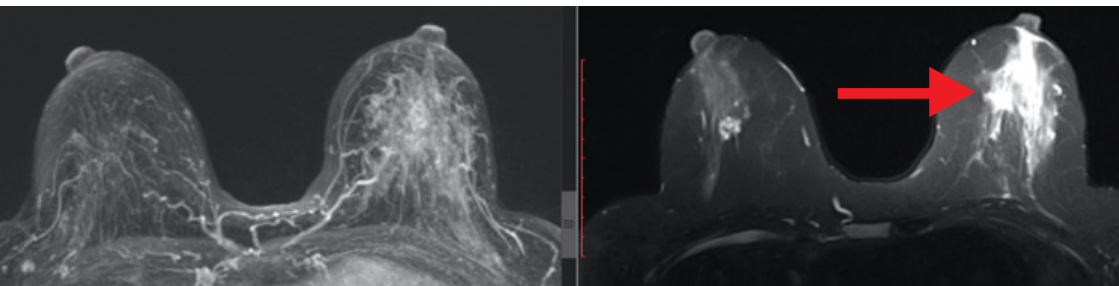
N.B. We would like to express our gratitude to Consultant Anaesthetist, Dr Gene Lee, for his invaluable contributions to this article.

Abbreviated MRI for Breasts

The screening of breast cancer is typically done through mammograms and ultrasounds. They work well as a means of picking up cancers in women aged 40 and over, are usually free to patients, and do not take a significant amount of time to perform. However, these tools are not as effective in screening women with denser breasts, which is typically the case for women in the younger age groups. Some women are also put off from having their regular screening because of the discomfort they experience during the mammogram.

The standard MRI is a more sensitive tool for the imaging of dense breasts, but is costly and in most cases does not benefit from a Medicare rebate. Without a Medicare rebate, the MRI comes with an approximate \$690 out-of-pocket cost.

We welcome the introduction of the Abbreviated Breast MRI (AB-MR). This shortened version of the standard MRI is as effective as the standard MRI in screening for breast cancer, takes only a fraction of the time to perform (8 minutes), and does not involve compression of the breasts like the mammogram does. Consequently, it is a useful supplement to the mammogram/ultrasound. The cost of the AB-MR to the patient is approximately \$390.



MRI of the breasts with a contrast-enhancing suspicious mass

We recommend the use of the AB-MR for younger women (with dense breasts or significant family history) who might have concerns regarding their breast health, as well as women who are hesitant to keep up with regular mammographic breast screening because of the discomfort associated with mammograms¹. We also recommend AB-MR for screening women with breast implants who are concerned about the risk of rupture associated with mammograms. Patients who are high-risk or are particularly concerned with their breast health may consider alternating AB-MR scans with BreastScreen mammogram/ultrasound on an annual basis.

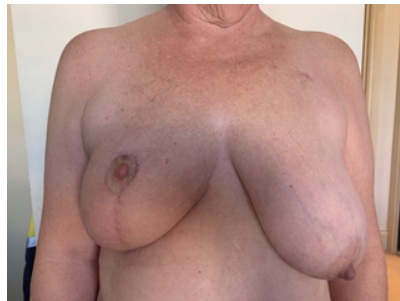
¹ – The MRI, mammogram and ultrasound are complementary in their role in breast imaging. They are not perfect substitutes for one another.

Patient Feature | Lisa

Lisa was diagnosed with breast cancer in July last year. She was referred to a Breast Surgeon, who performed a lumpectomy and sentinel node biopsy for her. Post-surgical pathology results indicated that there was extensive lymphovascular invasion, which gave rise to uncertain surgical margins. Further surgery was required. She was recommended by that surgeon to undergo a mastectomy to remove breast and nipple, and a DIEP reconstruction. The significant out-of-pocket costs of the DIEP reconstruction and the prospect of losing her breasts convinced her to seek a second opinion.



PRE-OPERATIVE



POST-OPERATIVE (5 MONTHS)

At our first consultation and following a physical examination, we concluded that further breast conserving surgery (re-excision) was a feasible alternative to explore. With the significant amount of breast tissue being removed over the two surgeries, the therapeutic mammoplasty was discussed as a recommended way to reshape and restore the appearance of the affected breast. We discussed the risk of the plan, including the possibility that even after the re-excision we might still not obtain clear margins, and a mastectomy would then be needed. She decided to proceed with the re-excision and the therapeutic mammoplasty. Fortunately, the re-excision was successful in obtaining clear margins this time, and with extensive mammoplastic work, the appearance of the breast (smaller and lifted) was able to be maintained. Over the two surgeries, a total of 446g of breast tissue was removed from her right breast. Lisa was pleased to retain her breast and nipple, was able to undergo radiotherapy, and is scheduled for a reductive mammoplasty on her other breast for symmetrisation in the coming months.

Sydney Oncoplastic Surgery

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