

Date 20/06/2025  
Your Ref  
Our Ref 10138

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Dear

## FREEDOM OF INFORMATION - BREAST RECONSTRUCTION

I write in response to your request for information in relation to breast reconstruction.

### Question:

- Please find attached a Freedom of Information (FOI) request regarding provision of breast reconstruction surgery in NHS Lothian.

### Answer:

Please see enclosed completed response

To protect the identity of the individuals involved we have used the 90<sup>th</sup> percentile to mask identification. Since we do not have their consent to release this data from their records, the information is exempt under section 38(1)(b) of the Freedom of Information (Scotland) Act i.e. to provide it would breach the Data Protection Act (2018).

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at [www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

Headquarters  
Mainpoint  
102 West Port  
Edinburgh EH3 9DN

Chair Professor John Connaghan CBE  
Chief Executive Professor Caroline Hiscox  
*Lothian NHS Board is the common name of Lothian Health Board*

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

**ALISON MACDONALD**  
**Executive Director, Nursing**  
Cc: Chief Executive  
Enc.

**Part A – Breast reconstruction pathways**

1. a) Please indicate with an **X** the type of breast reconstruction surgery currently performed by your health board. Please leave the related box **blank** if you do not perform an indicated surgery.

Type of breast reconstruction surgery	Performed by health board
Immediate implant breast reconstruction	X
Delayed implant breast reconstruction	X
Immediate free flap breast reconstruction	X
Delayed free flap breast reconstruction	X

b) If your health board does not perform immediate or delayed **implant breast reconstruction surgery**, please state why, which health board you refer your patients to have the surgery and provide detail on the pathway.

N/A

c) If your health board does not perform immediate or delayed **free flap surgery**, please state why, which health board you refer your patients to have the surgery and provide detail on the pathway.

N/A

**Part B – Delayed reconstructive surgery backlog**

2. a) During the Covid-19 pandemic (between March 2020 and April 2022) at any point did your health board stop performing immediate breast reconstruction? If yes, what date did you stop performing the surgeries and what date were the surgeries restarted?

b) During the Covid-19 pandemic (between March 2020 and April 2022) at any point did your health board stop performing delayed breast reconstruction? If yes, what date did you stop performing the surgeries and what date were the surgeries restarted?

A pause came into effect from 25 March 2020. Immediate's recommenced on 7 August 2022 and delayed recons on 25 August 2020.

3. a) Can you provide the number of immediate breast reconstruction procedures performed in your health board, the number of patients on the waiting list for immediate breast reconstruction surgery, as well as the average and longest waits for each year from April 2019 to March 2025.

b) Can you provide the number of delayed breast reconstruction procedures performed in your health board, the number of patients on the waiting lists for

breast reconstruction surgery, as well as the average and longest waits each year from April 2019 to March 2025.

Note we do not differentiate between Immediate breast reconstructions and Delayed breast reconstructions.				
<b>Insertions/Implants</b>				
FINANCIAL_YEAR	WAITS	PATIENTS	AVG(DAYS_WAITING)	90PERCEN
2019/20	219	154	54.6	100.2
2020/21	133	103	84.4	250.0
2021/22	115	87	86.8	226.0
2022/23	187	147	148.8	504.0
2023/24	214	159	168.8	457.4
2024/25	217	151	106.1	232.4
<b>Free Flaps</b>				
FINANCIAL_YEAR	WAITS	PATIENTS	AVG(DAYS_WAITING)	90PERCEN
2019/20	125	93	52.1	83.0
2020/21	85	68	95.2	271.0
2021/22	79	60	49.2	129.0
2022/23	94	76	154.8	510.5
2023/24	95	84	441.9	880.8
2024/25	137	110	293.7	732.6
<i>These figures;</i>				
<i>Includes all inpatients who were on the waiting list for breast reconstruction surgery (see codes tab)</i>				
<i>Includes all inpatients who were on the waiting list for the following specialties; Breast Services, Clinical Oncology, Medical Oncology and Plastic Surgery</i>				

4. a) Please list the OPCS-4 clinical codes used to capture the data for question:
- 3 a. Implant
  - 3 a. Free flap
  - 3 b. Implant
  - 3 b. Free Flap

Implant Breast Reconstruction would be coded to;
B30.1 Insertion of prosthesis for breast NEC
Free Flap Breast Reconstruction use the following codes depending on where the flap is taken from;
B38.1 Reconstruction of breast using free superior gluteal artery perforator flap
B38.2 Reconstruction of breast using free inferior gluteal artery perforator flap
B39.1 Reconstruction of breast using free transverse rectus abdominis myocutaneous flap
B39.3 Reconstruction of breast using free deep inferior epigastric perforator flap NEC
B39.5 Reconstruction of breast using free omental flap

B39.6 Reconstruction of breast using free superficial inferior epigastric artery flap
B39.7 Reconstruction of breast using bipedicle free deep inferior epigastric perforator flap
B42.1 Reconstruction of breast using free myocutaneous gracilis flap
B42.2 Reconstruction of breast using free profunda artery perforator flap
B43.1 Reconstruction of breast using free lumbar artery perforator flap

b) How does your health board ensure that clinical coding (OPCS-4) and data capture reflects the breast reconstruction service provided, for example is a manual used to clarify the codes use?

### **Part C – Patient information and choice**

- Does your health board have oncoplastic MDTs to specifically look at breast reconstruction for each patient? If yes, does a plastic surgeon attend to provide expertise on free-flap reconstruction?

Yes

- Does your health board provide patients with information about the different types of breast reconstruction available. If yes, please provide detail on your process and link any shared decision-making tools/patient information leaflets etc.

Yes – Joint combined clinic with Breast Surgeons; Booklets in Breast Unit – two booklets one is produced by Macmillan; Provide information to direct to BAPRAS resources.

- Does your health board currently have any restrictions in place for breast reconstruction surgery, such as patients:

BMI level - yes

Time limits on surgery – not strictly but individual patients are reassessed if they have experienced longer than normal waits

Limits on the number or type of procedures – no however we are trying to optimise the number of procedures

Reduction of breast surgery or plastic surgery lists – no reduction in number of lists, theatre capacity is back to normal.