

## USE OF THE CLINICAL PATHWAYS FOR BREAST SURGERY

The Clinical Pathways for breast surgery describe best practice standards of care to achieve quality patient outcomes resulting from:

- improved multidisciplinary coordination and integration of care, and
- improved preoperative and discharge preparation, and
- increased involvement in the care process by women requiring breast surgery.

For the development of clinical pathways in individual hospitals it is recommended that care teams design and implement their own 'tailor made' pathways, using the attached pathways as the foundations for the content.

Four pathways have been designed, including:

- **Clinical Pathway for Breast Surgery: Day Procedure**
- **Patient Care Pathway for Breast Surgery: Day Procedure**
- **Clinical Pathway for Breast Surgery: Conserving Treatment and Major Procedures**
- **Patient Care Pathway for Breast Surgery**

**The Clinical Pathway for Breast Surgery: Day Procedure** applies to small surgical cases, for example lumpectomy, and is intended for use by the multidisciplinary care team.

**The Patient Care Pathway for Breast Surgery: Day Procedure** is a patient version of the clinical pathway and should be included in the preoperative information package given to women requiring small surgical procedures for breast disease.

**The Clinical Pathway for Breast Surgery: Conserving Treatment and Major Procedures** applies to more extensive surgery following the diagnosis of breast disease (including cancer).

Conserving treatment procedures may include:

- lumpectomy;
- wide local excision (with/without axillary node clearance);
- partial mastectomy (with/without axillary node clearance);
- segmental mastectomy (with/without axillary node clearance).

Major procedures may include:

- total mastectomy,
- total mastectomy with complete axillary node clearance,
- total mastectomy with axillary node sampling and total mastectomy (with no axillary procedures).

**The Patient Care Pathway for Breast Surgery** is a patient version of the clinical pathway and should be included in the preoperative information package given to women with breast cancer, requiring conserving treatment or major breast surgery.

The length of stay in hospital may vary from the pathway, for example when the woman demonstrates an eagerness to return home and, in the case of uncomplicated recovery, plus the presence of an adequate support system, options for earlier discharge may be considered.

Variations from the pathway should be documented on the **Variance Form**. The Variance forms should be reviewed periodically, and action taken to address identified problems, thus enabling a continuous quality improvement cycle

**It must be noted that clinical pathways should be used as a guide only and do not replace clinical judgement.**