AMERICAN SOCIETY OF PLASTIC SURGEONS ®
THE PLASTIC SURGERY FOUNDATION ™

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ASPS Statement on Breast Reconstruction in the face of COVID-19 Pandemic

A number of our members have asked ASPS for guidance regarding breast reconstruction in light of the cessation of elective surgery. A working group was convened which included plastic surgeons who perform implant based and autologous reconstruction, practice in private and academic settings, and live in different areas of the country. Hospital, local and regional regulatory bodies will determine the actual practice in each hospital or facility, and any additional restrictions that are applied by such bodies would supersede the guidelines set forth by ASPS. The COVID situation is fluid and these recommendations will be reviewed regularly and as necessary. After careful consideration, ASPS has issued the following guidance.

DELAYED RECONSTRUCTION AND REVISIONS

Delayed breast reconstruction and planned secondary or revision breast reconstruction are elective and thus should be postponed until which time the system in your area can accommodate elective surgery as deemed safe for patients.

IMMEDIATE RECONSTRUCTION

In the face of ongoing lumpectomies and mastectomies being performed, immediate reconstruction is less straightforward since the patient is being brought to the operating room by the general surgeon/breast surgeon. However, reconstructive procedures still utilize additional resources and increase the risk of complications and depending on the procedure, increase the chance of needing to use a hospital bed. Certain procedures also necessitate a number of office visits (such as for tissue expander fill or for seromas or other complications), which also consume additional resources (such as personal protective equipment {PPE}) and increase risk of exposure. Local regional shortages may already be or may become critical. This must be balanced with the risk associated with a second surgery and changing the patient's options (e.g. with a history or plan for radiation therapy).

Thus, ASPS recommends:

a) Physicians should consider including as part of his/her informed consent process the issue of performing reconstructive surgery in light of the COVID-19 pandemic and the potential consequences to the patient and others as this may have in regards to potential for increased exposure as a result of the procedure itself, as well as the potential risks and complications that may occur postoperatively.

b) In general, plastic surgeons should err on the side of caution and delay reconstruction

c) Immediate autologous flap reconstruction for breast reconstruction is elective and should be delayed (This does not include wound coverage issues of the chest/breast.)

d) While erring on the side of delayed reconstruction, immediate tissue expander or direct to implant reconstruction can be evaluated on a case-by-case basis. The decision should

take into account the likelihood of complication, the age and comorbidities of the patient, the likelihood that reconstruction would lead to utilizing a hospital bed, the length of surgery and resources utilized, as well as local-regional and individual institutional factors such as the availability of healthcare resources and anticipated availability of resources in the post-operative period.

e) If Oncoplastic reconstruction is a consideration, it should also be evaluated on a case by case basis, depending on the complexity of the reconstruction and the likelihood of complication, the patient's risk (age and comorbidities), utilization of resources, length of surgery, likelihood of admission, and local regional factors listed above.

f) Consider only addressing the cancer side and avoid prolonged surgery by avoiding concurrent contralateral balancing procedures.

g) If surgeries must be performed, we recommend strongly considering the utilization of regional blocks to facilitate same-day discharge. Also, minimizing the number of people in the operating room to decrease risk of exposure as well as decrease PPE use.

Approved by the ASPS/PSF Executive Committee 3/24/2020