

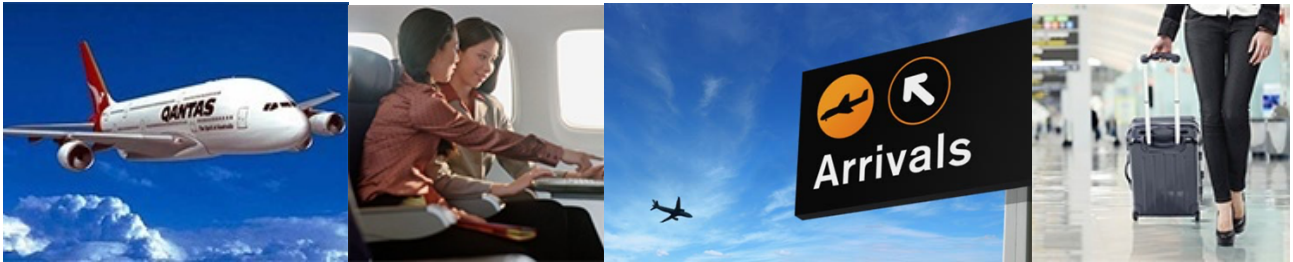
Miss Jane O'Brien
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Regional / Interstate / International Patients

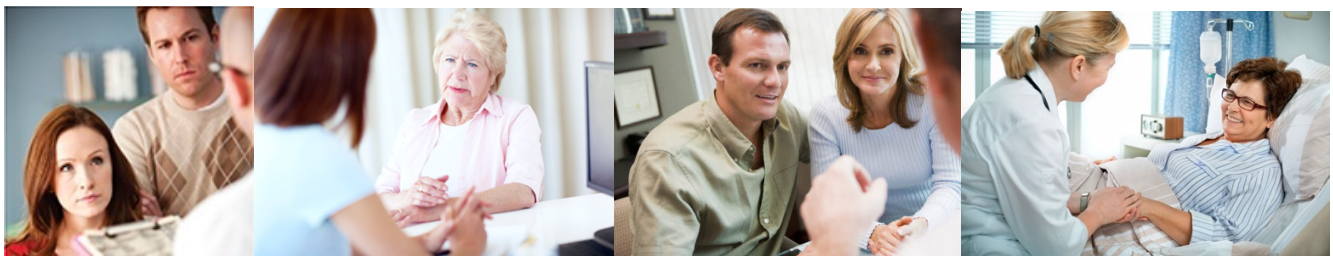
Approximately 30- 40% of women who choose to have their breast surgery performed by specialist breast cancer surgeon Jane O'Brien travel from outside Melbourne for their surgery. In addition to women who live in regional Victoria, many of these women are from interstate and overseas. We also commonly receive requests from interstate and international patients to attend for second opinions, and to have their surgery performed here, many of whom may require additional surgery having already had an initial breast surgical procedure performed elsewhere.



Whilst some specialties may offer initial consultations remotely via telephone or Zoom, telehealth is not appropriate for this type of breast surgery. A "face to face" consultation is vital for a comprehensive clinical assessment and a thorough discussion of all the appropriate options prior to undergoing surgery for either breast cancer or for risk reduction purposes (prophylactic mastectomy) and a clinical breast examination performed by the surgeon is also essential.

Please inform our staff when booking your appointment if you will be travelling a long distance, so that we can aim to maximise the efficiency of your visit. The results of **all** previous investigations, including imaging, biopsies and the pathology from any previous surgery must be forwarded to us by fax or email, prior to an appointment being scheduled, so that any further tests that are likely to be required can be planned in advance (eg breast MRI, further image guided breast /axillary biopsy), as well as appointments with other specialists eg plastic surgeon, medical oncologist if required.

It is absolutely **essential** that you bring any recent breast imaging films (mammography/ ultrasound) with you to your initial consultation for review by the breast surgeon. Without these x-rays, your visit may prove to be a waste of time, and you may be required to return on a second occasion. Sometimes review of the breast imaging leads to a recommendation for further needle biopsies to be performed, the results of which may influence your surgical options, and this process may take several days. Because of this, you should be prepared for the possibility that you may need to stay in Melbourne, and it is recommended that you book a flexible return flight that is able to be altered/rebooked and perhaps consider travel insurance in case you need to change your travel plans.



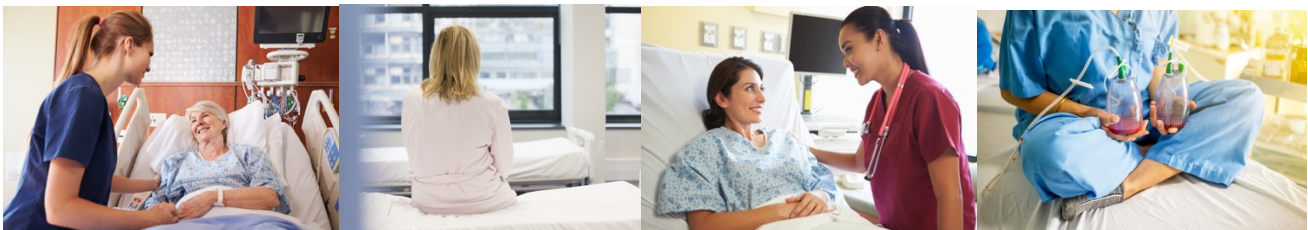
In general, you will need to allow a minimum of two–three weeks after your surgery, during which time you will be required to be available in Melbourne to attend postoperative appointments. Additionally, depending on the type of breast surgery you undergo, you may need to return to Melbourne at regular intervals following your surgery, and it is crucial that you are available to return for these postoperative appointments. Whilst digital photography can be very useful, it is important to understand the potential limitations of communicating remotely via email, telephone or Zoom after your procedure, especially if there are any complications, which are much more quickly, easily and effectively managed when your surgeon can see you in person.

Whilst we attempt to streamline the consultation, surgery and follow-up process as much as possible for "out of area" patients, so that the number of trips are minimised, and the length of stay in Melbourne is kept to a minimum, we will not potentially compromise your medical care by cutting corners for the sake of convenience. It is essential that you are available to return for all postoperative appointments with the breast surgeon and/or the plastic surgeon, particularly should we need to see you more frequently than is usual, and if this is likely to be a potential problem for you, you are perhaps better served having your surgery performed locally.

Many breast cancer operations are performed as either day case surgery, or with a single overnight stay in hospital. Women who undergo breast surgery where a surgical drain is placed, such as mastectomy without reconstruction or axillary node clearance, often stay in 2 nights post op, and are then discharged home with the drain in situ. The nursing staff on the 4th floor ward at St Vincent's Private Hospital East Melbourne provide drain care information and education prior to discharge, and are happy to take calls from the patient if there are any drain issues following discharge, as is Georgine, our breast care nurse, who is also available for any queries.

In most cases, all that is required is to mark the drain bottle once every 24 hours, and to record the daily drainage volume on the drain booklet that we provide. When the drain is removed depends on the volume draining, and we usually remove the drain when there has been 50ml or less per 24 hours for 2 consecutive days, or at around 2 weeks, irrespective of drainage volume.

Our strong preference is for patients to care for the drain themselves following discharge, and to liaise directly with us. We prefer not to involve a visiting or district nurse, as not only is it unnecessary, but it can on occasions lead to the patient receiving conflicting advice regarding drain and wound care. Most surgeons have very specific preferences as to how they wish their wound dressings and drain tubes to be managed, and these preferences are often related to their specific wound closure technique. For example, if the patient has been given strict instructions to leave the dressing intact unless advised otherwise by us, and someone else takes it upon themselves to remove it prematurely, a wound dehiscence may result, if like Miss Jane O'Brien, the surgeon deliberately does not knot the buried subcuticular suture, in order to avoid a palpable subcutaneous nodule developing at each end of the wound, which can sometimes be a source of concern to breast cancer patients, who fear it may represent a local recurrence of their breast cancer.



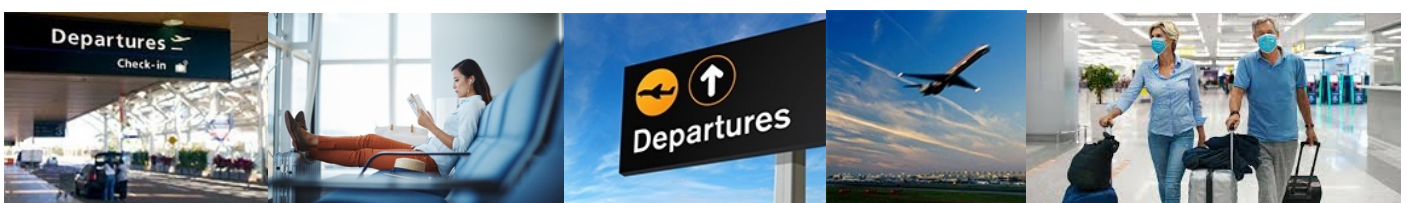
In patients who undergo breast reconstruction, the drains tend to drain less than following mastectomy without reconstruction, because the space where the breast has been removed is filled with a reconstruction, rather than acting as a "potential space" and in women who have undergone immediate breast reconstruction the drains are in most cases ready to be removed prior to the patient being discharged from hospital.

Accommodation:

Local accommodation in East Melbourne, close to the St Vincent's Private Hospital, is available in a range of hotels and serviced apartments. Many of the accommodation providers listed in the SVPH [Accommodation Guide](#) offer a reduced rate to St Vincent's Private patients, so it is worth mentioning your hospital admission when making a booking. See [Accommodation](#)

Because we treat many "out of area" patients we are used to coordinating with local support services when you return home and our breast care nurse liaises closely with the local breast care nursing services, who can provide advice and support. Your case, with your permission, will be discussed both pre op and post op in our Breast Centre Multidisciplinary Meeting, in which medical and allied health care professionals consider all relevant treatment options, and collaboratively develop an individual treatment plan for each patient, following which these multidisciplinary team treatment recommendations will be communicated to your own local doctor.

Women from outside Melbourne who have their surgery performed in Melbourne by Jane O'Brien may choose to have their additional breast cancer therapies eg chemotherapy, radiotherapy closer to home, but many also elect to have all their breast cancer treatment here. Similarly, we operate on a large number of women from elsewhere who undergo preoperative /neoadjuvant therapy locally, who then may choose to undergo their surgery in Melbourne. In these circumstances, the local treating medical oncologist is routinely invited to attend our postoperative multidisciplinary meeting via Zoom to review the operative pathology and to discuss the case.



Summary:

As long as you are willing to allocate sufficient time for your post operative recovery and review appointments, choosing to travel to undergo your breast cancer or risk-reduction surgery a long distance from home, does not compromise your surgical outcome, and may potentially offer you access to a more highly specialised surgical team and a wider range of surgical options from which to choose.

Whilst we always endeavour in all circumstances to streamline investigations and appointments, this has become more difficult since COVID, and our priority remains the provision of the highest possible standard of patient care. Patients who elect to travel a long distance to undergo their breast cancer or risk-reduction surgery must give an undertaking that they will be available to attend all required postoperative appointments. The operating surgeons are the health professionals who are best placed to oversee your wound care and to deal with any wound issues that may arise, and so if you are an “out of area “ patient, it is a condition of having your surgery that you agree to remain in Melbourne for the recommended time period post op, which will differ according to the individual patient and the nature of the surgical procedure, and also be willing to return subsequently for further review if/when required. There are multiple factors which are recognised to be associated with an increased risk of developing post operative wound problems, such as delayed wound healing and postoperative infection. Many of these are “patient” factors, such as obesity, smoking and diabetes, and patients predicted to be at an elevated risk of wound complications may be encouraged to remain in Melbourne longer following discharge than other patients, even after less major operative procedures.

Generally, interstate and overseas patients readily appreciate that there will be a necessity for them to remain in Melbourne for a period of weeks following surgery. Hospital inpatient stays these days are much shorter than in the past, and are deliberately kept as short as possible, in order to reduce to a minimum the chance of hospital acquired infections, and also more recently for pandemic related reasons. Patients who live regionally, and are often understandably keen to return to their own homes following discharge, need to understand prior to deciding to undergo their surgery in Melbourne, that if they develop a postoperative problem following discharge from hospital which requires prompt medical attention, that they may be required to attend the rooms at short notice, and that if they have elected to return home, rather than to stay in Melbourne, they may face repeated lengthy round trips. It is therefore preferable that regional patients who live a long way from Melbourne, if at all possible, are able to make arrangements to stay in Melbourne with a relative or in a serviced apartment for 10-14 days following discharge.



Patients who travel for their surgery often do so because they require more extensive surgery, which may frequently include complex reconstructive surgery, and this is a clinical situation in which close postoperative surgical supervision is vital. In addition, due to the more extensive and complex nature of the surgery, the likelihood of experiencing a complication is inevitably higher than with more minor breast surgical procedures, as is the chance of potentially requiring an unplanned return to the operating theatre following discharge from hospital.

If travelling back and forward to Melbourne for the treatment of a routine **side effect** of breast surgery, not a **complication**, such as repeated seroma aspiration, is likely to create a big drama for you and be a major source of angst, it is better for both parties that this is recognised and flagged prior to planning and scheduling your surgery in Melbourne. We are not willing to compromise patient care, and in the circumstance of a patient who is either unable or unwilling to commit to travelling to Melbourne for repeated clinical reviews post discharge if required, the patient is likely to be better served by undergoing their surgery closer to home.