

Breast Screening - Implants Protocol

This protocol does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This document provides the departmental protocol for 2D imaging of a patient with breast augmentation. The examination must be performed in accordance with IR(ME)R 2017, NHSBSP guidelines, and departmental protocols for identification of a patient and performing mammography (see Appendix).

THIS PROTOCOL IS FOR USE BY THE FOLLOWING STAFF GROUPS:

Radiographers

Lead Clinician(s)

Julie Broomer Radiographer, Breast Imaging QA Lead

Approved by Breast Services Directorate on: 9th September, 2024

Approved by Women’s and Children Divisional Governance Meeting: 23rd October, 2024

Approved by Medicines Safety Committee on: NA
Where medicines included in protocol

Review Date: 23rd October, 2027

This is the most current document and should be used until a revised version is in place

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Key amendments to this guideline

Date	Amendment	Approved by: (name of committee or accountable director)
23 rd October, 2024	First document approved at Governance	Women's and Children's Governance

Members of staff: Radiographers

- Radiographer must have completed in house Implant training to include the instructional DVD or eLH training module and practical training with experienced member of staff or trainer.
- Client should be provided with NHSBSP leaflet *Breast implants and breast screening* (Appendix)
- Take breast history, to include type, age and position of implants in relation to pectoral muscle.
- Where the patient has undergone surgery for breast cancer it must be established that a mastectomy was not performed.
- If the client has concerns regarding the integrity of one or both implants, do not proceed with the examination, advise to seek advice from GP or breast surgeon – give explanatory letter *Implant rupture advice letter* (Appendix) and record the episode as attended not screened and document the reason in NBSS.
- Ensure the client understands:
 - The mammogram is not an examination of the implants
 - There is a risk of damage to the implants during mammography
 - There are interpretational difficulties in examining breast tissue with augmentation, therefore regular breast self-examination is recommended.
 - Where possible an Eklund view of each breast will be performed
- If the client is happy to proceed with the examination, complete *Eklund consent form - Consent to screening with breast implants form* (Appendix), ensuring staff and patient sign and date the form.
- If consent is withdrawn for Eklund view, document (form and NBSS) and ask patient to sign the form
- If Eklund views are not achievable or rupture is suspected following initial imaging, document on form and in NBSS
- Acquire standard MLO and CC images with appropriate exposure mode and processing algorithm.
- Alter exposure mode and perform the Eklund views (if possible).
- Document the examination information on client screening form and in NBSS SMDE

Appendix

Printed resources: M:\TeamShare\TS0040_BreastImaging\FORMS

- Implant rupture advice letter
- Breast implants and breast screening patient information leaflet
- Eklund consent form

NHSBSP

[Guidance for breast screening mammographers - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

<https://www.gov.uk/government/publications/breast-screening-imaging-women-with-breast-implants>

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Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Screening mammography must not be performed where a mastectomy has been performed	Review any instances of non-compliance reported in Datix	Twice a year.	QA Lead	Superintendent Radiographer Sub directorate	Twice a year.
	Eklund views should be performed where possible	Review imaging of clients with breast augmentation to ensure 3 views performed routinely with exceptions documented in digital record	Twice a year.	QA Lead	Superintendent Radiographer Sub directorate	Twice a year.

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REFERENCES

All references should be 'Harvard' referenced, eg,

A book by a single author:

Seedhouse, D. (1997) *Health promotion: philosophy, prejudice and practice*. Chichester, John Wiley.

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Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Director of Breast Screening
Superintendent and Deputy Superintendent
Advanced Practitioner team
Training Team

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Breast directorate
Breast Imaging sub directorate
Women and Children's division governance team

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page:



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Julie Broomer	QA Lead Breast Imaging	Julie.broomer@nhs.net
Date assessment completed	15.11.2024		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Breast Screening - Implants Protocol			
What is the aim, purpose and/or intended outcomes of this Activity?	Ensure imaging is performed in line with PHE national guidance. Maximise cancer detection whilst keeping dose of ionizing radiation as low as reasonably achievable			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____ <input type="checkbox"/>		
Is this:	<input checked="" type="checkbox"/> Review of an existing activity			

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	<input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Guidance for breast screening mammographers - GOV.UK (www.gov.uk) https://www.gov.uk/government/publications/breast-screening-imaging-women-with-breast-implants
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Discussion with service leads, senior colleagues in advanced practice team and training team
Summary of relevant findings	Protocol is fit for purpose

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	✓			Ensures quality of service for clients eligible for breast screening – aged 50-70 years
Disability		✓		
Gender Reassignment	✓			Breast screening reduces impact of breast cancer in clients identifying as female
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex	✓			Breast screening reduces impact of breast cancer in clients identifying as female

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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	✓			Ensures all clients receive the same high-quality service, allowing them to benefit from early diagnosis and treatment of breast cancer

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A			
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation



1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse

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needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	 Julie Broomer
Date signed	15.11.2024
Comments:	
Signature of person the Leader Person for this activity	 Dr Claire Sutherland, Consultant Breast Radiologist & DoBS
Date signed	19.11.2024
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	no
2.	Does the implementation of this document require additional revenue	no
3.	Does the implementation of this document require additional manpower	no
4.	Does the implementation of this document release any manpower costs through a change in practice	no
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	no
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval