



Women's Health Strategy
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To whom it may concern:

The New Zealand Association of Plastic Surgeons/ Te Kāhui Whakamōhou Kiri is pleased to have this opportunity to make a submission for consideration to support the development of the Women's Health Strategy. Our organisation represents Specialist Plastic and Reconstructive surgeons in Aotearoa New Zealand who provide reconstructive and elective plastic surgical care.

Our members have identified a very significant lack of resourcing for publicly funded elective reconstructive surgery for many years. The lack of access to planned care is universal but disproportionately affects women and this failure to provide adequate resourcing could be considered discriminatory. Reconstructive procedures support the restoration of form and function to women to correct loss of function following treatment for malignancy or trauma, or for the correction of congenital abnormalities. The lack of overall access to care results in significant unmet need in the community. There also a lack of equity of access to care across the country with wide differences in the rates of surgery offered when it is available. Access to appropriate reconstructive surgery is essential for our patients' holistic well-being and participation in their communities.

The main areas we consider need urgent consideration are:

1. Access for Breast Reconstruction following mastectomy for breast cancer;
2. Access to functional Reduction Mammoplasty for mammary hyperplasia;
3. Correction of congenital breast anomalies;
4. Access to post-bariatric surgery/ weight loss body contouring procedures;
5. Sustainable funding for a National Breast Device registry.

1. Breast Reconstruction:

Reconstructive Surgery following mastectomy/ partial mastectomy for breast cancer is a fundamental part of the treatment of Breast Cancer. The importance of access to Breast Reconstruction was recognised with the development of National Guidelines for Breast Practice in 2021¹. The guidelines recognised that "breast reconstruction.....is an important quality of care measure for patients with breast cancer" and all women should have appropriate access to reconstructive services but there exists significant inequity to that access. While the guidelines are a

¹ https://www.health.govt.nz/system/files/documents/publications/breast_reconstruction_guidelines.pdf

useful guide to best practice the lack of access, and inequity of access identified, has not been supported by appropriate resourcing.

Public provision of breast reconstruction has essentially failed in most areas of the country and access has worsened since the guidelines were promulgated. Recent data shows that only 23% women in Aotearoa New Zealand have reconstructive surgery following mastectomy². This compares extremely poorly with similar jurisdictions: United Kingdom 31%³, Sweden 31%⁴, United States 42%⁵. The data also identifies significant inequity in access: Māori women - 18%, Pacific women -10%². The lack of Reconstructive Plastic Surgeons practicing outside the main metropolitan centres also means access for women is significantly poorer in regional New Zealand - in particular Tairāwhiti, Te Tai Tokerau, Whanganui and the West Coast. This negatively affects wāhine māori disproportionately.

2. Breast Reduction:

Reduction mammoplasty for mammary hyperplasia is a powerful and empowering procedure for women. It addresses both significant functional compromise and corrects physical symptoms including chronic neck and back pain, enabling women to participate more completely in personal activities and their communities. 30 years ago, public provision of surgery for this procedure was routine but it is now extremely restricted and not even offered in most centres in New Zealand. This is despite strong data that shows the quality-of-life benefits of offering Reduction Mammoplasty for women is equal to the benefit gained by hip replacement surgery and greater than knee replacement surgery⁶. The fact mammary hyperplasia is a female specific condition may be a cause for this inconsistency in the funding of functional elective surgery.

3. Correction of congenital breast abnormalities:

Significant breast asymmetry – including unilateral or bilateral amastia (lack of breast development) can affect up to 6% of women for whom “surgical treatment.....yields significant and sustained improvements in psychosocial quality of life”⁷. There is essentially no publicly funded access to this surgery due to constraints on elective Reconstructive Plastic Surgery resources.

4. Post-bariatric surgery/ weight-loss body-contouring surgery:

Following massive weight loss patients can be left with large amounts of excess skin which can limit their physical activity and be subject to infection and ulceration. Up to 30% of patients who undergo elective bariatric surgery, or who have a greater than 50% body mass loss after weight loss, will benefit from skin excision/ body contouring procedures.

² Breast Cancer Foundation of New Zealand: 30,000 Voices: Informing a better future for breast cancer in Aotearoa New Zealand, 2022

³ National trends in immediate and delayed post-mastectomy breast reconstruction procedures in England, Mennie et al, *EuroJSurgOnc* 2016

⁴ Breast Reconstruction patterns from a Sweden nationwide survey, Unukovych et al, *Eur J Surg* 2020

⁵ Current trends in post mastectomy reconstruction, Panchal et al, *Plastic and reconstructive Surgery*, November 2017

⁶ Reduction mammoplasty and resource allocation: Are patients being treated fairly? An examination of the current New Zealand situation and looking towards the future. Dickie E and Simcock J; *New Zealand Medical Journal*, 126(1374), 2013

⁷ The Effect of Surgical Treatment on the Quality of Life of Young Women with Breast Asymmetry: A Longitudinal, Cohort Study; Nuzzi et al; *Plastic and Reconstructive Surgery* 146(4), Oct 2020

Not only is there wide inequity in access to primary bariatric surgical care in Aotearoa New Zealand⁸ but access to publicly funded surgery for procedures such as abdominoplasty or body lift, like breast surgery, is extremely restricted and again in most centres in New Zealand it is unavailable. This surgery has significant physical and psychosocial benefit to patients⁹. Women again are disproportionately affected by lack of access to these procedures.

Severe rectus abdominus divarication (central abdominal wall failure) is a cause of very significant morbidity and functional compromise to many women. It occurs after both massive weight loss and post-partum. The functional nature is recognised in Australia with full public funding for correction through medi-care however women with this condition have no routine access for publicly funded abdominal wall reconstruction in New Zealand.

5. National Breast Device Registry:

New Zealand does not have a registry for implantable breast devices and NZAPS/ TKWK consider a very significant patient safety issue. Aotearoa is one of the only OECD countries not only without a registry – but without a publicly funded one: the Australian Registry is fully funded by the Commonwealth Department of Health. Recent breast implant related issues have included recalls of poor-quality implants and a greater understanding of Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) but without a national register there is no ability to understand the extent of these and other problems. NZAPS/ TKWK have developed a New Zealand registry model in collaboration with a health data charity using seed funding originally provided by the Ministry of Health in 2018. Unfortunately, we have been unable to secure sustainable funding from any central agency including the Ministry of Health, Medsafe, Te Whatu Ora or ACC. All agencies put the responsibility for funding elsewhere. Annual funding for this would be approximately \$76,000 which is relatively little when a single Breast Reconstruction procedure attracts a case-weight payment of about \$16-20,000 and in the last 5 years \$2.5million was paid out in treatment injury claims related to breast implant issues by ACC

In summary we believe the lack of appropriate funding and access to publicly provided Reconstructive Plastic Surgery is a significant and disproportionate issue affecting the health outcomes and well-being of women in Aotearoa New Zealand. Opportunities to address this would be:

1. Global increase in funding for Reconstructive Plastic Surgery to allow better provision for planned care/ elective procedures which affect women;
2. Support expansion of Reconstructive Surgical services to regions to improve access to services;
3. Identify and ring-fence resourcing including infrastructure and man-power investment for specific conditions including post-malignancy reconstruction and correction of congenital breast abnormalities;
4. Recognise the quality-of-life benefit to provision of Breast Reduction surgery;
5. Identify sustainable funding for a New Zealand Breast Device Registry.

⁸ Variation in public-funded bariatric surgery intervention rate by New Zealand region; Murphy et al, Internal Medicine Journal, 21 March 2019

⁹ Quality of Life Long-Term after Body Contouring Surgery following Bariatric Surgery: Sustained Improvement after 7 Years. Van der Beek et al, Plastic & Reconstructive Surgery. 130(5): Nov, 2012 Nov

The New Zealand Association of Plastic Surgeons is very happy to meet and discuss these issues further and/or contribute in any way to progress better planned care access for women for reconstructive plastic surgery.

Noho ora na

A handwritten signature in blue ink, appearing to read 'Chris', with a horizontal line underneath.

Christopher Adams

President

New Zealand Association of Plastic Surgeons/ Te Kahui Whakamōhou Kiri