

# So you want to be ... a breast surgeon

One in four women attends a breast clinic at some time in their life. Breast cancer is increasing in frequency and the incidence has increased approximately 25% over the last decade. This is in part a result of breast screening which is available to all women between the ages of 50 and 70 years in the UK. The lifetime risk of breast cancer in the UK is now approaching one in eight. Although there have been significant advances in the systemic therapy of breast cancer, surgery remains the mainstay of treatment.

Breast surgeons are involved in the assessment and diagnosis of breast lumps and surgery to excise breast cancers, but are also involved in breast reconstruction and the whole range of plastic surgery procedures that are currently available to treat patients with breast problems.

## Training

In the past most breast surgeons trained in general surgery and then undertook a period of specialist breast training, often combined with a year in plastic surgery. This is likely to change in the next few years and there will be specialist training programmes for individuals who want to become breast surgeons.

Undergraduates get limited exposure to breast surgery and few individuals in their foundation years or core training spend time in a breast unit. If you are interested in pursuing a career in breast surgery it is important to ensure that you do get adequate exposure either at undergraduate level, within foundation years or during the first 2 years of core training. There are a number of 1-year posts in breast units which provide trainees with exposure to breast surgery. Currently if you want to do breast surgery you will pursue general surgical training for 4 years beyond ST3 and then spend 2 years specializing in breast

surgery, usually with at least one of these years in a unit which performs oncoplastic and reconstructive surgery. Training programmes can include a year of research.

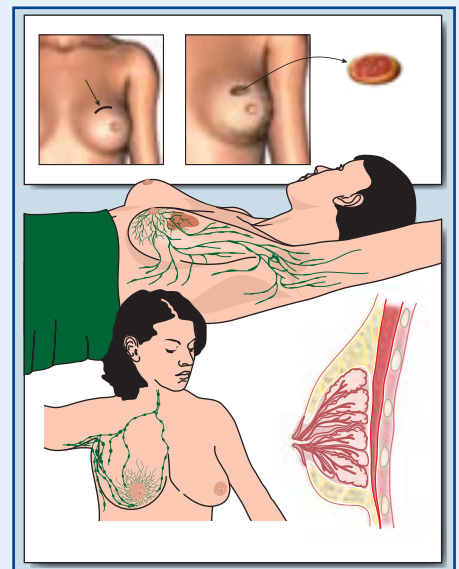
Trainees will need to attain Membership of the Royal College of Surgeons and, at the end of 5 years of specialty training, pass an exit exam. Once the exam is passed then a certificate of completion of training is issued. At this point individuals are eligible for apply for a consultant post.

## What is involved in breast surgery?

There is increasing use of specialist breast nurses and breast physicians seeing patients in diagnostic breast clinics which relieves the breast surgeon of the large volume of patients with breast pain and benign disease. Specialist breast surgeons are involved actively in informing patients of a diagnosis of breast cancer so good communication skills are required. Many breast surgeons are trained in ultrasound and perform their own ultrasound-guided core biopsies. Whereas previously most patients with breast abscesses were admitted to hospital and had drainage under general anaesthetic, most patients with abscesses and breast infection are now managed by a specialist breast surgeon as an outpatient with aspiration of pus under ultrasound guidance or drainage of the abscess under local anaesthesia. Specialist breast surgeons manage on average 100 or more new patients with breast cancer each year.

Whereas the emphasis has formerly been on excising a cancer and ensuring satisfactory rates of local control regardless of cosmetic outcomes, the perspective in breast surgery has changed. For patients who require mastectomy newly trained breast surgeons are able to perform themselves, or together with a plastic surgeon, immediate or delayed breast reconstruction. Breast surgeons may perform breast reduction, treat congenital anomalies and perform cosmetic procedures for gynaecomastia.

Breast surgeons are involved in long-term follow-up programmes and need to be aware of the complications and treat-



ment of side effects of commonly used drugs. Breast surgeons spend more time in clinics than any other surgical specialty. As patients benefit from continuity of care the breast surgeon needs not only to have expert surgical skills but needs to relate well to patients and build up a long-term relationship with them.

## Is breast surgery for you?

Increasing numbers of women are doing breast surgery because there are few emergencies and it is possible to do most breast surgery during normal working hours.

It is an immensely rewarding specialty. At the time of cancer diagnosis patients are distressed and are enormously grateful for the efforts of their surgeon and the team looking after them. If you want to be a doctor looking after a range of benign breast problems and a surgeon performing a complex range of oncological and plastic surgery procedures then consider a career as a breast surgeon. **BJHM**

*Conflict of interest: none.*

## KEY POINTS

- Breast cancer continues to increase in incidence.
- Breast surgery is the mainstay of treatment of invasive and non-invasive breast cancer.
- Breast surgeons are involved not only in cancer excision but breast reshaping and breast reconstruction.
- Breast surgeons also require skills in ultrasound, in communicating bad news and building long-term relationships with patients.

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