

WVU Breast Surgery Resident Guide

TEAM MEMBERS

ATTENDINGS

Hannah Hazard-Jenkins, MD, FACS

Jessica Partin, MD, FACS

Kimberly Bailey, MD, FACS

PA/NPs

Amanda Moran, PA-C, outpatient breast surgery and cancer genetics clinic

Katlin Plavi, PA-C, outpatient breast surgery clinic

Blair Burns, NP, outpatient breast surgery clinic

Heather Mann, PA-C, Inpatient care and outpatient breast surgery clinic

RNs

Larriann Wyda, RN

Cordessa Cales, RN

CONFERENCES/EDUCATIONAL MEETINGS

Multidisciplinary Breast Tumor Board

Mondays, 12-1:00 pm

Mary Babb Randolph Cancer Center,
Ground Floor Conference Room

TYPICAL WEEKLY SCHEDULE

Monday

Multidisciplinary Breast Cancer Clinic

Mary Babb Randolph Cancer Center, 2nd Floor, Workroom B

Tuesday

Breast Surgery Clinic (Partin)

Mary Babb Randolph Cancer Center, 2nd Floor, Workroom F

Wednesday

Ruby Memorial Main OR (Hazard), 5North

Breast Surgery Clinic (Bailey)

Mary Babb Randolph Cancer Center, 2nd Floor, Workroom F

Thursday

Ruby Memorial Main OR (Partin), 2West/5North

Breast Surgery Clinic (Hazard), morning

Mary Babb Randolph Cancer Center, 2nd Floor, Workroom F

Friday

Ruby Memorial Main OR (Bailey), 2West/5North

Breast Surgery Clinic (Hazard), morning only

Mary Babb Randolph Cancer Center, 2nd Floor, Workroom F

FACULTY EXPECTATIONS

The breast surgery faculty are committed to providing you with a broad exposure to the treatment of breast disease. Our practice is largely outpatient, and much of the education in breast surgery occurs in the clinic. The inpatient census and workload is much less than other surgical services. You should have adequate time to review the medical record and prepare for scheduled new consults and planned OR cases as well as for independent study. You should download and become comfortable with using NCCN guidelines to inform decision-making and treatment recommendations. Lastly, articles will be selected for journal club which will be planned for the latter part of the month. You will receive verbal feedback throughout and written feedback at the conclusion of the rotation. Any concerns should be brought up with Dr. Partin and/or Dr. Bailey.

RESIDENT ROLES/EXPECTATIONS

- Your attendance is expected every Monday morning in multidisciplinary breast cancer clinic, Breast Tumor Board Mondays at noon, and at least one other outpatient clinic day during the week. Monday morning cancer clinics begin at 7:45 am; please report to Workroom B on the 2nd floor in the Cancer Center. Once you have become familiar with the flow for Mondays, you will be expected to present patients at tumor board. Multidisciplinary Team Members include: Medical Oncology, Breast Radiology, Pathology, Plastic Surgery, Radiation Oncology, Oncology Physical Therapy, Social Work, Clinical Trials, and our Cancer Center staff.
- We expect you to have reviewed surgical cases for the week, including our consult notes, and be able to discuss the diagnosis, imaging, and surgical plan with the attending prior to the operation. For reference, our consult notes are fairly detailed regarding the treatment options and rationales discussed with the patient. You should become familiar with pulling up and displaying the patient's pertinent breast imaging in the operating room prior to induction of anesthesia. You should also be aware of the plastic surgery plan for combo cases. You may have the opportunity to work with the plastic surgery team on their portion of the case, but they will also likely have at least one resident as well, so you should find out about coverage beforehand.
- We ask that you treat our patients and their family members as your own patients. This means addressing questions (at your level of comfort), managing complications, communicating with the team, and anticipating outpatient needs. You should always ask questions and communicate regularly with the attendings. Please remember, for the patients who had mastectomies, they may not be ready to look at the wounds on POD 1, so ask if they are ready to look before taking down the dressings; they may not want their partner to look first.

CALL: The resident is on call for breast surgery on weekdays and expected to be available from 6:00 am until sign-out to the Night Float team (approximately 5:30 pm or as directed by the chief resident). The resident is expected to check with the Night Float team every morning for updates on any inpatients or overnight consults and assume call for the daytime hours. If a consult patient is known to an attending and it is during working hours, please call that attending. If you receive an ED or inpatient consult either after hours or on the weekend, please notify the on-call attending as soon as possible.

Things we expect in your consult:

- Detailed history of present illness (HPI)
- Any recent breast cancer screening
- Any oncologic history including stage, surgeries, radiation, chemotherapy (including type and last dose)
- Pertinent medical history, especially things like heart disease, lung disease, history of DVT/PE, blood thinners, which may not be on the current MAR, connective tissue disorders (such as scleroderma)
- Pertinent family history (both maternal and paternal)
- Pertinent social history (who lives at home with the patient, support system, work responsibilities, smoking, vaping, alcohol use)
- Recent breast imaging – look for mammograms, ultrasounds, MRIs, or any image-guided biopsy (US-guided, stereotactic, or MRI-guided biopsies)
- Pathology results pertinent to the patient's breast history

ROUNDING: The resident is expected to round on any breast surgery patients and provide updates to the appropriate attending by 7:00 am on weekdays and by 8:00 am on weekends. Your notes should be written before you proceed to the operating room or clinic. You are expected to communicate with Heather Mann, our inpatient PA, regularly regarding OR cases, inpatient/ED consults, postoperative care, and discharge planning.

On Friday afternoons, please send an email to the faculty and Heather with your plan for the upcoming week, specifically whose clinics you will be attending and what OR cases you plan to scrub. Please let the on-call attending know who will be rounding on our service on the weekend. You are also expected to email to the attendings a summary or log of surgeries and complications for the week; please check with the Surgical Oncology chief on how to create this log.

SUGGESTED RESOURCES to start:

- Surgical Core Textbook <https://www.surgicalcore.org/textbooks> - Operative Standards for Cancer Surgery Volume 1 (partial mastectomy, total mastectomy, axillary surgeries, etc)
- NCCN Guidelines: Treatment
 - o Breast Cancer <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1419>
- NCCN Guidelines: Detection, prevention, and risk reduction
 - o Risk reduction <https://www.nccn.org/guidelines/guidelines-detail?category=2&id=1420>
 - o Screening and diagnosis <https://www.nccn.org/guidelines/guidelines-detail?category=2&id=1421>
 - o Genetic/Familial high-risk assessment <https://www.nccn.org/guidelines/guidelines-detail?category=2&id=1545>

POST OP - Enhanced Recovery After Surgery (ERAS) Orders

The Breast Surgery service works closely with Plastic Surgery. Breast and Plastic Surgery follow ERAS protocols, which are currently undergoing revision. Both services incorporate the basic tenets of ERAS, including multimodality pain management and early ambulation. Patients planned for mastectomy also are scheduled preoperatively with our Oncology PT team for pre-habilitation and education.

Some patients will have surgery with only a breast surgery attending (solo cases) and some patients will have both breast and plastic surgery attendings (combo cases). The breast surgery attendings manage the postoperative care for their solo cases and plastic surgery admits and manages the postoperative care for combo cases.

- For solo breast cases, the breast surgery attendings use long-acting local anesthetic (bupivacaine) intraoperatively, a postoperative supportive surgical bra, and OTC (over the counter) pain medicines, such as Tylenol or ibuprofen after surgery. We typically do NOT write prescriptions for opioid pain medications. Lumpectomies with sentinel node biopsy and excisional biopsy patients typically go home the same day. Mastectomy or axillary dissection patients stay overnight and should have a regular diet and ambulate with assistance. They do NOT need morning labs ordered unless dictated by their clinical course and approved by the attending. These patients are typically discharged home the next morning with their drain(s). The discharge orders have specific postoperative instructions, including activity restrictions. Solo cases may shower after 24-48 hours but should keep their bra in place at all other times. Patients are encouraged to use their arm on the operative side for ADLs (eating, dressing, toileting). Mastectomy and axillary dissection patients should not lift, carry, push, or pull or perform strenuous activities. In order to avoid a frozen shoulder, they are encouraged to move their arm naturally with their elbow below their shoulder to perform their ADLs.
- For combo breast cases, the plastic surgery attendings use long-active local anesthetic (Exparel) intraoperatively. Postoperatively, patients receive OTC medications, muscle relaxing agents, and sometimes an opioid medication. Lumpectomy with breast reduction patients usually go home the same day. Mastectomy and reconstruction patients stay overnight on the PRS service and are discharged home the next morning, and they should follow the specific instructions from the plastic surgery team. Mastectomy patients who have reconstruction should only sponge bathe (not shower) until their drains are removed in the office.

Our patients will already have their 2-week postoperative visits already scheduled with us. Patients who had axillary sentinel node biopsy DO NOT need to avoid BP checks or IV/blood draws on that arm. Please check with the appropriate attending if you have any questions whatsoever about an admitted patient.

Welcome to the breast surgery service, we look forward to your rotation with us.