

**Patient
Information**

Your breast care psychology appointment

Considering risk reducing mastectomy surgery

Some women have an increased risk of developing breast cancer. A risk reducing mastectomy may be considered in order to reduce the risk of breast cancer developing. Surgery involves the removal of healthy breast tissue from one or both breasts. The factors that may put a woman at higher risk of developing breast cancer include:

- If you have inherited a particular gene (for example, BRCA1 or BRCA 2).
- If you have a family history of several close relatives developing breast cancer.
- If you have a personal history of breast cancer and have a higher-than-average risk of developing a new cancer.

Whilst the surgery significantly reduces the risk of developing breast cancer, it does not remove all risk, and it is not a treatment for reducing recurrence of a previous breast cancer.

Risk reducing mastectomy is not usually recommended for women with a low risk of developing breast cancer.

How surgery might impact on you

The decision to have risk reducing surgery is a big one because the operation cannot be reversed. As with any surgery, there are also risks associated with it and physical recovery can take some time.

For some women who have surgery, there can also be additional factors to adjust to, such as changes to the way their body looks, which can impact on body image, confidence and sexuality. There are also considerations such as whether to have a reconstruction, which may mean having at least one further operation. Naturally, there may be pros and cons associated with having the surgery so the decision of whether or not to have it may feel daunting.

Reference No.

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Department

Psychology

Review due

August 2028

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Why are you being asked to see a psychologist?

You may be feeling confused about why you have been asked to see a psychologist. Some people worry that they have been singled out because they need psychological help or that the psychologist will be a barrier to you having surgery if this is what you have decided.

This is not the case – seeing a psychologist is a normal part of the preparation for this process for **all** patients. The psychologist you see specialises in helping people with physical health conditions and liaises closely with the breast care team.

Your appointment with the psychologist will:

- Provide you with the time and space to reflect on your experiences including how the risk was identified and the impact you feel this has had on you.
- Give you time to consider the pros and cons of having the surgery, your reasons for wanting it, and your hopes and expectations of having it.
- Talk to you about your emotional, social and physical wellbeing.
- Think with you about your coping strategies and how you can prepare for surgery and the recovery period psychologically.
- Give you the opportunity to consider decisions around reconstruction if applicable.
- Discuss with you the possibility of having further support before making a decision about whether or not to have surgery, although the decision to have further support is always up to you.

What will happen at the appointment?

You will meet with the psychologist for one appointment. The appointment will last for around an hour. You are welcome to bring a partner, friend or other family member with you to the appointment as long as they are over 18 years old.

The purpose of the session is to help you think about whether or not surgery is the right decision for you. There is absolutely no time pressure to make a decision within the appointment; you can take as long as you need. Or you may be very certain of your decision already.

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What happens following the appointment?

We take confidentiality seriously. Most of what we talk about with you will remain private.

Following the appointment, the psychologist will write a brief letter summarising the main points that were discussed and any recommendations. You will receive a copy of this alongside the breast care team and your GP.

The psychologist will be happy to discuss what information goes into the letter or to show you a copy before it is sent.

However, we have a responsibility to tell someone if you are worried that you or someone else is at risk of coming to harm, although we would always try to discuss this with you.

Notes from our meetings are only seen by psychologists and kept separately from your general medical notes, though we share key points with the breast care team. If you have any particular concerns about confidentiality, please let us know.

Contact information

Cancer and Palliative Care Psychology Services

Tel: 0300 422 8113

Monday to Friday, 9:00am to 5:00pm

Further information

Macmillan Cancer Support

<https://www.macmillan.org.uk/cancer-information-and-support/worried-about-cancer/causes-and-risk-factors/risk-reducing-breast-surgery>

Breast Cancer Now

<https://breastcancernow.org/about-breast-cancer/treatment/surgery-for-primary-breast-cancer>

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>