Scottish Parliament Region: North East Scotland

Case 201101426: Grampian NHS Board

Summary of Investigation

Category

Health; Hospital; General Surgical

Overview

The complainant (Mrs C) underwent reconstructive breast surgery following treatment for breast cancer. She complained to Grampian NHS Board (the Board) that the surgeon and the surgical procedure were both changed at short notice. She had had a different procedure explained to her by a different surgeon at a consultation prior to the surgery. Mrs C said she had not had sufficient time to consider the changes prior to undergoing the surgery. She also complained that the outcome of the surgery was unacceptable.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) it was unreasonable to change the surgeon and the surgical procedure Mrs C was to undergo at short notice, without giving her sufficient time to consider the changes or make a fully informed decision (*upheld*); and

(b) the outcome of Mrs C's surgery was unacceptable (*upheld*).

Redress and recommendations

The Ombudsman recommends that the Board:	*Completion date*
(i) ensure this case is discussed with the Registrar at his next appraisal[1];	16 May 2012
(ii) consider the issue of consent, and provide evidence to the Ombudsman that the General Medical Council's guidelines are being followed in relation to obtaining informed consent from patients for surgical procedures;	16 May 2012
(iii) take steps to ensure that a similar situation does not occur in the Plastic Surgery Department when	30 May 2012

[1] As the Registrar no longer works within NHS Grampian, the Board should provide this report to his current Board area to ensure this recommendation is carried out.

	cases are re-assigned to cover consultant leave;	
(iv)	bring this report to the attention of all staff involved in Mrs C's care, to prevent a recurrence of similar issues; and	16 May 2012
(v)	provide a full apology to Mrs C for the failures identified within this report.	16 May 2012

The Board have accepted the recommendations and will act on them accordingly.

Main Investigation Report

Introduction

1. Mrs C received treatment for breast cancer in 2009 and 2010. She had right oncoplastic breast surgery and radiotherapy which was successfully completed in March 2010. In June 2010, she had a consultation at Aberdeen Royal Infirmary (the Hospital) with a Consultant Plastic Surgeon (Consultant 1) to discuss options in relation to breast reconstruction. A lateral mammaplasty was agreed for the right breast, with symmetrisation to be performed on the left breast.

2. Mrs C attended the Hospital for surgery in March 2011. She was told that Consultant 1 was on leave, and the surgery would be carried out by a Senior Registrar (the Registrar) instead. The Registrar told Mrs C he would be carrying out a different procedure on the right breast to that which had been agreed. Mrs C was concerned that Consultant 1 would not be performing her surgery, and that the procedure had been changed at short notice. She underwent surgery on 18 March 2011.

3. Mrs C was reviewed a week after surgery, and again in May and August 2011. She was very unhappy with what had happened before the surgery, and with the outcome of the surgery. She described that her breasts were completely different shapes, that her right nipple was twice the size of the left, and that it pointed to the ground. She developed an infection in one breast. A scar on the other breast re-opened and required to be packed and dressed by a nurse regularly. Consultant 1 said it would require time for the swelling to go down before the final results of the surgery could be assessed.

4. Mrs C complained to Grampian NHS Board (the Board) on 11 May 2011. She received a response on 24 June 2011. Mrs C remained dissatisfied and brought her complaints to my office on 19 July 2011. She explained that the impact upon her both physically and psychologically as a result of her experiences was devastating. She wanted to ensure no future patients went through a similar experience.

5. The complaints from Mrs C which I have investigated are that:

(a) it was unreasonable to change the surgeon and the surgical procedure Mrs C was to undergo at short notice, without giving her sufficient time to consider the changes or make a fully informed decision; and

(b) the outcome of Mrs C's surgery was unacceptable.

Investigation

6. In order to investigate Mrs C's complaints, my complaints reviewer reviewed the complaints correspondence between Mrs C and the Board, Mrs C's clinical records including the consent form relative to the surgical operation, and documentation relating to Consultant 1's subsequent reviews of Mrs C post-operatively. The Board also provided a further response relative to Mrs C's complaints on 15 August 2011 and 23 January 2012 following further enquiries by my complaints reviewer. Finally, my complaints reviewer obtained clinical advice from one of my advisers, a consultant surgeon (the Adviser).

7. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mrs C and the Board were given an opportunity to comment on a draft of this report.

(a) It was unreasonable to change the surgeon and the surgical procedure Mrs C was to undergo at short notice, without giving her sufficient time to consider the changes or make a fully informed decision

8. Mrs C had previously suffered from breast cancer. She had undergone breast conservation surgery on her right breast in December 2009. She also underwent radiotherapy which was completed successfully in March 2010. She was referred to Consultant 1 in May 2010 by a Consultant Oncologist (the Oncologist) who had treated Mrs C for breast cancer. The Oncologist noted that Mrs C was not entirely happy with the shape of the right breast, and was considering undergoing a symmetrising procedure to the left breast.

9. Consultant 1 saw Mrs C for a consultation on 14 June 2010. He noted that Mrs C's right breast had a slightly flattened medial aspect from the surgery she had undergone. He said he had discussed several options with her, including making the right breast smaller or leaving it alone. He said the left breast could then be symmetrised using either a Weiss pattern or vertical scar reduction technique. Consultant 1 said he explained the Weiss pattern is slightly more accurate at getting symmetry right, but the vertical scar procedure leaves fewer scars. Consultant 1 noted he agreed with Mrs C that they would perform a right lateral mammaplasty to improve and reduce the right breast, and thereafter perform a left Weiss pattern breast reduction.

10. Mrs C was admitted to the Hospital the day prior to the procedure on 17 March 2011. She was advised that Consultant 1 was on leave, and that the Registrar would be performing her surgery instead. Mrs C had a consultation with the Registrar. During this consultation, the Registrar advised Mrs C he would not be performing the procedure to the right breast as had been previously discussed and agreed with Mrs C, but would instead undertake a 'round block' procedure to this breast. Mrs C signed a consent form in relation to the surgery. This consent form was dated 17 March 2011, the day before the procedure; however, on commenting on a draft on this report, Mrs C stated that she did not have the consultation the day before the procedure, but rather in the morning just prior to the procedure.

11. Mrs C underwent surgery on 18 March 2011. The surgery performed was a vertical scar reduction on the left breast rather than the Weiss pattern breast reduction, and a 'round block' procedure to the right breast, which the Registrar had decided to undertake in place of the previously agreed mammaplasty. Around 92 grams was removed from the right breast, and 250 grams from the left breast. Liposuction was also performed to both breasts.

12. Mrs C was very concerned that the procedure had been changed just prior to her undergoing surgery, and that the Registrar had performed the operation instead of Consultant 1. She complained to the Board on 11 May 2011. She described that she felt that the consultation with the Registrar was rushed, and that it had occurred around 45 minutes before the surgery was due to commence. She explained the Registrar had asked her a number of questions that did not equate with her original consultation with Consultant 1; for example, Mrs C said the Registrar asked her if she would like her breasts enlarged. She said she had been told by Consultant 1 this would not be possible because she had undergone radiotherapy. She said that she had described to the Registrar the procedure previously agreed, but he had told her that all surgeons worked in different ways, and subsequently advised her what he would be doing instead. Mrs C said the changing of the procedure just prior to the surgery caused her a great deal of stress and anxiety. She described she had been 'completely floored' by the questions asked and the last minute change. She said she had previously been advised by Consultant 1 that it would not be appropriate to cut into the original scar on her right breast because she had had radiotherapy. She said she was already very nervous about having surgery given her previous experiences of being treated for breast cancer. She explained she had felt she did not want to go into theatre following the changes and the new

consultation, but felt she had to. Mrs C wanted an explanation as to why this had happened.

13. The Board responded on 24 June 2011. The letter did not explain why the Registrar had undertaken a different procedure to that previously agreed. The Board stated: '[The Registrar] is very experienced and has performed many types of breast reduction and reconstruction.' They referred to the fact diagrams had been drawn by the Registrar on the consent form Mrs C had signed. They did not comment on Mrs C's position that the consultation had taken place just prior to the surgery commencing, rather than the day before surgery as the date on the consent form would suggest.

14. The Board also wrote to my office on 15 August 2011. They stated 'operations can change form depending on the preferences of the operating surgeon. Under the circumstances, the operating surgeon felt that the procedure performed would not burn any bridges and would have less scarring.'

15. My complaints reviewer made further enquiries of the Board in December 2011 asking for further information from the Registrar. The Board explained the Registrar no longer worked in their area, but provided a statement from June 2011 which stated that he had undertaken the different procedure as this would utilise the pre-existing scar on the right breast. He said this meant a lateral mammaplasty operation would thereafter remain an option for Mrs C in the future. The Board further explained the Registrar was at level ST5 at the time of Mrs C's surgery, and was the most experienced level of surgical trainee at the Hospital.

16. The Board provided a further statement from Consultant 1 from January 2012 which stated he believed the Registrar had chosen this procedure in an attempt to limit the risks and reduce scarring by not using the lateral incision he (Consultant 1) had initially proposed.

17. The Board further explained that the Hospital's usual protocol when a consultant scheduled to perform an operation was on leave was for another consultant to take over the waiting list, or for selected cases to be assigned to a registrar. They also explained that Consultant 1 did not discuss the management of Mrs C's case with the Registrar pre-operatively.

Advice received

18. The Adviser considered the treatment provided to Mrs C, including the original consultation, the consultation prior to surgery, and the decision to change the procedure previously agreed. The Adviser noted that the Registrar was a surgical trainee and, therefore, a more junior member of the surgical staff than Consultant 1. The Adviser said he was surprised to note the Registrar had decided to change the procedure agreed by his more senior colleague. He said there was no satisfactory explanation either from the Registrar within Mrs C's clinical records or from the Board as to why this change occurred. The Adviser said he realised that surgeons would have different views as to what procedures may be best, but that nevertheless the reasons for the change should have been clearly explained. The Adviser was critical of the Board's initial failure to provide clear details about the Registrar's training and level of qualification in their response to Mrs C. Overall the Adviser concluded the Board's position was not reasonable or clear.

19. The Adviser also considered the consent procedure in Mrs C's case. He explained that Mrs C was to undergo a complex and significant surgical procedure, of a nature that could carry with it significant physical or psychological trauma. He explained it is a fundamental part of good surgical practice that 'obtaining consent is a process rather than a one-off event', as stated within the General Medical Council (GMC) guidelines on consent. He explained that in order for a patient to give valid consent, they must fully understand the nature and purpose of the procedure.

20. The Adviser noted there was no evidence in Mrs C's clinical records that she had signed a consent form at the initial consultation in June 2010. He examined the form signed by Mrs C, and noted that it highlighted three surgical procedures to be carried out, but did not explain the reasons for the surgery, why the previously planned procedure had been changed or the possible benefits and complications of the proposed operation. The Adviser noted discussions of this nature were not recorded anywhere in Mrs C's clinical records. He acknowledged the diagrams drawn on the consent forms, but noted they were not dated, signed, and did not contain any clinical description or explanation. The Adviser also noted it did not appear that the Registrar had offered to defer the surgery until Consultant 1 returned, to give Mrs C this option if she so wished.

21. The Adviser also considered the additional statements provided by the Board from Consultant 1 and Registrar. He noted that neither statement was signed, and that the Registrar had not stated whether he had referred to Mrs C's clinical notes whilst preparing his statement. He noted neither statement provided any further explanation of why the procedure was changed last minute, nor acknowledged the psychological trauma this had caused Mrs C. He stated Consultant 1's statement did not refer to the pros and cons of the two different procedures except to state the procedure the Registrar chose was of 'minimal risk'. He also stated the Registrar's statement did not address the issue of when exactly he sought Mrs C's consent, or whether he had given her reasonable time to consider the changes proposed. The Adviser concluded that both statements were incomplete and, therefore, unreasonable.

22. The Adviser concluded that, from the information provided by the Board, it was difficult to tell whether or not the Registrar was competent to perform the procedure originally proposed by Consultant 1. He stated there was no information regarding how many mammaplasty procedures the Registrar had performed, and how many of these had been supervised and how many were performed independently. He noted the Registrar had not stated whether he felt competent to carry out the mammaplasty procedure originally proposed. The Adviser explained that, if it had been the case that the Registrar did not feel competent to carry out the mammaplasty procedure, he could have asked for senior advice from another consultant, requested supervision, asked that the case be delegated to a consultant, or deferred Mrs C's procedure to another day when Consultant 1 or another consultant was available.

(a) Conclusion

23. Mrs C complained that it was unreasonable to change both the surgeon and the procedure she was to undergo, just prior to her surgery on 18 March 2011. The advice I have received indicates Mrs C's concern regarding the change of procedure was well placed, and raises a number of issues regarding the care she received during this time. First, I am critical that the Registrar chose to change the procedure previously agreed by his more senior colleague without any apparent reasoning or explanation given to her. While the Registrar provided a statement after the surgery explaining his reasons, it does not appear this was explained to Mrs C after the surgery. I am critical that the Board further failed to address this aspect of Mrs C's complaint in any meaningful way. I do not accept the reasons given by the Registrar for changing the procedure - that it would allow for a possible lateral mammaplasty

to be undertaken in the future, given this was the proposal for surgery by Consultant 1 at this stage in any event. I conclude from the advice given to me that the decision to change the procedure just prior to surgery was unreasonable, and I am disturbed that the Board when handling the subsequent complaint about this did not consider it necessary to carry out any significant review of the Registrar's actions.

24. Secondly, I am concerned by the manner in which consent was obtained from Mrs C to undergo the different procedure. Mrs C described how she felt rushed and stressed during the consultation with the Registrar, and the advice given to me indicates there is no evidence that Mrs C was given a full or satisfactory explanation of the procedures she was to undergo. The Registrar failed to provide any detailed information regarding the consent process, and I am critical of this.

25. I note the Board's position regarding the protocol for consultants being on leave and find this to be reasonable. It is generally not unusual for waiting lists to continue to run despite particular surgeons being on leave, particularly given waiting time initiatives. However, it would have been of good practice for the Board to contact Mrs C in advance to advise of Consultant 1's absence and give her the option to defer her surgery until Consultant 1 had returned from leave. It would also have been good practice if practicable for Consultant 1 to discuss Mrs C's case with the Registrar prior to going on leave. Finally, I note from the advice given to me it would have been appropriate in this case for the Registrar to request advice from a senior colleague, and potentially defer Mrs C's procedure. I draw all of these points to the Board's attention.

26. As a result of the identified failings, Mrs C received an unreasonable standard of care. I uphold this complaint. At a time when she should have been receiving full and compassionate support, and a full explanation for the surgery to be performed upon her, Mrs C instead underwent a difficult and upsetting experience. I am extremely critical of this and have the following recommendations to make.

(a) Recommendations

27. I recommend that the Board:	*Completion date*
(i) ensure this case is discussed with the Registrar at his next appraisal;	16 May 2012

(ii)	consider the issue of consent, and provide evidence to the Ombudsman that the General Medical Council's guidelines are being followed in relation to appropriately obtaining informed consent from patients for surgical procedures; and	16 May 2012
(iii)	take steps to ensure that a similar situation does not occur in the Plastic Surgery Department when cases are re-assigned to cover consultant leave.	30 May 2012

(b) The outcome of Mrs C's surgery was unacceptable

28. Mrs C stayed in the Hospital for two nights following the procedure, and was discharged on 20 March 2011. She was reviewed in the Plastic Surgery Dressing Clinic (the Clinic) on 23 March 2011. it was noted at this review that 'the wounds are healing well with no sign of infection'.

29. Mrs C subsequently attended for another further review at the Clinic with Consultant 1 on 3 May 2011. At this stage it was noted Mrs C's right breast was red and inflamed, and the nipple-areolar complex was distorted and pointing to the ground. The left breast had developed an ulcer which was being treated with dressings. It was noted Consultant 1 was not concerned by the appearance of the left breast as the overall shape was good, and stated that small unhealed areas are not uncommon. However, the appearance of the right breast concerned Consultant 1, in particular the distortion of the nipple-areolar complex and, because the breast had previously been treated with radiotherapy, he was not sure how successfully it would settle down. Consultant 1 did state it may take several months for the swelling to go down to reveal the final appearance.

30. Mrs C and her husband attended a further appointment with Consultant 1 on 9 May 2011 to discuss their concerns about the operation. Consultant 1 confirmed the surgery undertaken had not been that which he had explained to Mrs C, but that the Registrar 'had had the same ends in mind' with the procedure he had carried out.

31. In her letter of complaint to the Board, Mrs C described that she was distressed by the appearance of her breasts; in particular she was concerned that the right nipple was twice the size of the left, and that her breasts were completely different shapes. She described that the right breast was infected, and that the scar on the left breast had reopened, which was being packed and

dressed by a nurse every second day. She described she felt Consultant 1 had 'not been pleased' with what he saw at review, but that he had told her they would have to wait around six months to assess the final results, and to decide whether she should undergo further surgery.

32. In the Board's response to Mrs C's complaint, they apologised for Mrs C's distress and reiterated it would take some months for the final results of the surgery to be known. They stated the left breast would settle into the appropriate shape, whereas the final appearance of the right breast could not be predicted at that stage because of the previous radiotherapy. They also stated that Consultant 1 had undertaken to discuss with the Registrar the 'exact nature' of the surgery performed on Mrs C's right breast. They said Mrs C would be entitled to seek a second opinion, although Consultant 1 would like the opportunity to oversee her care, and that further reconstructive options may be available further along the healing process.

33. Mrs C had a further review with Consultant 1 on 8 August 2011. He took photographs of the surgical results at this appointment. He noted that a lot of the swelling had gone down in the right breast, and it was more normal in texture. He noted there remained 'inadequate medial filling as well as a very shortened inferior segment as a result of contracture'. He intended to see Mrs C again in three months to discuss a more precise operative plan to address the remaining positioning and shape issues.

34. In the Board's letter to my office, they stated that in retrospect a different surgical approach may have been preferred, but this was 'not obvious at the time'. They stated the technique used on the left breast was known to leave an unsatisfactory scar for the first few months after surgery, so this was not considered unusual. They said the review on 8 August 2011 concluded the results on the left side were good. The Board continued that the right breast remained inflamed, which may be due to infection but may also be due to the previous radiotherapy. They stated further surgery to relocate the nipple-areolar complex, and to treat the shape of the right breast with 'free fat transfer', could be a future option for Mrs C.

35. Mrs C decided to obtain a second opinion as she had lost confidence in the treatment being provided by the Board. She had an appointment with a Consultant Surgeon (Consultant 2) from a different NHS Board on 2 November 2011. Consultant 2 wrote to Mrs C's GP (the GP) suggesting she

should seek a referral to a plastic surgeon specialist in another NHS Board (Consultant 2 is not a plastic or cosmetic surgeon) for an independent assessment of the results and advice on a further course of action. Consultant 2 assessed the outcome of Mrs C's surgery at this stage (nearly eight months after surgery) to be extremely poor.

36. In her letter of complaint to my office, Mrs C said she found it hard to describe the impact upon her life, and how much stress and upset had been caused to her and her husband, as a result of the outcome of the surgery. She said she found it difficult to sleep and concentrate, and could not bear to look at herself or for her husband to look at her. She said the GP had offered to refer her for counselling. Mrs C also explained that stitches in her right breast had recently started to protrude from her right nipple, nearly a year after the procedure, and described the resulting scar on her left breast as 'horrible.' She has subsequently advised my complaints reviewer that she has been referred by the GP for further NHS treatment within another Board. She is currently awaiting an appointment.

37. The Board provided further information to my complaints reviewer in January 2012. Consultant 1 advised he had had a further review with Mrs C in November 2011, and had advised her of the possibility of the 'free fat transfer' procedure which could assist in filling out the lower medial quadrant of the right breast.

38. On commenting on a draft of this report, the Board stated the Registrar had reviewed Mrs C post-operatively on the day of surgery. The Board further commented that given Mrs C's surgery had been on a Friday, the first day post-operatively was a Saturday, and registrars would not be expected to be in the Hospital over the weekends except if they were on call. The Board further stated that their policy was that if a patient lived more than 90 minutes travelling time from the Hospital, they would not be followed up within the Hospital.

Advice received

39. The Adviser considered the outcome of Mrs C's surgery. First, in relation to infection developing in the right breast, and the scar re-opening on the left breast, the Adviser explained any operative wound was prone to developing infection following surgery, and that healing may have been delayed in the right breast due to the previous radiotherapy. He stated Mrs C received reasonable

treatment for the re-opened scar, in that the wound was managed appropriately using dressings and packing.

40. The Adviser reviewed the photographs taken of the surgical results on 8 August 2011. On commenting on the shape of Mrs C's breasts, the Adviser explained it was well know that a certain amount of asymmetry exists in most female breasts, and that consequentially, it is impossible to obtain or expect perfect symmetry in reconstructed breasts. However, he stated this needed to be made clear to a patient to prevent misunderstanding, and there was no evidence in the clinical notes that this was discussed with Mrs C. He noted that the symmetry in Mrs C's case appeared to be markedly affected by a lack of tissue and fullness in the medial aspect of the right breast, which he described as the area close to the central chest bone. He concluded this made the right breast look smaller, that the left breast appearance was better than the right, and that overall the operative outcome of the symmetry was not reasonable.

41. In relation to the nipple positioning, the Adviser stated that the right nipple-areolar complex was altered and pointing downwards and inwards; he stated this was clearly abnormal, and that, therefore, the operative outcome in relation to this nipple was not reasonable.

42. The Adviser said it did not appear from the Board's initial response that the Registrar had any further input into Mrs C's care. He was critical of this and said he would have expected as part of good clinical practice that the Registrar would see Mrs C the day following the operation, in order to check how she was doing, to explain to her what he had done, and the outcome at that stage. The Adviser also noted that the Registrar's statement had said that '[Mrs C] was seen one week post-operatively by my colleague who documented a good result at that time'. The Adviser was critical of this and explained a good surgeon would know that it is difficult if not impossible to assess a good cosmetic outcome one week after surgery.

43. The Adviser agreed with the Board's position that it was not advisable to try to treat the problems straightaway, and that time was required to allow the swelling to settle down, particularly given Mrs C had developed an infection. The Adviser stated Consultant 1's post-operative care of Mrs C had been good.

(b) Conclusion

44. Mrs C is greatly distressed by the outcome of the surgery performed upon her. I acknowledge that appropriate time must be given to allow inflammation and swelling to go down following such major surgical intervention, and that it is only after this time that the Board were able to fully assess the results of the surgery, and what future treatment if required may be available to Mrs C. I note Mrs C was reviewed in November 2011 by Consultant 2, from another Board, and take into account his conclusions, whilst also acknowledging he is not a plastic surgeon specialist.

45. It is impossible to state that if the procedure had been carried out as previously agreed by Consultant 1, the outcome of the surgery would have been more satisfactory. Nevertheless, the very fact that the pre-operative situation arose gives me dissatisfaction regarding the care Mrs C received. Considering the results of the operation on their own merits, the advice I have received concludes that the post-operative results, particularly in relation to the right areolar-nipple complex, and the symmetry of the right breast, are not reasonable. Furthermore, I note the Board's position that the radiotherapy Mrs C underwent previously may have had an impact upon the surgical outcome for the right breast, and am concerned to note there is no evidence that this possibility was discussed with Mrs C prior to her surgery.

46. In commenting on this report, the Board have stated the Registrar did review Mrs C post-operatively. However, in their letter to Mrs C of 24 June 2011, they stated '[the Registrar] was unaware prior to your letter of complaint being received that there was a problem, as he did not see you post-operatively'. Furthermore, although there is a note in Mrs C's medical records written by the Registrar giving instructions for post-operative care, there is no evidence to suggest he saw her or had a post-operative discussion with her. I am extremely critical of the Board for providing conflicting information in this regard. Mrs C had undergone a significant and complex surgical procedure, and I would have expected the Registrar to discuss with Mrs C what he had done and how the procedure had gone. I do not accept the Board's position that Mrs C would not receive any follow up in the Hospital, given she attended the Clinic at the Hospital for a review a week later. I would describe this as a significant failing in providing good care to a patient. In all the circumstances, I uphold this complaint.

47. The long term impact of this experience upon Mrs C, particularly given the sensitive nature of this type of surgery, should not be underestimated. I understand Mrs C is seeking an opinion regarding further potential treatment and surgical options from another NHS Board. I anticipate the Board will consider this case carefully in order to prevent other patients having similar experiences in the future. I have two recommendations to make.

(b) Recommendation

48. I recommend that the Board:	*Completion date*
(i) bring this report to the attention of all staff involved in Mrs C's care, to prevent a recurrence of similar issues.	16 May 2012

General Recommendation

49. I recommend that the Board:	*Completion date*
(i) provide a full apology to Mrs C for the failures identified within this report.	16 May 2012

50. The Board have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Board notify him when the recommendations have been implemented.

Annex 1

Explanation of abbreviations used

Mrs C	The complainant
The Hospital	Aberdeen Royal Infirmary
Consultant 1	Consultant Plastic Surgeon who reviewed Mrs C initially
The Registrar	A Senior Registrar on Consultant 1's team, who operated upon Mrs C
The Board	Grampian NHS Board
The Adviser	The Ombudsman's adviser, a Consultant Surgeon
The Oncologist	Consultant Clinical Oncologist who treated Mrs C for breast cancer
GMC	General Medical Council
The Clinic	The Plastic Surgery Dressing Clinic at the Hospital
The GP	Mrs C's GP
Consultant 2	Consultant Surgeon from NHS Highland who gave Mrs C a review and second opinion

Annex 2

Glossary of terms

Mammaplasty	Cosmetic surgery to alter the size or shape of the breast
Oncoplastic breast surgery	A convergence of ablative and aesthetic breast surgery, which attempts to adequately remove end-stage breast cancer while retaining or producing a breast shape and appearance that closely approximates a normal breast.
Radiotherapy	The treat of disease, in particular cancer, by means of radiation
ST5	A level of surgical training; generally trainee surgeons undergo ST1 – ST6 levels of learning, and ST5 is the highest grade of trainee within the Hospital

Annex 3

List of legislation and policies considered

General Medical Council: *Guidance for Doctors – Consent: patients and doctors making decisions together*