

## ABOUT WSPS

The Wisconsin Society of Plastic Surgeons (WSPS) was established in 1959 with the purpose to:

- Stimulate and advance knowledge of the science and art of Plastic Surgery,
- Maintain the art and science of such surgery at the highest standards,
- Hold meetings for exchange of thought, mutual education and discussion of problems peculiar to such surgery for improvement of patient care, and
- Assist in the teaching processes for the training of medical students and resident surgeons.

WSPS is a leader in the state by offering high-quality patient centered plastic surgical education through its annual conference. Members receive timely news and access to resources through the website, email notifications, and interactions between colleagues.

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## MAINTAINING MICROSURGICAL BREAST RECONSTRUCTION COVERAGE

WSPS joins the American Society of Plastic Surgery in signing onto a letter to Chief Executive Officers of America's Largest Commercial Health Insurers explaining that organizations have seen several commercial health insurance companies introduce categorical changes to their coverage policies for microsurgical breast reconstruction. These changes are triggering disturbing reductions in access to this type of care.

Microsurgical breast reconstruction techniques like deep inferior epigastric perforator (DIEP) flaps are considered an improvement over their predecessor, the transverse rectus abdominis muscle (TRAM) flap. This improved procedure helps a patient return to life quicker and without the higher risk of lifelong disability that comes with the TRAM flap, and it is typically accomplished with just one procedure, unlike reconstruction options involving prostheses. For these and other reasons, microsurgical breast reconstruction is objectively very good for patients, and you should be working to increase access to it.

Yet, planned autologous reconstruction surgeries have already been cancelled as a direct result of policy changes at private health insurance companies. This means some people affected by breast cancer will be forced into treatment plans that differ from their preferred approach, their choice. For some people, no breast reconstruction option will be available, because if someone receives radiation treatment or needs wide skin resection, that often means autologous reconstruction is their only option. We find that deeply concerning and representative of a health care access problem that should and can be addressed. We ask that they please reverse course and ensure every person who receives a mastectomy has all reconstructive approaches available as a treatment option.

Microsurgical breast reconstruction offers tremendous advantages to patients and to the health system through the quality of outcomes associated with it and reported patient satisfaction; we have experts, advocates, and patients who are committed and ready to talk in detail about those advantages.