

COMMISSIONING GUIDELINES

Specialist Plastic Surgery Procedures

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BACKGROUND AND INTRODUCTION

The paper sets out the criteria for access to NHS funded cosmetic specialist plastic surgery procedures.

Cosmetic surgery is any surgery carried out to enhance outward appearance. It is carried out on people with abnormal appearance from a range of clinical or congenital conditions or syndromes or as a result of surgery or injury. It can also be carried out to enhance appearance changes due to ageing or obesity.

In any health care system there are limits set on what is available and on what people can expect.

Clinical Commissioning Groups are required to achieve financial balance. They have a complex task in balancing this with individuals' rights to health care. It is the purpose of the criteria set out in this document to make the limits on cosmetic specialist plastic surgery procedures fair, clear and explicit.

Referrals within the NHS for the revision of treatments originally performed outside the NHS will not normally be permitted.

Referrals should where possible be made to the practitioner who carried out the original procedure.

This policy will be reviewed by the review date or in the light of any new guidance or clinical evidence, whichever is the earliest.

These guidelines cover a group of surgical procedures with cosmetic indications.

It is important to note that a substantial proportion of specialist plastic surgery is carried out by a number of specialities other than Plastic Surgery e.g. ENT Surgery, Ophthalmology, Maxillofacial Surgery, General Surgery and Dermatology. This policy only concerns procedures carried out in hospitals.

Severity, effectiveness of intervention requested, cost and cost effectiveness should all be taken into consideration in the decision making process.

Commissioning approval is required for NHS funding prior to referral to the specialist clinician.

The decision whether or not to go through with a particular procedure rests with the clinician and the patient in relation to the appropriateness of the procedure, its likelihood of success and risks of failure.

GENERAL GUIDELINES

1. Patients requiring reconstruction surgery to restore normal or near normal appearance or function following cancer treatment or post trauma do not fall within this policy.
2. For cosmetic procedures an NHS referral is inappropriate if the patient falls within the normal morphological range.
3. Patients should not be referred unless they are fit for surgery.
4. Patients should not be referred to the specialist service until approval has been obtained from the CCG and a copy of the approval should be appended to the referral.
5. Inevitably some patients may not fit the guidelines. Nevertheless if the referring clinician feels that a case merits funding on an exceptional basis they should discuss the case with the IFR team or submit an IFR to be considered by the panel.
6. Patients who have been operated on privately will not normally be eligible for NHS treatment for complications or secondary procedures. However there may be unusual or severe complications or circumstances that require transfer of a patient to the NHS for appropriate management.
7. Body Mass Index is referred to as per SIGN* guidance where:

Less than 18.5	Underweight
18.5 -24.9	Normal BMI
25.0 - 29.9	Overweight
30.0 - 39.9	Obese
40 or above	extremely obese
8. Plastic surgery procedures will only normally be considered in patients with a BMI in the range of 18.5 to 27 unless weight is not relevant to the proposed surgery.
9. Plastic surgery procedures will not be funded to alleviate psychological problems alone.
10. All decisions will be taken in the context of the overall financial position of the CCG.
11. Photographic evidence may be requested to facilitate thorough consideration of a case.

*SIGN (1996) Integrated Prevention and Management of Overweight and Obesity, Edinburgh.

PROCEDURE SPECIFIC CRITERIA

1. ABDOMINOPLASTY

Abdominoplasty will not be routinely commissioned by the NHS for cosmetic reasons.

Abdominoplasty may rarely be considered on an exceptional basis, for example where the patient:

- has lost a significant amount of weight (moved down two levels of the BMI SIGN guidance) and has a stable BMI, which would normally be below 27 for a minimum of 2 years, **and**
- is experiencing severe difficulties with daily living, for example ambulatory or urological restrictions.

Other factors may be considered:

- recurrent severe infection or ulceration beneath the skin fold
- significant abdominal wall deformity due to surgical scarring or trauma

2. BREAST SURGERY

2.1 BREAST AUGMENTATION

Breast augmentation will not be routinely commissioned by the NHS for cosmetic reasons, for example for small normal breasts or for breast tissue involution (including post-partum changes).

Breast augmentation may rarely be considered on an exceptional basis, for example where the patient:

- has a complete absence of breast tissue either unilaterally or bilaterally or
- has suffered trauma to the breast during or after development and
- has a BMI within the range 18.5 - 27 and
- has completed puberty as surgery is not routinely commissioned for individuals who are below 19 years of age

Patients who have received feminising hormones for an adequate length of time as part of a recognised treatment programme for gender dysphoria will only be considered when they meet the above criteria.

Revision surgery will only be commissioned for implant failure or for other physical symptoms, for example capsule contracture associated with pain, and not for aesthetic indications.

Implant replacement will only be considered if the original procedure was performed by the NHS.

2.2 BREAST REDUCTION

Breast reduction will not routinely be commissioned by the NHS for cosmetic reasons.

Breast reduction may rarely be considered on an exceptional basis, for example where the patient:

- has a breast measurement of cup size G or larger **and**
- has a BMI in the range 18.5 - 27 **and**
- is 19 years of age or over **and**
- has significant musculo-skeletal pain causing functional impairment which in the opinion of the referrer is likely to be corrected or significantly improved by surgery **and**
- has tried and failed with all other advice and support, including a professional bra fitting and assessment by a physiotherapist where relevant

National supporting evidence

NHS England Interim Commissioning Policy for Breast Reduction November 2013:
<http://www.england.nhs.uk/wp-content/uploads/2013/11/N-SC005.pdf>

2.3 BREAST ASYMMETRY

Surgery to correct breast asymmetry will not routinely be commissioned by the NHS for cosmetic reasons.

Surgery may rarely be considered on an exceptional basis, for example where the patient:

- has a difference of at least 2 cup sizes **and**
- has a BMI in the range 18.5-27 **and**
- has tried and failed with all other advice and treatment, including a professional bra fitting **and**
- has completed puberty - surgery is not normally commissioned below the age of 19 years

National supporting evidence

NHS England Interim Commissioning Policy for Breast Asymmetry November 2013:
<http://www.england.nhs.uk/wp-content/uploads/2013/11/N-SC003.pdf>

2.4 BREAST REDUCTION FOR GYNAECOMASTIA (MALE)

Surgery to correct gynaecomastia will not routinely be commissioned by the NHS for cosmetic reasons.

Surgery may be considered on an exceptional basis, for example where the patient:

- has more than 100g of sub areolar gland and ductal tissue (not fat) **and**
- has a BMI in the range 18.5 - 27 **and**
- has been screened prior to referral to exclude endocrinological and drug related causes
 - if drugs have been a factor then a period of one year since last use should have elapsed **and**
- has completed puberty - surgery is not routinely commissioned below the age of 19 years **and**
- has been monitored for at least 1 year to allow for natural resolution if aged 25 or younger

National supporting evidence

NHS England Interim Commissioning Policy for Breast Reduction for Gynaecomastia (male) November 2013:
<http://www.england.nhs.uk/wp-content/uploads/2013/11/N-SC006.pdf>

2.5 BREAST LIFT (MASTOPEXY)

Mastopexy will not be routinely commissioned by the NHS for cosmetic reasons, for example post lactation or age related ptosis but may be included as part of the treatment to correct breast asymmetry.

2.6 NIPPLE INVERSION

Surgical correction of benign nipple inversion will not be routinely commissioned by the NHS for cosmetic reasons.

3. HAIR

3.1 HAIR REMOVAL

Hair removal will not be routinely commissioned by the NHS for cosmetic reasons.

Hair removal may be considered on an exceptional basis, for example where the patient:

- has had reconstructive surgery resulting in abnormally located hair bearing skin or
- has a pilonidal sinus resistant to conventional treatment in order to reduce recurrence risk

3.2 CORRECTION OF MALE PATTERN BALDNESS

Treatments to correct male pattern baldness will not be routinely commissioned by the NHS for cosmetic reasons.

3.3 HAIR TRANSPLANTATION

Hair transplantation will not be routinely commissioned by the NHS for cosmetic reasons, regardless of gender.

Hair transplantation may be considered on an exceptional basis, for example when reconstruction of the eyebrow is needed following cancer or trauma.

4. ACNE SCARRING

Procedures to treat facial acne scarring will not be routinely commissioned by the NHS.

Cases may be considered on an exceptional basis, for example when the patient has very severe facial scarring unresponsive to conventional medical treatments.

5. BENIGN SKIN LESIONS

Surgical treatment of benign skin lesions will not be routinely commissioned by the NHS for cosmetic reasons.

Cases may be considered on an exceptional basis, for example when:

- lesions are visible- on hands or face- and of considerable size or
- lesions are causing significant physical symptoms or impairment.

6. BLEPHAROPLASTY

Blepharoplasty will not be routinely commissioned by the NHS for cosmetic reasons

Cases may be considered on an exceptional basis when there is excess skin or ptosis of the upper eyelid which is confirmed to obscure vision.

7. BUTTOCK, THIGH AND ARM LIFT SURGERY

Surgery to remove excess skin from the buttock, thighs and arms will not be routinely commissioned by the NHS for cosmetic reasons.

Cases may be considered on an exceptional basis, for example where the patient:

- has an underlying skin condition, for example cutis laxa or
- has lost a considerable amount of weight resulting in severe mechanical problems affecting activities of daily living **and**
- has a normal BMI in the range 18.5 - 27 for a minimum of 2 years

8. CONGENITAL VASCULAR ABNORMALITIES

Procedures for congenital vascular abnormalities will not be routinely commissioned by the NHS for cosmetic reasons.

Cases may be considered on an exceptional basis for lesions of considerable size on exposed areas only.

9. CORRECTION OF PROMINENT EARS

Surgical correction of prominent ears will not be routinely commissioned by the NHS for cosmetic reasons.

Cases may be considered on an exceptional basis, for example where the patient:

- is aged 5-19 at the time of referral and the child (not the parents alone) expresses concern **and**
- has very significant ear deformity or asymmetry

National supporting evidence

NHS England Interim Commissioning Policy for Pinnaplasty November 2013.
<http://www.england.nhs.uk/wp-content/uploads/2013/11/N-SC027.pdf>

10. FACELIFT

Face-lift procedures and Botulinum toxin will not be routinely commissioned by the NHS for cosmetic reasons.

Cases may be considered on an exceptional basis, for example in the presence of an anatomical abnormality or a pathological feature which significantly affects appearance.

11. LABIAPLASTY

Labiaplasty will not be routinely commissioned by the NHS for cosmetic reasons.

12. LIPOSUCTION

Liposuction will not be routinely commissioned by the NHS for cosmetic reasons.

Cases may be considered on an exceptional basis, for example where the patient has significant lipodystrophy.

13. RHINOPLASTY

Rhinoplasty will not be routinely commissioned by the NHS for cosmetic reasons.

Cases may be considered on an exceptional basis, for example in the presence of severe functional problems.

Post traumatic airway obstruction or septal deviation does not need funding approval.

14. RHINOPHYMA

Surgical/laser treatment of rhinophyma will not be routinely commissioned by the NHS for cosmetic reasons.

Cases may be considered on an individual basis, for example where the patient has functional problems and where conventional medical treatments have been ineffective.

15. SURGICAL SCARS

Revision surgery for scars will not be routinely commissioned by the NHS for cosmetic reasons.

Cases may be considered on an exceptional basis, for example where the patient:

- has significant deformity, severe functional problems, or needs surgery to restore normal function or
- has a scar resulting in significant facial disfigurement.

16. THREAD VEINS/TELANGECTASIAS

Treatment for thread veins and telangiectasia will not be routinely commissioned by the NHS for cosmetic reasons.

17. TATTOO REMOVAL

Tattoo removal will not be routinely commissioned by the NHS.

Cases may be considered on an exceptional basis, for example where the patient:

- has suffered a significant allergic reaction to the dye and medical treatments have failed
- has been given a tattoo against their will (rape tattoo)

National supporting evidence

NHS England Interim Commissioning Policy for Tattoo Removal November 2013.

<http://www.england.nhs.uk/wp-content/uploads/2013/11/N-SC032.pdf>

APPENDIX

DEFINITIONS

AESTHETIC – concerned with beauty or the appreciation of beauty.

BLEPHAROPLASTY - a surgical procedure that removes fat deposits, excess skin or muscle from the eyelids.

COSMETIC - intended to improve outward appearance

GYNAECOMASTIA - a condition in the male in which the mammary glands are excessively developed.

CUTIS LAXA - a rare, inherited or acquired connective tissue disorder in which the skin becomes inelastic and hangs loosely in folds.

LABIAPLASTY – a surgical procedure to alter the size or appearance of the labia minora.

LIPODYSTROPHY - a disorder of fat metabolism.

LIPOSUCTION – a method of permanent fat removal through suction.

LIPOMA - a benign tumour composed of fatty tissue.

MORPHOLOGIC – relating to form and structure.

PTOSIS - drooping.

RHINOPLASTY - a surgical procedure to change the shape or structure of the nose.

RHINOPHYMA – enlargement of the nose with redness and prominent blood vessels.