BREAST PROCEDURES

Breast surgery is conducted for many reasons. This policy deals principally with anomalies of size and shape. Procedures conducted for other reasons, including the treatment of malignant disease, are beyond the scope of this policy.

Where the rationale for treatment is principally psychological it is assumed that the psychological problem will be addressed and stable prior to any request for treatment for NHS funding.

For safe surgery we assume women proposed for elective breast surgery will have a BMI of less than 27.0.

Breast augmentation (Breast enlargement) **(OPCS Code: B31.2)**

Background: Breast augmentation/enlargement is the most popular cosmetic procedure. It involves inserting artificial implants behind the normal breast tissue to improve its size and shape. It is an effective intervention but should only be available on the NHS in exceptional circumstances. It should not be carried out for "small" but normal breasts or for breast tissue involution (including post partum changes).

Advice: Evidence (grade D) indicates that breast augmentation may only be funded in accordance with the guidance specified below.

Guidance: Exception should be made for women:

- with a complete absence of breast tissue unilaterally or bilaterally; OR
- with of a significant degree of asymmetry of breast shape of two or more cup sizes caused by a pathological and not a physiological problem.

Breast prosthesis removal or replacement **(OPCS Code: B30.-)**

Background: breast prosthesis may have to be removed after some complications such as leakage of silicone gel or physical intolerance or social unacceptability by the individual. It may have to be replaced after given age of the implant is over.

Advice: Evidence (grade D) indicates that breast prosthesis removal or replacement may only be funded in accordance with the guidance specified below.

Guidance:

- Revisional surgery will only be considered if the NHS commissioned the original surgery. If revisional surgery is being carried out for implant failure, the decision to replace the implant(s) rather than simply remove them should be based upon the clinical need for replacement and whether the patient meets the criteria for augmentation at the time of revision.

Breast reduction **(OPCS Code: B31.1)**

Background: excessively large breasts can cause physical and psychological problems. Breast reduction procedure involves removing excess breast tissue to reduce size and improve shape. It is an effective intervention but should be available on NHS in exceptional circumstances.

Advice: Evidence (grade D) indicates that breast reduction may only be funded in accordance with the guidance specified below.

Guidance: exception should be made for women if the following criteria are met:

- the patient is suffering from neck ache or, backache or intertrigo; AND
- the wearing of a professionally fitted brassiere has not relieved the symptoms; AND
- the patient has a body mass index (BMI) of less than 27.0kg/m^2.

At least 500gms of tissue will be removed from each breast (see below for guidance on assessment).

Chest measurement (in)	Minimum cup size
32 / 34	>= E
36	>= EE
38	>= F
40/42*	>F

*once women have reached this size, they are likely to have a significant weight problem which should be addressed prior to surgery

Gynaecomastia **(OPCS Code: B31.1)**

Background: Gynaecomastia (ICD-10 Code: N62X) is benign enlargement of the male breast. Most cases are idiopathic. For others endocrinological disorders and certain drugs such as oestrogens, gonadotrophins, digoxin, spironolactone and cimetidine etc. could be the primary cause. Surgical removal of excess skin, fat and glandular tissue (mastectomy) is an effective intervention.

Obesity can also give the appearance of breast development, as part of the wide distribution of excess adipose tissue. Weight should be within normal population limits before surgery is considered.

Advice: Evidence (grade D) indicates that surgery to correct gynaecomastia may only be funded in accordance with the guidance specified below.

Guidance: surgery to correct gynaecomastia is allowable if the patient is:

- Post pubertal and of normal BMI (less than 25.0 Kg/m^2).

There should be a pathway established to ensure that appropriate screening for endocrinological and drug related causes and/or psychological distress occurs prior to consultation with a plastic surgeon.

Exclusions:

Body builders and sportsmen desiring reduction of perceived excess pre-pectoral tissue to enhance appearance at the gymnasium.

Inverted nipple correction **(OPCS Code: B35.6)**

Background: the term inverted nipple (ICD-10 Code: N64.5) refers to a nipple that is tucked into the breast instead of sticking out or being flat. It can be unilateral or bilateral. It may cause functional and psychological disturbance. Nipple inversion may occur as a result of an underlying breast malignancy and it is essential that this be excluded.

Advice: Evidence (grade D) indicates that surgery for correction of inverted nipple may only be funded in accordance with the guidance specified below.

Guidance:

- Surgical correction of nipple inversion should only be available for functional reasons in a post-pubertal woman and if the inversion has not been corrected by correct use of a non-invasive suction device.

Mastopexy **(OPCS Code: B31.3)**

Background: breasts begin to sag and droop with age as a natural process. Pregnancy, lactation and substantial weight loss may escalate this process. This is sometimes complicated by the presence of prosthesis which becomes separated from the main breast tissue leading to "double bubble" appearance.

Mastopexy is an effective surgical procedure to raise and reshape breasts.

Advice: Evidence (grade D) indicates that mastopexy may only be funded in accordance with the guidance specified below.

Guidance:

- Whilst this is routinely part of treating breast asymmetry and reduction (see Policy No. 1 & 3) it is not available for purely cosmetic/aesthetic purposes, such as postlactational ptosis. The presence of a prosthesis does not change eligibility for mastopexy.
- Criteria for asymmetry and breast reduction should be met to qualify for mastopexy.

Revision mammoplasty **(OPCS Codes: B31.4, B30.2)**

Background: the term mammoplasty refers to breast reduction or augmentation procedures. Revision mammoplasty may be indicated if desired results are not achieved or as a result of problem with implants.

Advice: Evidence (grade D) indicates that revision mammoplasty may only be funded in accordance with the guidance specified below.

Guidance:

- Revisional surgery will only be considered if the NHS commissioned the original surgery. If revisional surgery is being carried out for implant failure, the decision to replace the implant(s) rather than simply remove them should be based upon the clinical need for replacement and whether the patient meets the policy for augmentation at the time of revision.

LASER TREATMENTS

Laser therapy is accepted as a suitable treatment for many skin conditions. Due to the importance of a correct diagnosis, referrals for laser treatment will only be considered after assessment by specialist dermatologist. Referrals that fall outside these criteria need to be referred to the Individual Funding Request Committee for a specific funding decision.

Where the patient meets the required criteria one course of treatment will be funded. This applies to all treatments listed below. Funding for subsequent treatments will only be approved where there is objective clinical evidence to support that the patient would benefit from further treatment.

Hirsutism

Background: Laser treatment is increasingly being used as a cosmetic intervention to remove body hair. Patients with excessive body hair are described as having hirsutism.

Hair depilation (for the management of hypertrichosis – code L68) involves permanent removal/reduction of hair from face, neck, legs, armpits and other areas of body usually for cosmetic reasons. Hair depilation is most effectively achieved by laser treatment.

Advice: Evidence (grade D) indicates that hair depilation may only be funded in accordance with the guidance specified below.

Guidance: ***one course of treatment will be funded*** for those patients with excessive hair on the **face and neck** who:

- have undergone reconstructive surgery leading to abnormally located hair-bearing skin; ***OR***
- are undergoing treatment for pilonidal sinuses to reduce recurrence, ***OR***
- have a proven underlying endocrine disturbance resulting in hirsutism (eg. polycystic ovary syndrome); ***AND***
- normal means of dealing with hair growth such as shaving, dyeing depilatory creams etc. have been tried; ***AND***
- in the opinion of the patients' GP / specialist consultant, the amount of body hair is excessive and beyond normal limits.

This does not cover individuals undergoing gender reassignment. These individuals are covered under **Section 3, Policy No. 42.** "**Gender Reassignment Surgery in Adults"**.

Removal of tattoos **(OPCS Codes: S60.1, S60.2, S60.3)**

Background: A tattoo (ICD-10 Code: L81.8) is a mark made by inserting pigment into the skin. People choose to be tattooed for various cosmetic, social, and religious reasons. It carries certain health risks such as infection and allergic reaction. A tattoo can be removed by laser, surgical excision, or dermabrasion.

Advice: Evidence (grade D) indicates that tattoo removal may only be funded in accordance with the guidance specified below.

Guidance:

- Where the tattoo is the result of trauma, inflicted against the patient's will ("rape tattoo").
- The patient was not Gillick competent, and therefore not responsible for their actions, at the time of the tattooing.
- Exceptions may also be made for tattoos inflicted under duress during adolescence or disturbed periods where it is considered that psychological rehabilitation, break up of family units or prolonged unemployment could be avoided. In such cases application would be made via the individual funding request process by a clinician involved in the patients care.

Resurfacing procedures: Dermabrasion, chemical peels and laser treatment **(OPCS Codes: S60.1, S60.2, S09.-, S10.3, S11.3)**

Background: dermabrasion, involves removing the top layer of the skin with an aim to make it look smoother and healthier. Scarring and permanent discolouration of skin are the rare complications.

Advice: Evidence (grade D) indicates that resurfacing procedures including dermabrasion, chemical peels and laser may only be funded in accordance with the guidance specified below.

Guidance: For those with post-traumatic scarring (including post surgical) and severe acne scarring once the active disease is controlled.

Capillary Haemangiomas (Port Wine Stains): Laser treatment of capillary haemangiomas on the face and neck will be supported. Applications for treatment of capillary haemangiomas on other parts of the body, will be considered, but will be considered on a case by case basis.

Laser is not an appropriate treatment option for cavernous haemangiomas (Strawberry Naevi) and **will not be considered**.

Acne Scarring: Consideration will be given to **severe** facial or neck scarring which has resulted in significant withdrawal from social, educational or work environments. **One course of treatment only will be funded.** Laser is not an effective treatment for milder forms of post acne scarring or generalised poor skin texture following burnt out acne.

Telangiectasia: Treatment of benign, acquired lesions such as spider naevi is not authorised. Treatment of other lesions on the face is considered, if there is evidence of significant withdrawal from social, educational or work environments.

Treatment of facial telangiectasia following rosacea will be supported, but only after confirmation of the diagnosis by an experienced dermatologist. Treatment for facial telangiectasia and vascular complications following other conditions will not be supported.

PLASTIC SURGERY

Plastic surgery is an increasingly common practice for alteration of body shape. It may be necessary to correct a range of congenital or acquired anomalies.

Where the rationale for treatment is principally psychological it is assumed that the psychological problem will be addressed and stable prior to any request for treatment for NHS funding.

Plastic surgery may also be requested for cultural, social or religious reasons. These latter indications do not confer any health gain but carry measurable health risk. Therefore NHS funding will not normally be available to fund plastic surgery under these circumstances.

Abdominoplasty or Apronectomy **(OPCS Codes: S02.1, S02.2)**

Background: abdominoplasty (also known as tummy tuck) is a surgical procedure performed to remove excess fat and skin from mid and lower abdomen.

Many people develop loose abdominal skin after pregnancy or substantial weight loss. However, surgery is not part of the usual response to these normal, physiological processes.

Advice: Evidence (grade D) indicates that Abdominoplasty or Apronectomy may only be funded in accordance with the guidance specified below.

Guidance: Abdominoplasty and apronectomy may be offered to the following groups of patients who should have achieved a stable BMI between 18.0 and less than 27.0 Kg/m2 and be suffering from severe functional problems:

- those with scarring following trauma or previous abdominal surgery; **OR**

- those who are undergoing treatment for morbid obesity and have excessive abdominal skin folds; **OR**
- previously obese patients who have achieved significant weight loss and have maintained their weight loss for at least two years **from the date they have achieved the 10 point BMI loss**; **OR**
- where it is required as part of abdominal hernia correction or other abdominal wall surgery.

Blepharoplasty **(OPCS Code: C13.)**

Background: blepharoplasty is a surgical procedure performed to correct puffy bags below the eyes and droopy upper eyelids. It can improve appearance and widen the field of peripheral vision. It is usually done for cosmetic reasons.

Advice: Evidence (grade D) indicates that blepharoplasty may only be funded in accordance with the guidance specified below.

Guidance: for those who have:

- impairment of visual fields in the relaxed, non-compensated state;
- clinical observation of poor eyelid function, discomfort, e.g. headache worsening towards end of day and/or evidence of chronic compensation through elevation of the brow.

Consideration should be given to whether blepharoplasty or brow lift is the more appropriate procedure, particularly in the case of obscured visual fields.

Circumcision **(OPCS Code: N30.3)**

Background: Circumcision is a surgical procedure that involves partial or complete removal of the foreskin of the penis. It is an effective procedure and confers benefit for a range of medical indications.

Advice: Evidence (grade D) indicates that circumcision may only be funded for specific medical reasons (subject to specialist surgical assessment and advice) **in accordance with the guidance specified below.**

Guidance: medical reasons for funding circumcision include:

- Phimosis in children with spraying, ballooning and/or recurrent infection;
- Adult Phimosis;
- recurrent balantitis;
- Balanitis xertotica obliterans;
- Paraphimosis;
- suspected malignancy;
- dermatological disorders unresponsive to treatment;
- congenital urological abnormalities when skin is required for grafting;
- interference with normal sexual activity in adult males.

References:

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2. Lerman SE, Liao J: Neonatal circumcision. *Paediatric Clinics of North America* 2001; 48: 1539-57
3. Rickwood AMK. Medical indications for circumcision. *British Journal Urology International* 1999; 83(Suppl): 45-51

4. Gatrad AR, Sheikh A, Jacks H. Religious circumcision and the Human Rights Act. *Archives Diseases Childhood* 2002; 86; 76-80
5. English Court of Appeal – Re J (Specific Issue Orders: Child's Religious Upbringing and Circumcision) *Journal of Law and Med* 2000; 9: 68 -75
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Face lift or brow lift **(OPCS Code: S01.-)**

Background: these surgical procedures are performed to lift the loose skin of face and forehead to get firm and smoother appearance of the face.

Advice: Evidence (grade D) indicates that face lift or brow lift may only be funded in accordance with the guidance specified below.

Guidance: these procedures will be considered for treatment of:

- congenital facial abnormalities (Code: Q18) ;
- facial palsy (congenital or acquired paralysis) (Code: G51.0);
- as part of the treatment of specific conditions affecting the facial skin eg. cutis laxa, pseudoxanthoma elasticum, neurofibromatosis;
- to correct the consequences of trauma;
- to correct deformity following surgery;
- they will not be available to treat the natural processes of ageing.

And in some cases of impaired visual fields, where it may be a more appropriate primary procedure than blepharoplasty

Liposuction **(OPCS Codes: S62.1, S62.2)**

Background: Liposuction (also known as liposculpture), is a surgical procedure performed to improve body shape by removing unwanted fat from areas of the body such as abdomen, hips, thighs, calves, ankles, upper arms, chin, neck and back. Liposuction is sometimes done as an adjunct to other surgical procedures.

Advice: liposuction simply to correct the distribution of fat will not be funded (Evidence grade D).

Pinnaplasty **(OPCS Code: D03.3)**

Background: pinnaplasty is performed for the correction of prominent ears or bat ears (ICD-10 Code: Q17.5). Prominent ears are a condition where one's ears stick out more than normal. This condition does not cause any physical problems but may lead to significant psychosocial dysfunction for children and adolescents and impact on the education of young children as a result of teasing and truancy.

Advice: Evidence (grade D) indicates that pinnaplasty may only be funded in accordance with the guidance specified below.

Guidance:

- The patient must be under the age of 19 years at the time of referral.
- Patients under 5 years of age will not be considered for this procedure.

Removal of benign skin lesions **(OPCS Codes: S04.-, S05.-, S06.-, S09.-, S10.-, S11.-)**

Background: benign skin lesions include wide range of skin disorders such as sebaceous cyst, dermoid cyst, skin tags, hirsutism, milia, molluscum contagiosum, seborrhoeic keratoses (basal cell papillomata), spider naevus (telangiectasia), warts, sebaceous cysts, xanthelasma, dermatofibromas, benign pigmented moles, comedones and corn/callous. Mostly these are removed on purely cosmetic grounds. Patients with moderate to large lesions that cause actual facial disfigurement may benefit from surgical excision. The risks of scarring must be balanced against the appearance of the lesion.

Advice: Evidence (grade D) indicates that removal of benign skin lesions may only be funded in accordance with the guidance specified below.

Guidance: These lesions should only be removed when they interfere with the physical functioning of the body, specifically:

- when the benign lesion becomes infected;
- if located on a site where they are subjected to recurrent trauma.

Where the lump is rapidly growing or abnormally located specialist assessment should be sought.

Removal of lipomata

Background: Lipomata (ICD-10 Codes: D17, E882) are benign tumours commonly found on the trunk and shoulder. These are removed mostly on cosmetic grounds. Patients with multiple subcutaneous lipomata may need a biopsy to exclude neurofibromatosis.

Advice: Evidence (grade D) indicates that removal of lipomata may only be funded accordance with guidance specified below.

Guidance: Usually lipomata does not require removal. However removal should be considered where:

- the lipoma (-ta) is / are symptomatic;
- there is functional impairment.

Where the lump is rapidly growing or abnormally located specialist assessment should be sought.

Repair of lobe of external ear **(OPCS Code: D06.2)**

Background: the external ear lobe can split partially or completely as result of trauma or wearing ear rings. Correction of split earlobes is not always successful and the earlobe is a site where poor scar formation is a recognised risk.

Advice: Evidence (grade D) indicates that repair of lobe of external ear may only be funded in accordance with the guidance specified below.

Guidance: for those who:

- have totally split ear lobes as a result of direct trauma for the acute episode only.

Rhinoplasty **(OPCS Codes: E02.3, E02.4, E02.5, E02.6)**

Background: rhinoplasty is a surgical procedure performed on the nose to change its size or shape or both. People usually ask for this procedure to improve self image.

Advice: Evidence (grade D) indicates that rhinoplasty may only be funded in accordance with the guidance specified below.

Guidance:

- problems caused by obstruction of the nasal airway;
- objective nasal deformity caused by trauma;
- correction of complex congenital conditions e.g. Cleft lip and palate.

Thigh lift, buttock lift and arm lift, excision of redundant skin or fat (OPCS Code: S03.-)

Background: These surgical procedures are performed to remove loose skin or excess fat to reshape body contours. As the patient groups seeking such procedures are similar to those seeking abdominoplasty (see above), the functional disturbance of skin excess in these sites tends to be less and so surgery is less likely to be indicated except for appearance, in which case it should not be available on the NHS.

Advice: As these procedures are mostly done for aesthetic reasons they **will not** be funded (Evidence grade D), unless there is documented evidence of interference with normal daily activities or intractable intertrigo.

References (interventions 1 – 22):

1. NHS Modernisation Agency. Action on plastic surgery. Referrals and guidelines in plastic surgery. Information for commissioners of plastic surgery services. London: NHS Modernisation Agency; 2005.
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Vaginoplasty, Labial Vulvoplasty and Vulvar lipoplasty

Surgery for Vaginoplasty, Labial Vulvoplasty and Vulvar lipoplasty are all cosmetic procedures and **will not** be funded unless there are documented exceptional clinical circumstances.

Ganglia **(OPCS Code: T59.-, T60.-)**

Background: Ganglia are benign fluid filled, firm and rubbery in texture lumps. They occur most commonly around the wrist, but also around fingers, ankles and the top of the foot. They are usually painless and completely harmless. Many resolve spontaneously especially in children (up to 80%). Reassurance should be the first therapeutic intervention. Aspiration alone can be successful but recurrence rates are up to 70%. Surgical excision is the most invasive therapy but recurrence rates up to 40% have been reported. Complications of surgical excision include scar sensitivity, joint stiffness and distal numbness.

Advice: Evidence (grade A) of insufficient clinical effectiveness of invasive surgery for ganglia indicates that it may only be funded in accordance with the guidance specified below.

Guidance: Surgery for ganglia will only be funded if the ganglion is very painful and restricts normal daily activities (subject to specialist surgical assessment and advice).

References:

1. Vroon P, Weert , van HCPM, Scholten RJ. Interventions for ganglion cysts in adults. *Cochrane Database of Systematic Reviews* 2005, Issue 2. Available at: http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD005327/pdf_fs.html [Accessed 2nd Oct 2007]
2. FD Burke; Melikyan EY; Bradley MJ et al. Primary care referral protocol for wrist ganglia. *Postgraduate Medical Journal* 2003 79:329-331
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Hair grafting - Male pattern baldness **(OPCS Code: S33.-)**

Background: male pattern baldness (ICD-10 Codes: L64.8, L64.9) is a common type of hair loss and for many men it is a normal process at whatever age it occurs. Almost all men have some baldness in their 60s. Hair grafting is mostly done for aesthetic reasons.

Advice: Funding hair grafting for male pattern baldness will not be considered (evidence grade D).