### Appendix 3 – Commissioning Guidelines for Specialist Plastic Surgery Procedures

#### **BACKGROUND AND INTRODUCTION**

This policy 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 or to correct 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 of the condition, 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 through the Individual Funding Request process prior to referral to the specialist clinician.

If funding is approval, 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 through the IFR process and a copy of the approval should be appended to the referral.
- 5. Inevitably some patients may not fit the guidelines. 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 with evidence of exceptionality 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(BMI) is referred to as per

SIGN<sup>1</sup> 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

The BMI should be measured and recorded by the NHS.

- 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.
- 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.

<sup>1</sup> SIGN (1996) Integrated Obesity, Edinburgh v20 (March 2019)

### PROCEDURE SPECIFIC GUIDANCE

Speciality	Procedure	Commissioning Position & Exceptionality Information
Plastic and Cosmetic surgery	1. Abdominoplasty/ apronectomy (tummy tuck)	<ul> <li>Abdominoplasty will not be routinely commissioned by the NHS for cosmetic reasons.</li> <li>Abdominoplasty may rarely be considered on an exceptional basis, for example where the patient: <ul> <li>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</li> <li>is experiencing severe difficulties with daily living, for example ambulatory or urological restrictions.</li> </ul> </li> <li>Other factors may be considered: <ul> <li>recurrent severe infection or ulceration beneath the skin fold despite appropriate conservative treatment</li> <li>significant abdominal wall deformity due to surgical scarring or trauma</li> <li>problems associated with poorly fitting stoma bags</li> </ul> </li> </ul>
Plastic and	2. Breast Surgery	
Cosmetic	2.1 Breast	Breast augmentation will not be routinely commissioned by the NHS for cosmetic reasons, for example
surgery	Augmentation	for enhancement of small breasts, for tuberous 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 rupture, 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.

Speciality	Procedure	Commissioning Position & Exceptionality Information
Plastic and Cosmetic surgery	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 or 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 Evidence Base  • Evidence Based Interventions https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-quidance.pdf  • NHS Website https://www.nhs.uk/conditions/breast-reduction-on-the-nhs/  • The British Association of Plastic, Aesthetic and Reconstructive Surgeons http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=2
Plastic and Cosmetic surgery	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 Evidence Base  • Evidence Based Interventions  https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance.pdf

Speciality	Procedure	Commissioning Position & Exceptionality Information
Plastic and Cosmetic surgery	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 or and  • has been screened prior to referral to exclude endocrine 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 Evidence Base  • Evidence Based Interventions  https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance.pdf  • The British Association of Plastic, Aesthetic and Reconstructive Surgeons  http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=2
Plastic and Cosmetic surgery	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.
Plastic and Cosmetic surgery	2.6 Correction of Nipple inversion	Surgical correction of benign nipple inversion will not be routinely commissioned by the NHS for cosmetic reasons.
Plastic and	3. Hair	
Cosmetic surgery	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
Plastic and Cosmetic Surgery	3.2 Correction of Male Pattern Baldness	Treatments to correct male pattern baldness will not be routinely commissioned by the NHS for cosmetic reasons.

Speciality	Procedure	Commissioning Position & Exceptionality Information
Plastic and	3.3 Hair	Hair transplantation will not be routinely commissioned by the NHS for cosmetic reasons, regardless of
Cosmetic	transplantation	gender.
surgery		Hair transplantation may be considered on an exceptional basis, for example when reconstruction of the
		eyebrow is needed following cancer or trauma.
Plastic and	4. Acne scarring	Procedures to treat facial acne scarring will not be routinely commissioned by the NHS.
Cosmetic	4. Acide Scarring	Cases may be considered on an exceptional basis, for example when the patient has very severe facial
surgery		scarring unresponsive to conventional medical treatments.
3. 3.		
Plastic and	5. Buttock, thigh	Not Routinely Commissioned
Cosmetic	and Arm lift	Surgery to remove excess skin from the buttock, thighs and arms will not be routinely commissioned
surgery	surgery	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
		<ul> <li>has a normal BMI in the range18.5 - 27 for a minimum of 2 years</li> </ul>
Plastic and	6. Congenital	Procedures for congenital vascular abnormalities will not be routinely commissioned by the NHS for
Cosmetic	vascular	cosmetic reasons.
surgery	abnormalities	Cases may be considered on an exceptional basis for lesions of considerable size on exposed areas only
Plastic and	7. Correction of	Surgical correction of prominent ears will not be routinely commissioned by the NHS for cosmetic
Cosmetic	Prominent Ears	reasons.
surgery	(Pinnaplasty)	Cases may be considered on an exceptional basis, for example where the patient:
		<ul> <li>is aged 5-19 at the time of referral and the child (not the parents alone) expresses concern and</li> </ul>
		has very significant ear deformity or asymmetry
		National Evidence Base
		<ul> <li>National Evidence Base</li> <li>NHS England Interim Commissioning Policy for Pinnaplasty/Otoplasty November 2013:</li> </ul>
		https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/11/N-SC027.pdf
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Speciality	Procedure	Commissioning Position & Exceptionality Information
Plastic and	8. Facelift	Facelift procedures, Botulinum toxin and dermal fillers will not be routinely commissioned by the NHS
Cosmetic		for cosmetic reasons
surgery		Cases may be considered on an exceptional basis, for example in the presence of an anatomical abnormality
Disatio and	O I opioplesty	or a pathological feature which significantly affects appearance.
Plastic and Cosmetic surgery	9. Lapiaplasty, Vaginoplasty and Hymen Reconsturction	Not Routinely Commissioned - Refer through IFR for exceptionality
Plastic and Cosmetic	10. Liposuction	Liposuction will not be routinely commissioned by the NHS simply to correct the distribution of fat or for cosmetic reasons.
surgery		Cases may be considered on an exceptional basis, for example where the patient has significant lipodystrophy.
Plastic and Cosmetic surgery	11. 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.
3 7		Post traumatic airway obstruction or septal deviation does not need funding approval.
Plastic and Cosmetic	12. Rhinophyma	Surgical/laser treatment of rhinophyma will not be routinely commissioned by the NHS for cosmetic reasons.
surgery		Cases may be considered on an individual basis, for example where the patient has functional problems and where conventional medical treatments have been ineffective.
Plastic and Cosmetic	13. 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:
surgery		<ul> <li>has significant deformity, severe functional problems, or needs surgery to restore normal function or</li> <li>has a scar resulting in significant facial disfigurement.</li> </ul>
Plastic and Cosmetic surgery	14. Thread veins/telangectasia	Not Routinely Commissioned - Refer through IFR for exceptionality

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Speciality	Procedure	Commissioning Position & Exceptionality Information
Plastic and	15. Tattoo removal	Tattoo removal will not be routinely commissioned by the NHS.
Cosmetic		Cases may be considered on an exceptional basis, for example where the patient:
surgery		<ul> <li>has suffered a significant allergic reaction to the dye and medical treatments have failed</li> <li>has been given a tattoo against their will (rape tattoo)</li> </ul>
		National Evidence Base  NHS England Interim Commissioning Policy for Tattoo Removal November 2013: <a href="https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/11/N-SC032.pdf">https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/11/N-SC032.pdf</a>
Plastic and Cosmetic surgery	16. Surgical Repair of Torn Earlobes	Surgical repair of torn ear lobes or holes resulting from gauge piercing will not be commissioned by the NHS for cosmetic reasons.

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### **DEFINITIONS**

AESTHETIC	Concerned with beauty or the appreciation of beauty.
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.