



NORCOM COMMISSIONING POLICY

Aesthetic Specialist Plastic Surgery Procedures

December 2005	Review Date: October 2007
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Prepared by Rotherham PCT on behalf of North Derbyshire, South Yorkshire and Bassetlaw Commissioning Consortium (NORCOM)

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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 aging or obesity.

In any health care system there are limits set on what is available and on what people can expect. Primary Care Trusts (PCTs) 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 here to make the limits on cosmetic specialist plastic surgery procedures fair, clear and explicit.

Individual PCTs have their own mechanisms for approving aesthetic specialist plastic surgery cases on an individual case-by-case base. The purpose of this document is to ensure that they all use the same criteria for approval.

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 in October 2007 or in the light of any new guidance or clinical evidence whichever is the earliest.

GUIDELINES

These guidelines cover a group of procedures or surgery for cosmetic purposes.

It is important to note that a substantial proportion of aesthetic 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 a 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 PCT and a copy of the approval should be appended to the referral.
5. Inevitably some patients may not fit the guidelines. Nevertheless if the GP or patient feels that their case merits funding on an exceptional case basis – he or she should feel free to discuss the case with the relevant advisor for the PCT Prioritisation Process.
6. All patients previously operated on within the NHS should be considered for revision surgery based on clinical need and priority.
7. Patients who have been operated on privately will not 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.
8. 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
Greater than 40	Extremely obese
9. Aesthetic plastic surgery procedures will only normally be funded in patients with a BMI in the range of 18.5 to 29.9 unless otherwise specified.
10. Procedure codes have been added to assist PCTs in identifying patients and monitoring procedures carried out on their patients.

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

PROCEDURE SPECIFIC CRITERIA

1. ABDOMINOPLASTY OPSC4 code SO2.1

Abdominoplasty will not be routinely commissioned by the NHS for cosmetic reasons, but may be considered on an exceptional case basis. An exceptional case may be where the patient;

- is experiencing severe difficulties with daily living i.e. ambulatory /urological restrictions, and/or
- has lost a significant amount of weight and has a stable BMI, which would normally be below 30 for a minimum of **2 years**, and/or
- 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 OPCS4code B30 and B31.2

Will only be performed by the NHS on an exceptional basis and should not be carried out for “small” normal breasts or for breast tissue involution (including post partum changes).

Exception should be made for women with an absence of breast tissue unilaterally or bilaterally, or in women with a significant degree of asymmetry of breast shape and or volume. Such situations may arise as a result of;

- *Previous mastectomy or other excisional breast surgery*
- *Trauma to the breast during or after development*
- *Congenital amastia (total failure of breast development)*
- *Endocrine abnormalities*
- *Developmental asymmetry.*

Patients offered NHS breast augmentation should be encouraged to participate in the UK national breast implant registration system and be fully counselled regarding the risks and natural history of breast implants.

2.2 REVISION\ RE-AUGMENTATION OF BREASTS

The NHS will not commission the re augmentation of breast implants carried out in the private sector for aesthetic reasons. The NHS will not normally commission the removal of implants implanted in the private sector for aesthetic purposes.

If revisional surgery is being carried out for implant failure, the decision to replace the implant rather than simply remove it should be based on the clinical need for replacement and whether the patient meets the policy for augmentation at the time of revision.

**2.3 BREAST REDUCTION
OPCS code B31**

Breast reduction procedures will be commissioned if there is significant breast hypertrophy with a BMI of less than 30, for example a DD and above cup size, AND functional problems which can be attributed to the breast hypertrophy in the absence of other pathology, with or without intertrigo.

Functional problems may include backache and neck ache and other potential causes should be considered prior to breast reduction.

Where there is significant breast asymmetry (2 or more cup sizes), breast reduction of the larger breast will usually be considered.

**2.4 BREAST REDUCTION FOR MALE GYNAECOMASTIA
OPCS4 code B31**

Breast reduction surgery in males will not normally be commissioned. Surgery to correct gynaecomastia may be allowable if the BMI is in the normal range (19-24.9) AND when the reduction to be obtained will be significant, i.e. greater than 100g per side, or where there is gross asymmetry.

Individuals who are taking sport performance-enhancing drugs, in whom the gynaecomastia is potentially drug induced, should be refused surgery unless such drugs have not been taken for more than a year and they meet the criteria above.

2.5 BREAST LIFT (MASTOPEXY) OPCS4 code B 31.3

This is included as part of the treatment of breast asymmetry but will not be available for purely cosmetic/aesthetic purpose such as post lactational or age related breast ptosis (drooping).

2.6 NIPPLE INVERSION OPCS4 code B 35

Nipple Inversion may occur as a result of malignancy and this must be excluded. Surgical correction of nipple inversion should only be available for functional reasons in post pubertal women and if the inversion has not been corrected by the use of a non invasive suction device.

3. HAIR

3.1 HAIR REMOVAL OPSC4 CODE ICD10:l68.0/ OPSC: S6.5,8,9/ (no consistent code available)

Hair depilation (hair removal) will not normally be commissioned. Exceptions might include those who have undergone reconstructive surgery leading to abnormally located hair bearing skin or are undergoing treatment for pilonidal sinus to reduce recurrence risk.

The method of depilation should be diathermy electrolysis.

3.2 CORRECTION OF HAIR LOSS (ALOPECIA)

Will not normally be available. Exceptional cases include previous surgery or trauma including burns.

3.2 CORRECTION OF MALE PATTERN BALDNESS

This is excluded from NHS treatment.

3.4 HAIR TRANSPLANTATION OPCS4 Code S33 and S34

This will not normally be allowable on the NHS, regardless of gender other than in exceptional cases such as reconstruction of the eyebrow following cancer or trauma.

4. ACNE SCARRING

OPSC4 code: Dermal abrasion S60.1 & S60.4 / S60.1 & S60.2/ICD10: L70 – (no consistent code available)

Procedures to treat severe facial acne scarring will only be commissioned subject to a written dermatologist opinion.

5. BENIGN SKIN LESIONS

OPSC4 code: (no consistent code available)

Interventions will only be commissioned for visible lesions (face and normally exposed parts of the body). Interventions for lesions that are normally covered and thus not visible will not normally be commissioned for aesthetic reasons alone.

Potentially malignant lesions should be referred under the local two-week arrangements for cancer patients.

6. BLEPHAROPLASTY
OPCS4 code C13

Blepharoplasty will be commissioned for eyelid ptosis and/or excessive skin of the upper eyelid, which causes obscured vision. This excludes lower eyelids, as they do not obscure vision.

7. BUTTOCK, THIGH AND ARM LIFT SURGERY
OPSC4 code S03.1 (buttock) S03.2 (thigh)

Buttock, thigh and arm surgery will only be commissioned in exceptional circumstances, for example cutis laxa or severe weight loss with resulting mechanical problems. Patients must have attained a normal *BMI for a minimum of 2 years*.

8. CONGENITAL VASCULAR ABNORMALITIES
OPSC4 code some put under laser surgery S09.2(no
Consistent code available)

Procedures for congenital vascular abnormalities, which are in an obviously exposed area, will be commissioned.

9. CORRECTION OF PROMINENT EARS
OPSC4 code D03.3

Correction of prominent ears will be commissioned where there are significant deformities or ear asymmetry. Referral for prominent ears is indicated for children under the age of 16 years. Patients between 16-21 years may also be referred and treated if significant problems are present.

10. FACELIFT
OPSC4 code S01.1-2

Face-lift procedures will only be commissioned in the presence of an anatomical abnormality or a pathological feature, which significantly affects appearance.

10.1 BOTULINUM TOXIN

Botulinum toxin is not available for the treatment of facial ageing or excessive wrinkles.

Botulinum toxin is available for the treatment of pathological conditions such as Frey's syndrome, blepharospasm, cerebral palsy, and hyperhidrosis.

11. LIPOSUCTION

OPSC4 code S62.1 (head and neck) S62.2 (other)

Liposuction will not be commissioned except for lipodystrophies, lipomas, fat injuries due to trauma, diabetic lipodystrophies.

12. RHINOPLASTY

OPSC4 code E02.6 – some use more specific

Codes E02.5 for reduction rhinoplasty and E02.4 for Septorhinoplasty

Rhinoplasty is not normally commissioned unless there are significant functional problems. For post traumatic airway obstruction, or significant deviation post trauma see general guidelines Section 1.

13. RHINOPHYMA

The first line treatment of this condition is medical. Severe cases or where medical treatment fails should be considered for surgery or laser treatment.

14. SURGICAL SCARS

OPSC4 code: (no consistent code available)

Revision surgery for scars following complications of surgery, keloid formation or other hypertrophic scar formation will only be commissioned where there is obvious deformity or to restore normal function.

Scar revision for aesthetic improvement may be commissioned for the face in exceptional circumstances.

15. THREAD VEINS/TELANGECTASIAS

OPSC4 code L86.1 (injection) / S09.2 (laser), S09.1 (head)

– (no consistent code available)

Treatment for thread veins and telangectasias, will not normally be commissioned.

16. TATTOO REMOVAL

OPSC4 code S06.8/ S06.5,8,9/ ICD10:L81.8 + OPSC S06- (some variation)

Tattoo removal will not normally be commissioned.

Appendix 1

Definitions

DEFINITIONS

AESTHETIC – Having a developed sense of beauty

BLEPHAROPLASTY – A plastic operation for the reforming or restoration of an eyelid or any part of it.

COSMETIC – Intended to improve outward appearance

GYNAECOMASTIA – A condition in the male in which the mammary glands are excessively developed.

CUTIS LAXA – is a rare, inherited or acquired connective tissue disorder in which the skin becomes inelastic and hangs loosely in folds. For more information go to the Medicine web site www.emedicine.com/derm/topic93.htm

HYPERTROPHY - An increase in the number or size of the cells of which a tissue is composed.

HYPOPLASIA – Defective formation or under-development of a tissue or part.

IDIOPATHIC HIRSUTISM –Excessive hairiness of unknown cause.

INTERTRIGO – Itchy rash between 2 skin planes that may become infected.

LIPODYSTROPHY – A disorder of fat metabolism.

LIPOSUCTION – Method of permanent fat removal through suction.

LIPOMA – An innocent or benign tumour composed of fatty tissue.

MORPHOLOGIC – Structure of the human body.

OPCS code – Standardized operation and procedure codes used throughout the NHS based on definitions produced by the Office of Population Census and Surveys in the UK.

PCT – Primary Care Trust.

PTOSIS – Drooping, normally used to refer to the upper eyelid.

RHINOPLASTY – A surgical operation to change the shape or structure of the nose.