

Aesthetic Breast Surgery (excluding reconstruction as part of breast cancer pathway)

Breast Augmentation surgery: is **NOT** routinely funded.

This policy applies equally to all women including those who have completed gender realignment. The period of oestrogen therapy on the realignment pathway is considered, for the purposes of this policy, to equate to the period of hormonal increase experienced in puberty by natal females.

Revision of Breast Augmentation surgery: is **NOT** routinely funded.

The appearance and feel of breast implants deteriorates over time due to changes in the surrounding breast tissue and/or in the implant itself. These changes are predictable and patients should have been warned of the risk at the time of operation.

NHS funding will be available for implant removal where the implant is affected by Grade IV capsular contracture (the breast is hard, painful to touch and appears abnormal). To avoid creating asymmetry, the unaffected implant may be removed at the same time. Replacement implants will not be funded.

Breast Reduction procedures: will only be funded where **ALL** the following criteria are met:

- The individual's breast development is considered to be complete
- The patient has a BMI of 27 or below which has been stable for two years prior to referral
- If the patient claims back or neck pain related to the size of the breasts, there must be a documented plausible association (e.g. a record of visible grooving from bra straps), the pain must be significant (documented record of analgesia use and impact on activities) and the pain has not resolved with physiotherapy
- Evidence of a clinically significant history of intertrigo or ulceration which has not responded to treatment and has been documented in the clinical notes.

Where the above criteria apply, funding authorisation must be obtained by the GP before referral to the breast surgeon.

Gynaecomastia surgery: is **NOT** routinely funded. (Referrals for endocrine assessment or exclusion of malignancy for appropriate individuals with gynaecomastia are **NOT** restricted by this policy).

Surgical correction of inverted nipple: is **NOT** routinely funded.

Mastopexy (breast lift): is **NOT** routinely funded.

Strength of evidence	Clinical Effectiveness	Cost Effectiveness
	Inadequate	Inadequate
	Funding for procedures intended to improve appearance are not a priority for NHS funding. There is inadequate evidence to support arguments that breast enhancing surgery can improve psychosocial function – and some studies show an association (not necessarily causal) between surgery and poorer psychosocial outcomes.	

Summary of evidence

Thames Valley Priorities Committee Commissioning Policy Statement TVPC16: Aesthetic treatments for adults and children, 2015 <http://www.fundingrequests.ccsu.nhs.uk/wp-content/uploads/2015/11/TVPC16-Aesthetic-treatments-for-adults-and-children-Nov-2015-BU.pdf>

Greater Manchester EUR Policy: Aesthetic Breast Surgery, GM006-GM010, 2014 (including evidence review). http://www.buryccg.nhs.uk/Library/Your_local_nhs/CCGPlanspoliciesandreports/EURpolicies/Aesthetic%20Br east%20Surgery%20Policy%20-%20April%202014.pdf

Dixon, J, et al, 1994, [ABC of breast diseases: congenital problems and aberrations of normal breast development and involution](#), Br Med J, 309, 24 September, 797-800.

Freitas, R, et al, 2007, [Poland's Syndrome: different clinical presentations and surgical reconstructions in 18 cases](#), Aesthet Plast Surg, 31, 140-46.

Heimberg, D, et al, 1996, [The tuberous breast deformity: classification and treatment](#), Br J Plast Surg, 49, 339-45.

Pacifico, M, et al, 2007, [The tuberous breast revisited](#), J Plast Reconstruct Aesthet Surg, 60, 455-64.

North Derbyshire, South Derbyshire and Bassetlaw Commissioning Consortium, 2007, "Norcom commissioning policy – specialist plastic surgery procedures", 5-7.

Sadove, C, et al, 2005, [Congenital and acquired pediatric breast anomalies: a review of 20 years experience](#), Plast Reconstruct Surg, April, 115(4), 1039-1050.

Vale of Glamorgan Local Health Board, 2006, Policy on the commissioning of procedures of low priority or limited clinical effectiveness not normally funded, Annex A, 3.36.

[Procedures of Limited Clinical Effectiveness Phase 1 - Consolidation and repository of the existing evidence-base](#) - London Health Observatory 2010.

[Health Commission Wales. 2008 Commissioning Criteria –Plastic Surgery. Procedures of Low Clinical Priority/Procedures not usually available on the National Health Service](#)

Modernisation Agency's Action on Plastic Surgery 2005.

Summary of evidence

Interim Gender Dysphoria Protocol & Service Guidelines 2013/14.

[NHS England interim protocol](#) NHS England (2013).

Pages 13 & 14 describe non-core NHS England & CCG commissioning responsibilities.

Reason for Requesting a Policy Recommendation:

Reviewed within Effective Use of Resources Project

Replaces part of CRC Recommendation Aesthetic (Cosmetic) Surgery Policy, 2008, Section 2.

Where a patient is considered to have exceptional need for and capacity to benefit from a treatment that is not routinely funded, a request for individual funding may be made to the Individual Funding Requests Panel. The patient must be made aware that the Panel may not support the request and must not be given any expectation that they will be able to have the treatment until a decision to fund has been received in writing from the Panel.

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