

## General Commissioning Policy

<b>Treatment</b>	Abdominoplasty
<b>For the treatment of</b>	Excessive Tissue
<b>Background</b>	This commissioning policy is needed because the removal of excessive tissue around the abdomen is not routinely commissioned and is only considered via NHS Hull CCG Individual Funding Request (IFR) panel on the grounds of clinical exceptionality.
<b>Commissioning position</b>	<p>Requests for surgical removal of excess folds of skin and subcutaneous tissue may arise as a consequence of deliberate weight loss following successful dieting or rapid weight loss following bariatric surgery. As with other cosmetic procedures to improve appearance, such requests will NOT be routinely funded by NHS Hull CCG.</p> <p>It is expected that prior to gastric bypass or banding, bariatric surgeons would emphasise to patients that removal of excess skin following rapid weight loss will NOT be offered as routine NHS provision. Patients must understand that such surgery will only be considered in exceptional circumstances as outlined below:</p> <p>Abdominoplasty may be considered in circumstances where:</p> <p>a) the skin fold hangs at or below the level of the symphysis pubis AND</p> <p>b) causes significant problems with daily activities (e.g. ambulatory problems), supported by documentary evidence OR</p> <p>c) causes a chronic and persistent skin condition that is refractory to at least 6 months of medical treatment. In addition to good hygiene practices, treatment should include antifungals, corticosteroids and / or antibiotics. Similarly, surgery for removal of excess skin on upper arms or thighs or above the breasts may be approved in circumstances where (b) OR (c) apply.</p> <p>Where the excess skin is as a result of extreme weight loss, surgery will not be commissioned unless:</p> <p>a) the target weight has been achieved AND</p> <p>b) the target weight has been maintained for 2 years AND</p> <p>c) the BMI is stable for 2 years and is no more than 27 (taking into account the weight of redundant tissue not amendable to further weight reduction) AND</p> <p>d) the patient is suffering from severe functional problems as detailed above. Individual approval must be sought from NHS Hull CCG before secondary referral to plastic surgery.</p> <p>Assuming the patient meets the criteria above, the referring clinician should complete the standard IFR form, ensuring all information required as above is included. Additional supporting information that might help the decision making process is as follows:</p> <ul style="list-style-type: none"> <li>• date of bariatric surgery (where relevant)</li> <li>• pre-operative or original BMI with dates</li> <li>• date current target weight achieved</li> <li>• current BMI</li> </ul>

	<ul style="list-style-type: none"> <li>• period of time stable target weight maintained</li> <li>• patient compliance with continuing nutritional management</li> <li>• details of all associated clinical problems, treatment and outcomes to date</li> <li>• expected outcomes from surgery</li> </ul>
<b>Effective from</b>	February 2016
<b>Summary of evidence / rationale</b>	Notwithstanding the serious nature of any operation involving a general anaesthetic, removal of excess skin and subcutaneous tissue from the abdomen, upper arms or thighs by plastic surgery is generally a safe procedure without serious complications, giving rise to good functional and aesthetic results.
<b>Date</b>	February 2016
<b>Review Date</b>	February 2018
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### References:

1 Information for Commissioners of Plastic Surgery Services - Referrals and Guidelines in Plastic Surgery (NHS Modernisation Agency) London

<http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=2>