

General Commissioning Policy

Treatment	Breast surgery (Male)
For the treatment of	Gynaecomastia
Background	This commissioning policy is needed because surgical procedures deemed as cosmetic are not routinely commissioned by the NHS. All such requests are considered on a case by case basis by NHS Hull Clinical Commissioning Group (CCG) via the Individual Funding Request (IFR) process.
Commissioning position	<p>Not commissioned</p> <p>Requests for male breast reduction, with no clear evidence that glandular breast tissue is present, will be deemed cosmetic and will NOT be routinely funded.</p> <p>Commissioned</p> <p>Surgical correction of unilateral or bilateral gynaecomastia is only considered in exceptional individual (non-cosmetic) cases in post-pubertal adolescents and men where ALL of the following apply:</p> <ul style="list-style-type: none"> • If there are red flag symptoms for suspecting possible underlying breast malignancy, evidence that this has been excluded (Ref 1); • True gynaecomastia has been diagnosed (ie. true breast tissue is present not just adipose tissue - pseudogynaecomastia), and is causing gross breast enlargement; • Evidence that treating an underlying cause (eg. endocrine or drug related), where known, has not resolved the problem; • The BMI is stable and not more than 30; • There is clear evidence of clinical need (such as significant pain) that has remained unresolved despite usual medical treatment. <p>Assuming the patient meets the criteria outlined above, the referring clinician should complete the standard pro-forma, including any relevant supporting information, such as:</p> <ul style="list-style-type: none"> • if aged < 20, a clinical view of whether full body maturity has been reached (because enlarged breasts in young men may resolve once post pubertal fat distribution is completed) • details of any screening for an endocrine or drug related cause (an underlying cause is identified in <50% of patients) and assurance that, where relevant, use of anabolic steroids and / or cannabis has stopped. • current BMI and stability of body weight, plus any previous weight loss if linked to obesity. (However, for general removal of excess skin following significant weight loss, please refer to the commissioning policy on Abdominoplasty.) • details of all associated clinical problems, treatment and outcomes to date • The submission of appropriate clinical photographs is also recommended in order to support the IFR process.

	Patients should also be made aware that surgery can be associated with nipple inversion, nipple necrosis, painful scar tissue and possible sensory changes.
Effective from	January 2016
Summary of evidence / rationale	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.
Date	February 2016
Review Date	February 2018
Contact for this policy	Karen Billany, Senior Commissioning Manager, NHS Hull Clinical Commissioning Group. karen.billany@nhs.net

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>

2. <http://patient.info/doctor/gynaecomastia>

3. Godwin Y, (2012) Gynaecomastia: considerations and challenges in treating male patients with varying body Habitus. Eur J Plast Surg 2012; 35:55–64

http://download.springer.com/static/pdf/681/art%253A10.1007%252Fs00238-011-0582-1.pdf?originUrl=http%3A%2F%2Flink.springer.com%2Farticle%2F10.1007%2Fs00238-011-0582-1&token2=exp=1450357409~acl=%2Fstatic%2Fpdf%2F681%2Fart%25253A10.1007%252Fs00238-011-0582-1.pdf%3ForiginUrl%3Dhttp%253A%252F%252Flink.springer.com%252Farticle%252F10.1007%252Fs00238-011-0582-1*~hmac=a66bbf7da6481b8d1eb83e6bb9b1b051fa74bdae93a24951d2656d611bd6e8b1#page-1

4. Rahmani, MB. et al (2011). Overview of Gynaecomastia in the Modern Era and the Leeds Gynaecomastia Investigation Algorithm. The Breast Journal, 2011; 17(3):246–255

<http://www.ncbi.nlm.nih.gov/pubmed/21477170>