

General Commissioning Policy

Treatment	Breast Surgery (reconstruction; augmentation; surgical correction of asymmetry or inverted nipples; breast lift)
Background	This commissioning policy is needed to clarify the criteria for commissioning breast surgery, which in many cases is desired on cosmetic rather than clinical grounds. All requests for cosmetic/aesthetic surgery must be considered via the Individual Funding Request (IFR) process because this type of treatment is rarely commissioned by the NHS.
Commissioning position	<p>NHS Hull CCG only commissions breast surgery following the criteria as set out below:</p> <p>In all cases of breast surgery the patient should be 18 years and above.</p> <p>1. Breast reconstruction</p> <ul style="list-style-type: none"> • Breast reconstruction surgery is routinely commissioned when required as part of the treatment for breast cancer or as part of post-trauma reconstructive surgery. • Replacement of implants, for clinical reasons (and only where previously fitted by the NHS for non-cosmetic reasons), must be requested via the IFR process and may be considered if there is leakage of silicone (resulting in - or where there is significant risk of developing - clinical symptoms) and / or significant pain (usually resulting from severe capsular contracture). <p>2. Breast Enlargement (augmentation mammoplasty)</p> <p>Breast augmentation surgery may be considered via the IFR process in women whose BMI is within the range 18-25 and where:</p> <ul style="list-style-type: none"> - certain congenital abnormalities such as Poland's syndrome, constricted tubular breast, pectus deformity, or chest wall asymmetry associated with scoliosis <p>OR</p> <ul style="list-style-type: none"> - a complete absence of breast tissue(amastia) in one or both breasts is causing severe functional or medical

Notes

1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.
2. General Commissioning Policies are agreed by the Planning and Commissioning Committee on behalf of NHS Hull CCG.

problems

3. Correction of Asymmetry

NHS Hull CCG may consider correction of breast asymmetry only in exceptional cases where there are clear clinical symptoms and appropriate treatment, together with a clear statement from a relevant healthcare professional that recommends surgical intervention as the most appropriate clinical treatment.

Where a GP and/ or clinician is satisfied that there is a clear clinical need to surgically correct the asymmetry, a request must be submitted to NHS Hull CCG to be considered via the Individual Funding Request (IFR) process.

Where the request is deemed appropriate, the GP will be asked to refer the patient to 'Body Aspect' in Nottingham (Ref 3) for a 3D total body scan, which computes differences in breast volume and shape after assessing a number of objective measurements.

Breast reduction surgery will be commissioned where the result of the scan generates a positive assessment, with the threshold currently set at a 30% difference in breast volume.

NB. Where breast augmentation is approved, all women should be fully counselled regarding the risks and natural history of breast implants (Ref 2) and should understand they may not automatically be entitled to future implant replacements.

4. Surgery for inverted nipples

NHS Hull CCG will only consider commissioning surgical correction of inverted nipples in exceptional individual (non-cosmetic) cases in post-pubertal women where ALL of the following criteria apply:

- underlying breast malignancy has been excluded

AND

- there is a functional need

AND

- the inversion has not been resolved by correct use of a non- invasive suction device for at least 3 months.

5. Mastopexy (breast lift)

NHS Hull CCG will not commission mastopexy for the cosmetic correction of normal breast ptosis, but requests may be considered as part of the IFR process, as part of the surgery for

	<p>breast reduction or asymmetry where a clear clinical need has been demonstrated.</p> <p>For all breast surgery requests, assuming the patient meets the criteria outlined above; the referring clinician should complete the standard pro-forma and include all relevant information such as:</p> <ul style="list-style-type: none"> ▪ Breast size, current BMI and stability of body weight ▪ If aged <20, clinical view of whether full body maturity has been reached (may not be necessary in cases of Poland's syndrome Poland's syndrome is a disorder in which affected individuals are born with missing or abnormal muscles on one side of the chest wall or similar disorders) ▪ Details of all functional and medical treatment to date ▪ The expected outcomes from surgery
Effective from	January 2015
Summary of Evidence/Rationale-	<p>Breast implants maybe associated with significant morbidity and the need for secondary or revision surgery (such as implant replacement) is common, in fact it is estimated that one in three women will require further surgery within 10 years of their initial operation.</p> <p>The use of the 3D scanner and the NHS Breast Assessment Service from Body Aspect to assess asymmetry means that patients are treated more consistently, fairly and objectively, and resources can be targeted towards women most in need. The information made available from the scan can also assist in the planning of surgical procedures.</p>
Date	June 2017
Policy to be reviewed by	June 2018
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References:

1. NHS Choices
<http://www.nhs.uk/conditions/Breast-implants/Pages/Introduction.aspx>
2. NHS Breast Assessment at Body Aspect
<http://www.bodyaspect.co.uk/nhs-breast-%20assessment/>

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