

General Commissioning Policy

Treatment	Surgical Repair
For the treatment of	Acquired Ear Lobe Clefts
Background	This commissioning policy is needed because the treatment of acquired ear lobe clefts may be considered as cosmetic and thus not routinely commissioned. Most requests are thus currently considered via Individual Funding Request (IFR) process.
Commissioning position	<ol style="list-style-type: none"> 1. NHS Hull Clinical Commissioning Group (CCG) will routinely commission the immediate surgical repair of completely split ear lobes that have occurred as a result of direct trauma or violence. 2. NHS Hull CCG IFR Panel will consider requests from secondary care consultants to commission surgical repair of rare cases of congenital cleft earlobes or cleft ear (pinna). 3. NHS Hull CCG will not routinely fund surgical repair of acquired ear lobe clefts because this is considered a cosmetic procedure. This indication includes: <ul style="list-style-type: none"> • partially split lobes (ie. where the split does not reach the edge of the lobe); • elongated holes in lobes ; • a split that recurs after a previously repaired earlobe has been pierced. <p>Before surgical repair patients must be given pre-operative advice regarding:</p> <ul style="list-style-type: none"> ○ the likely surgical success rate. ○ the individual risk of keloid and hypertrophic scarring at this site. ○ the risks of further trauma with re-piercing of the ear lobule.
Effective from	February 2014 <i>(This policy supercedes Hull PCT policy T53-12 dated Feb 2012)</i>
Summary of evidence / rationale	<p>Torn earlobes may be classified as either a complete or partial cleft.</p> <p>Acquired clefts or splitting of the earlobe commonly occurs after prolonged traction from wearing excessively heavy earrings, with insufficient tissue to support them, so that the earring slowly “cheese-wires” through the lobe. The repair of this type of split earlobe is not always successful and is a site where poor scar formation is a recognised risk. (Ref 1)</p> <p>In rare cases, splits can also occur from pressure necrosis from clip-on earrings. These clefts are most commonly incomplete;</p>

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.

	<p>however, complete clefts are also common. Bleeding is minimal, and the defect edges heal with little scar formation except when keloids occur. However, most people seek quick repair so they can once again wear earrings.</p> <p>The low grade evidence base (Refs 2-4) reported on techniques used to treat patients with torn ear lobes. There was a lack of evidence both on the outcomes of the repair of torn earlobes as well as the associated complications, for example the risk of scarring. Although high success rates are reported, the study numbers are small, leading to a higher risk of confounding and bias.</p>
Date	June 2017
Review Date	June 2018
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References:

1. Commissioning Guide - Referrals and Guidelines in Plastic Surgery (Modernisation Agency). <http://www.bapras.org.uk/downloaddoc.asp?id=425>
2. Reiter D, Alford EL. Torn earlobe: a new approach to management with a review of 68 cases. Ann Otol Rhinol Laryngol. 1994 Nov; 103(11):879-84. <http://www.ncbi.nlm.nih.gov/pubmed/7979002>
3. Fearon J, Cuadros CL. Cleft earlobe repair. Annals of Plastic Surgery, Mar 1990, vol./is. 24/3(252-7), 0148-7043; 0148-7043 <http://www.ncbi.nlm.nih.gov/pubmed/2316987>
4. Vujevich J, Goldberg LH, Obagi S. Repair of partial and complete earlobe clefts: a review of 21 methods. Journal of Drugs in Dermatology: JDD, Jul 2007, vol./is. 6/7(695-9). <http://www.ncbi.nlm.nih.gov/pubmed/17763592>