

General Commissioning Statement

Treatment	Breast Surgery
For the treatment of	Breast Enlargement, Breast Reduction, Revisional Surgery and Breast Asymmetry
Commissioning position	<p>This commissioning policy is needed because breast surgery is not routinely commissioned by NHS North Lincolnshire CCG and, therefore, exceptional circumstances have to be demonstrated in all cases and considered by the Individual Funding Request Panel (IFR).</p> <p>Prior approval is not required for patients who have asymmetry due to burns or breast cancer surgery, All other patients require prior approval.</p> <p>This includes patients undergoing prophylactic mastectomy after testing positive for BRCA1 Gene</p> <p>Breast Enlargement All cases require prior approval. Consideration will not be given to 'small' but normal breasts or for breast tissue involution (including post partum changes). Consideration may be given for women with an absence of breast tissue unilaterally or bilaterally, or in women with significant degree of asymmetry of breast shape and/or volume as a result of;</p> <ul style="list-style-type: none"> • Trauma to the breast during or after development • Congenital amastia (total failure of breast development) • Endocrine abnormalities • Developmental asymmetry <p>Breast Reduction All cases require prior approval. Exceptional circumstances may be considered for breast reduction surgery by showing all of the following circumstances;</p> <ul style="list-style-type: none"> • The patient is suffering from neck ache, backache and/or intertrigo symptoms • The patient has a body mass index (BMI) of less than 30 kg/m2 which has been maintained for one year <p>These are not automatic exceptions.</p> <p>Chronic intertrigo, eczema or dermatitis will not be considered as grounds for this procedure unless all of the above are met and the patient has failed to respond to 6 months of conservative treatment</p> <p>Psychological issues alone are not a reason for considering breast or any other cosmetic surgery</p> <p>Revisional Surgery All cases require prior approval. Where revisional surgery is being carried out for implant failure, consideration will be given to cases where clinical need is demonstrated for replacement i.e. substantial evidence of physical harm from current implants, and where the patient meets the policy for augmentation at the time of revision. Prior approval is not required for NHS post breast cancer patients who have scar revision within 2 years of concluding full cancer treatment.</p>

Notes

1. This Statement will be reviewed in the light of new evidence, or guidance from NICE.

	<p>Gynaecomastia</p> <p>Caution must be taken that male breast cancer is not mistaken for gynaecomastia, if there is any doubt, an urgent consultation with an appropriate specialist should be obtained - prior approval is not required for this.</p> <p>All other cases require prior approval. Consideration will only be given to patients where post pubertal and of normal BMI (≤ 25 Kg/m²) and where exceptional circumstances can be demonstrated.</p> <p>Screening for endocrinological and drug related causes and/or psychological distress prior to consultation with a plastic surgeon will be required.</p> <p>Liposuction may form part of the treatment plan for this condition.</p>
Effective from	January 2013
Summary of evidence / rationale	<p>Breast reduction is never an essential operation. Weight loss may reduce breast size. There is published evidence showing that most women seeking breast reduction are not wearing a bra of the correct size and that a well fitted bra can sometimes alleviate the symptoms that are troubling the patient. Cognitive behavioural therapy can be effective in body image problems.</p> <p>The upper limit of normal BMI is 25 Kg/m². Patients seeking breast reduction may have physical restrictions on their ability to exercise and additional weight in their excess breast tissue (sometimes 3-4 Kg). Major complications for surgery in general and specifically related to breast reduction surgery have been shown to be greater if the BMI exceeds 30.</p> <p>Breast implants may be associated with significant morbidity and the need for secondary or revisional 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. It should be noted that not all patients demonstrate improvement in psychosocial outcome measures following breast augmentation.</p>
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References:

1. A Policy To Make Best Use of Resources in Plastic Surgery and Related Specialities November 2006 Northern, Eastern, Southern and Western Health and Social Services Board.
2. NHS Modernisation Agency: Action on Plastic, Information for Commissioners of Plastic Surgery Services: Referrals and Guidelines in Plastic Surgery 2004.
3. Johnson, H., Whitworth, D. Recent developments in plastic surgery. BMJ 2002; 325:319-322.
4. Experience with reduction mammoplasty combined with breast conservation therapy in the treatment of breast cancer. Plastic and Reconstructive Surgery Journal 2003; 111 (3): 1102-9.
5. NICE Guidelines IPG 417 Breast reconstruction using lipomodelling after breast cancer treatment

<http://publications.nice.org.uk/breast-reconstruction-using-lipomodelling-after-breast-cancer-treatment-ipg417>

6. NICE Guidelines CG80 Breast cancer Early & locally advanced
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7. Liposuction only breast reduction March 2012
<http://emedicine.medscape.com/article/1276259-overview>