NHS
Somerset
Clinical Commissioning Group

ABDOMINOPLASTY/APRONECTOMY INDIVIDUAL FUNDING REQUEST POLICY

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Target audience:	SCCG Web Site IFR Page SCCG Contracts Team SCCG GP Bulletin Somerset CCG GP Practices **Medical Directors:** • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • United Hospitals Bristol NHS FT • Weston Area Health NHS Trust
Application Form	Generic IFR Application Form

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VERSION CONTROL

Document Status:	Current policy
Version:	1516.v1.2

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
V1	2010	Updated Guidance for Clinicians Policy Document
V8e	October 2015	Reviewed by the SCCG CCPF no amendments Removed from the SCCG Guidance for Clinicians Policy Document
1516.v1.1	August 2016	Change of policy template from SWCSU template to SCCG, wording amendments, inclusion of surgery info

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	August 2015

Sponsoring Director: **Author(s):**	Sandra Corry
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ABDOMINOPLASTY / APRONECTOMY
Individual Funding Request Policy

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. The CCG does not commission surgery for cosmetic purposes alone.

2. Funding approval must be secured by primary care prior to referring patients seeking corrective surgery.

3. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.

4. On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.

5. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.

6. Patients should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment.

7. Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)

8. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)

9. Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year.

Background

Abdominal loose skin removal is a surgical operation to remove excess skin and fat from the middle and lower area of the abdomen and to tighten the muscles of the abdominal wall to reduce the appearance of a saggy or sticking out stomach.

Abdominoplasty/Apronectomy are regarded as procedures of low clinical priority and is not routinely funded by the CCG. These procedures are not available on cosmetic grounds including where there has been significant weight loss following surgery for morbid obesity, or where there has been natural weight loss.

Although there is demand for them, they offer little health gain for the individual or for the population.

What does surgery/treatment involve?

a) The standard abdominoplasty: The excess skin and fat is removed keeping the umbilicus (belly button) in place. The skin of the abdomen at the level of the umbilicus is then drawn down to suture it at the pubic level. You will be left with a long, usually curved scar across the lower part of the abdominal wall at the level of the pubic hair. There will also be a scar around the umbilicus. Any looseness of the muscles of the abdominal wall or hernia is repaired at the same time.

b) The Fleur-de-Lys abdominoplasty: The procedure is similar to the standard abdominoplasty, but with this technique skin is also removed from the central aspect of the abdominal wall. This results in an additional long scar down the middle.

c) The mini abdominoplasty: In the mini-abdominoplasty surplus skin below the umbilicus is removed leaving a low abdominal scar at the level of the pubic hair. The umbilicus is not disturbed and liposuction may be carried out at the same time to reduce the thickness of fat. Any looseness or hernia of the abdominal wall is repaired at the same time.

d) Apronectomy: This is a modification of the mini-abdominoplasty for patients who have a large excess of skin and fat hanging down over the pubic area. In this procedure only the surplus skin and fat is removed. The scar is long, extending from one side of the tummy to the other.

e) Risks: Like all surgical procedures, there is always a possibility of complications or side effects and, although rare, these can include infection, a reaction to the anaesthesia, blood or fluid collection underneath the skin, nerve damage, blood clots, swelling and an irregular or a “lop-sided” appearance after the operation. The surgery does produce a permanent scar which, depending on the extent of the procedure, may extend from hip to hip.

POLICY CRITERIA - Abdominoplasty/ Apronectomy is not routinely funded by the CCG

Requests for Abdominoplasty/Apronectomy maybe considered were all the following criteria are met and/or evidence of exceptionality has been demonstrated.

1) Patients BMI must be ≤ 27 (taking account of the weight of the skin fold to be removed)

2) Patients who received morbid obesity surgery and other previously obese patients who have achieved significant weight loss **of the order of 20 BMI points**

3) Weight loss has been maintained for at least 2 years at the current level and further weight loss is unlikely – the scale of the weight loss and the period for which it has been sustained must be verified in the patient's clinical record

4) Patients have not smoked/used nicotine replacement therapy over preceding 3-months

5) The flap (panniculus) hangs at or below the level of the symphysis pubis
    - Causes significant problems with activities of daily life (for example, ambulatory restrictions, associated abdominal wall prolapse with urinary symptoms, or interference with normal bodily functions)

6) Causes a chronic and persistent skin condition (for example, intertriginous dermatitis, panniculitis, cellulitis or skin ulcerations) that is refractory to at least six months of medical treatment. In addition to good hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids and/or local or systemic antibiotics

OR

7) Problems associated with poorly fitting stoma bags
    - this is caused by an apron of loose abdominal skin **and**
    - the apron of loose abdominal skin is impacting on ability to maintain hygiene standards

8) There is a clinical need as part of abdominal hernia correction or other abdominal wall surgery. This clinical need must be confirmed/evidenced by the treating consultant performing the hernia or other abdominal wall surgery (provide clinical correspondence)

AND

9) There must be some unusual or unique clinical factor about the patient that suggests that they are exceptional as defined below:

    - Significantly different to the general population of patients with the condition in question

    - Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

10) Photographic evidence must be sent with the application form

Individual cases will be reviewed at the Commissioner's Individual Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician.

Applications cannot be considered from patients personally.

Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.

It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067.

Or write to us: NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: pals@somersetccg.nhs.uk

References

1. NHS Modernisation Agency Plastic Surgery Services

2. Loof S., D. B. (2014). Perioperative complications in smokers and the impact of smoking cessation interventions [Dutch]. *Tijdschrift voor Geneeskunde*, vol./is. 70/4(187-192)

3. Thelwall 2015 Obesity & the risk of wound infection following surgery https://www.ncbi.nlm.nih.gov/pubmed/26197212