NHS
Somerset
Clinical Commissioning Group

BREAST REDUCTION SURGERY
INDIVIDUAL FUNDING REQUEST POLICY

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Target audience:	SCCG: • Contracts Team • Providers • GP Practices SCCG • GP Bulletin • Web Site IFR Page **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 • Somerset Partnership NHS FT
Application Form	Generic IFR application form

INSERT NAME OF POLICY

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VERSION CONTROL

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DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
V8e	April 2015	Remove from the Guidance for Clinicians Document as a separate policy
1617.v2	July 2017	Change the CSU template to a SCCG template

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	05/05/2016

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BREAST REDUCTION SURGERY

Breast Reduction Surgery is not routinely commissioned

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. The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate.

8. 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)

9. 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)

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

Background

Breast Reduction

Female breast reduction, also known as reduction mammoplasty, is an operation to reduce the weight and volume of the breasts.

During the procedure, fat, glandular tissue and skin are removed from the breasts, which are then reshaped and the nipples repositioned.

Breast size is determined by genes, hormones, body frame and weight. For most women, breast size is proportionate to the body, but for some women the breasts are particularly large.

Breasts are sensitive to the hormone oestrogen. They can grow during adolescence or later in life after the menopause, or because of the use of hormone replacement therapy (HRT). Some women also develop a noticeable asymmetry (difference in size or shape) between their breasts.

Risks associated with breast reduction

The possible complications of any operation include an unexpected reaction to the anaesthetic, excessive bleeding or developing a blood clot.

Complications specific to breast reduction surgery are described below.

Scarring

The main disadvantage of having breast reduction surgery is that you will be left with permanent scarring. The operation, when done using the more common anchor technique, leaves three scars:

- one around the nipple (areola)
- one from the nipple to the crease below the breast (this is the most significant scar)
- one from the breast bone to the armpit along the crease below the breast

Uneven shape: Breasts will change shape after reduction surgery. There is a chance that they may end up slightly lopsided or lumpy and the nipples may be uneven.

Wound healing problems: Wound healing problems after breast reduction surgery are common, particularly after the anchor scar procedure where the vertical and horizontal scars meet.

Occasionally, some fat in the breasts dies off, leaving them red and lumpy. This is called fat necrosis and can take some time to settle. There can also be some excess skin left around the scars. It may need to be surgically removed if it does not settle after a few months.

Loss of nipple sensation: Some women lose sensation in their nipples after a breast reduction and the nipples may also lose their ability to become erect. This is because the nerve supply to the nipple can be damaged during surgery.

Inability to breastfeed: Some women are unable to breastfeed after having breast reduction surgery as some operations involve separating the nipples from the milk ducts.

Alternatives to surgery

For both women and men, breasts can become large because of fatty deposits within them. This means that you may be able to reduce the size of your breasts by losing weight. (NHS Choices, 2014)

Further information on the types of procedures, limitations, risks and so on of breast reduction can be found on the websites for The British Association of Aesthetic Plastic Surgeons (BAAPS) (The British Association of Aesthetic Plastic Surgeons) and the British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS) (British Association of Plastic Reconstructive and Aesthetic Surgeons, 2015).

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1. Breast reduction surgery is not routinely commissioned by the CCG

2. Surgery to improve appearance and/or to correct natural changes such as those associated with ageing is not funded by the CCG

3. Breast surgery is not commissioned for surgery to healthy breast tissue as this is cosmetic

4. Applications **will not be** considered under the following circumstances:
   a) on cosmetic grounds
   b) patients under the age of 18 years
   c) patients who have not attained full breast development
   d) to resolve possible psychological issues as there is no clinical evidence base to support this is effective in these circumstances
   e) patients who have not attained full breast development
   f) patients with a BMI > 27 *(Note 1)
   g) where weight loss has not been sustained for a minimum of 6 months at the current BMI of 27 or below
   h) patients who have smoked/used nicotine replacement therapy over preceding 3 months *(Note 2)
   i) patients who are pregnant or who have had a baby within past 12 months

***Note 1:** It is recognised that not every woman's breasts reduce when they lose weight but it is felt appropriate to seek to exclude those whose problem would be addressed with weight loss by setting a BMI limit*

***Note 2:** The restriction to non-smokers relates to associated surgical complications and problems with healing as a result of the effects of nicotine on the peripheral circulation*

Cont.

2. Consideration may be given where all the points below are met:

a) A patient is >18 years of age
b) a BMI 27 or under evidenced in the patients clinical records for 6 months
c) details of breast size with assurance they have been professionally measured by a reputable underwear fitter
d) basic detail of breast volume reduction required, that is, ensuring volume for reduction is at least 500g each side, as equivalent to half a bag of sugar each side
e) clinical evidence of severe sub-mammary intertrigo due to size of breasts with details
    - of all conservative treatments trialled for a minimum of 6 weeks to include:
        - pharmacological treatment
        - appropriate hygiene
        - utilisation of an appropriate support bra
f) clinical evidence of physical symptoms such as neck or back pain and all other appropriate interventions have been tried and failed for a minimum of 6 months and should include all the following:
    - wearing appropriate support
    - NSAIDS (if not contraindicated)
    - exercises (as directed via physiotherapy assessment)
g) evidence of some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below to be provided with the application:
    - 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
h) patients who fulfil the above criteria will be referred to the Breast Care Nurse Team at Yeovil District Hospital for a comprehensive assessment and for photographs to be taken to support an application prior to any consideration for funding
i) include past medical history detailing all prescribed drugs and medication on 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.

In order for funding to be agreed 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.

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: somccg.pals@nhs.net

References

The following sources have been considered when drafting this policy:

British Association of Plastic Reconstructive and Aesthetic Surgeons. (2015). *Breast Reduction*. Retrieved 04 14, 2016, from British Association of Plastic Reconstructive and Aesthetic Surgeons: http://www.bapras.org.uk/public/patient-information/surgery-guides/breast-reduction

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