

BREAST MASTOPEXY & CORRECTION OF INVERTED NIPPLES (breast lift/repositioning of nipple) INDIVIDUAL FUNDING REQUEST POLICY

Version:	1617.v2a
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	16 June 2016
Name of Originator/Author:	IFR Manager
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Operations Group (COG)
Publication/issue date:	13 July 2016
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>SCCG:</p> <ul style="list-style-type: none"> • Contracts Team • Providers • GP Practices SCCG • GP Bulletin • Web Site IFR Page <p>Medical Directors:</p> <ul style="list-style-type: none"> • 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

BREAST MASTOPEXY & CORRECTION OF INVERTED NIPPLES
(breast lift/repositioning of nipple)
CONTENTS

Section		Page
	VERSION CONTROL	ii
	GENERAL PRINCIPLES	1
	BACKGROUND	2
	POLICY CRITERIA	2
	PALS INFORMATION	3
	REVIEW	2019
	MONITORING, COMPLIANCE AND EVALUATION	
	ASSOCIATED DOCUMENTS	
Appendices		
APPENDIX 1	Use Title Case	

**BREAST MASTOPEXY & CORRECTION OF INVERTED NIPPLES
(BREAST LIFT/REPOSITIONING OF NIPPLE)**

VERSION CONTROL

Document Status:	Current policy
Version:	1617.v2a

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
1617 v2	July 2017	Change of policy template from SWCSU template to SCCG & include the word Breast in the title

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	1617.v1 August 2015
---	---------------------

Sponsoring Director:	Sandra Corry
Author(s):	
Document Reference:	1617.v2a

BREAST MASTOPEXY & CORRECTION OF INVERTED NIPPLES
(breast lift/repositioning of nipple)
BREAST MASTOPEXY & CORRECTION OF INVERTED NIPPLES
(breast lift/repositioning of nipple) 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. 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

Mastopexy (breast uplift)

Droopiness of the breast is common after motherhood, nursing and the force of gravity. It can also be a result of an increase and subsequent loss of weight, and also of the aging process.

A mastopexy is the surgical reshaping of the breast to improve firmness and shape. Pleats of surplus skin are removed from underneath the breast, then the breast is remodelled into a tighter cone and the nipples repositioned at a higher level. The size of the areola (the darker skin surrounding the nipple) can also be reduced.

Inverted Nipple Surgery

Inverted nipple surgery usually takes place under local or general anaesthetic. A cut is made under the nipple and it is freed from the surrounding tissue. A stitch is then made around the nipple and a small splint is applied, to hold it in a protruding position.

Complications (Nuffield Health, 2016)

- Nipple could invert again
- Milk duct may be damaged impacting future breast feeding
- Scarring
- Pain
- Infection
- Asymmetry (nipples do not look the same on each side)

POLICY – CRITERIA TO ACCESS TREATMENT - IFR

1. Breast Mastopexy or Uplift surgery is not routinely commissioned

2. Breast ptosis (droopiness) is inevitable and is normal with the passage of age, weight loss and after pregnancy

3. Surgery to correct ptosis in order to improve appearance is not routinely commissioned

4. Inverted Nipples

a) Nipple inversion may occur as a result of an underlying breast malignancy and it is essential this is excluded

b) Corrective surgery for inverted nipples is not routinely commissioned

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:

1. Nuffield Health. (2016). *Inverted Nipple Surgery*. Retrieved 04 28, 2016, from Nuffield Health: <http://www.nuffieldhealth.com/treatments/inverted-nipple-surgery>
2. The British Association of Aesthetic Plastic Surgeons. (n.d.). *Breast Uplift*. Retrieved 04 28, 2016, from The British Association of Aesthetic Plastic Surgeons: <http://baaps.org.uk/procedures/breast-uplift>