NHS
Somerset
Clinical Commissioning Group

BLEPHAROPLASTY/PTOSIS SURGERY
ADULTS (18 YEARS AND OVER)
PRIOR APPROVAL (PA) POLICY

Version:	1819.v3a
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
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Target audience:	**SCCG**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • Somerset Partnership NHS FT
Application Form	Prior Approval form Blepharoplasty & Ptosis

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CONTENTS

VERSION CONTROL

Document Status:	Current policy
Version:	1819.v3a

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
V1	2010	Updated Guidance for Clinicians Policy Document
V8e	September 2015	Reviewed by CCPF no amendments to criteria
1516.v2	July 2015	Additional information on upper/lower lid
1516.v2a	September 2015	Trans. to CCG template, amended wording CBA lower lid/lagophthalmos
1718.v3	November 2018	New SCCG policy template

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	April 2018
Quality Impact Assessment QIA. Date:	March 2018
Sponsoring Director:	**Sandra Cory**
Document Reference:	1819.v3a

1 GENERAL PRINCIPLES

1.1 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

1.2 Funding approval must be secured by primary care/secondary care prior to referring/treating patients seeking corrective surgery

1.3 The CCG does not commission surgery for cosmetic purposes alone

1.4 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

1.5 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

1.6 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

1.7 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

1.8 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

1.9 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)

1.10 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)

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

2 POLICY CRITERIA

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

2.1.1 Where it is subsequently confirmed that a suspect chalazion/ lesion is benign please refer to the Benign Skin Lesion Policy

2.2 **Dermatochalasis/Ptosis - UPPER Lid only**

2.2.1 Surgical treatment for Dermatochalasis or Ptosis of the upper eye lid for cosmetic purposes including correction of the effects of normal aging is not commissioned

Cases will be considered where there is:

2.3 Supporting evidence in the form of photographs and/or appropriate visual field test results must be forwarded with the completed Prior Approval application form

2.3.1 Drooping of the tissue above eyelids (dermatochalasis) which causes significant persistent impairment of visual fields in the relaxed, non-compensated state

2.3.2 Where there is evidence the eyelids impinge on visual fields reducing field to less than 120° horizontally and 40° vertically **OR**

2.3.3 Where there is evidence that eyelids impinge on visual fields reducing field to less than 160° horizontally where the patient is a professional Group 2 PCV and LGV driver Group 2 PCV and LGV drivers require 160° horizontally and funding will be approved for these (1) **OR**

2.3.4 Neck problems caused by abnormal head posture **OR**

2.3.5 Recurrent infection that is due to drooping eyelid **OR**

2.3.6 Significant impairment of the eyelid function **AND**

2.3.7 Eyelid surgery will improve the vision of the patient

2.4 **Conditions which are Criteria Based Access (CBA)**

2.4.1 Where there is a risk of amblyopia from congenital ptosis

2.5 **Ectropion**

2.5.1 Severe Ectropion which is posing a risk to the health of the eye and conservative management has failed

2.6 **Entropion**

2.6.1 Moderate to severe Entropion where it is posing a risk to the health of the eye as eyelashes are causing persistent and on-going irritation to the eye as documented in the patient's clinical records and it is inappropriate to manage this conservatively **OR**

2.6.2 Mild Entropion, conservative management such as eye drops has failed to manage the condition and there is a significant risk to the health of the eye

2.8 **Lagophthalmos**

Funding approval for surgical treatment including gold upper eyelid weight implantation will only be funded by the CCG for patients meeting criteria set out below:

2.8.1 The patient is suffering from Lagophtalmos which is posing a risk to the health of the eye, **AND**

2.8.2 Conservative management including artificial tears or external eyelid weights has failed or is contraindicated

2.8.3 Implantation of Platinum upper eyelid weight insertion **is not routinely funded**

3 BACKGROUND

3.1 **Hooded or Droopy Eyelids/Dermatochalasis**

3.1.1 Defined as an excess of skin in the upper/lower eyelid, it may be either an acquired or a congenital condition. It is quite common to have excess skin above the upper eyelids that can overhand and block vision. This becomes more common as people age

3.1.2 If this affects vision, surgery called Blepharoplasty may be considered to remove excess skin. However this is normally considered a cosmetic request and not normally funded by the NHS

3.2 **Ptosis**

Where the muscles of the upper eyelid are weak and the edge of the upper eye lid droops down over the eye, this is called ptosis - This is also referred to as a "blepharoptosis". This usually develops slowly and again is age related. Surgery may be required if this affects vision

3.3 **Entropion**

3.3.1 Entropion occurs when the eyelid turns inwards towards the eye. The lower

lid is most commonly affected although it can rarely affect the upper lid. Entropion causes the eyelashes to rub against the front of the eye (the cornea). Severe entropion can be painful and cause vision loss by damaging the cornea. Occasionally, a corneal ulcer can form and become infected

3.3.2 Some eye conditions can cause this to happen, but it is also known to occur in older people associated with weakness of the small muscles around the eyelid

3.4 **Ectropion**

3.4.1 Ectropion is where the lower lid droops away from the eye and turns outwards. Most cases of ectropion are associated with ageing. They usually occur as the tissues and muscles of the eyelids become weaker as you get older. Less common causes of ectropion include facial paralysis such as Bell's palsy

3.4.2 The drooping eyelid can disrupt the drainage of tears, which can make the eyes:

- Sore, red and irritated
- Water excessively
- Feel very dry and gritty
- More vulnerable to bacterial infections, such as conjunctivitis

3.4.3 In severe cases that aren't treated, it's possible to develop a corneal ulcer that could affect vision. However, this is rare

3.5 **Lagophthalmos**

3.5.1 Lagophthalmos or poor eyelid closure is defined as the inability to close the eyelids completely and can lead to exposure keratopathy, corneal breakdown, ulcers, and even perforation. Management of patients should be directed toward the severity of ocular findings and ranges from supportive care such as the use of artificial tears to surgery. Patients with facial nerve palsy who present at earlier stages can benefit from conservative treatment

3.5.2 The use of temporary external eyelid weights can help restore a functional blink mechanism and prevent corneal decompensation. (Orin M. Zwick, 2006)

3.5.3 Surgery to manage Lagophthalmos can include Tarsorrhaphy, Gold weight implantation or Upper eyelid retraction and levator recession (Scott D. Lawrence, 2008)

4 INDIVIDUAL FUNDING REQUEST APPLICATION PROCESS

4.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this

policy

4.2 Completion of a **Generic IFR Application Form** by a GP or Consultant may be put forward

4.3 Applications cannot be considered from patients personally

4.4 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

4.5 IFR applications are reviewed and considered for clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England IFR policy
https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-indivdual-funding-requests.pdf

4.6 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

5 ACCESS TO POLICY

5.1 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

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

6 REFERENCES

The following sources have been considered when drafting this policy:

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6.2 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.

6.3 Orin M. Zwick, M. (2006, July). Supportive care of facial nerve palsy with temporary external eyelid weights. Optometry - Journal of the American Optometric Association, pp. Volume 77, Issue 7, July 2006, Pages 340–342.

6.4 Scott D. Lawrence, M. a. (2008, April). Lagophthalmos Evaluation and Treatment. Retrieved from America Academy of Ophthalmology: http://www.aao.org/eyenet/article/lagophthalmos-evaluation-treatment?april– 2008

6.5 Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases, , vol. 21, no. 11, p. 1008.e1.