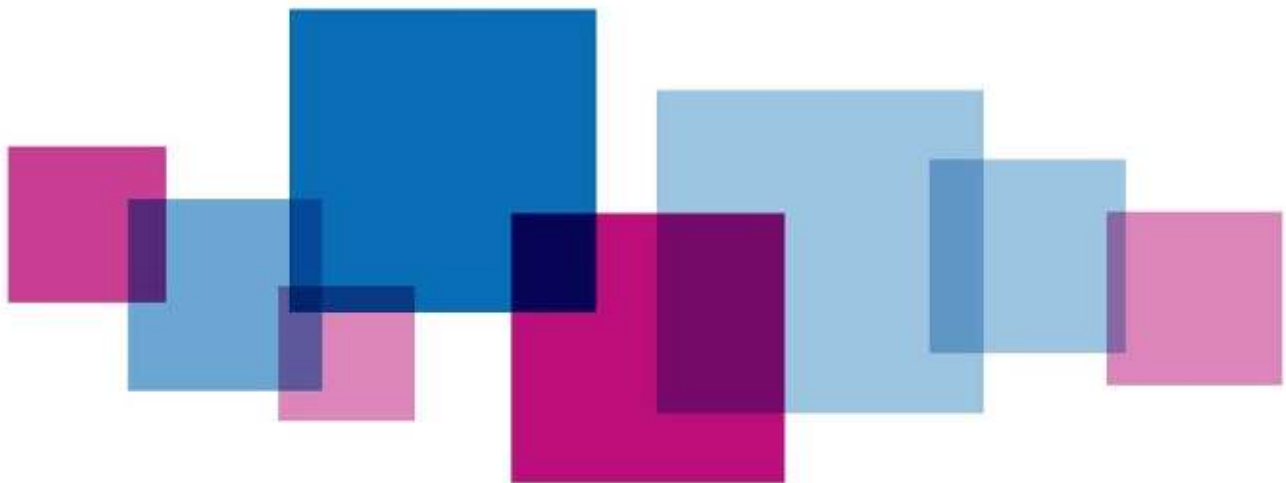


Commissioning Policy

Skin Excision for Contouring including Buttock, Arm and/or Thigh Lift



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Version: 1819.2.00

Document Control

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Version Control

Version	Date	Reviewer	Comment
1718.4	23/10/2017	IFR Manager	Prepared for Clinical review in anticipation of November CPRG
1718.4.01	18/05/2018	IFR Coordinator	Prepared for review at June 2018 CPRG
1819.2.00	01/10/2018	IFR Coordinator	Smoking and BMI references updated following Sept CPRG and PALS info updated



THIS TREATMENT IS NOT ROUTINELY COMMISSIONED FOR ANY PATIENTS AND INDIVIDUAL FUNDING PANEL APPROVAL MUST BE SOUGHT PRIOR TO REFERRAL

THIS POLICY RELATES TO ALL PATIENTS

Skin Excision for Contouring including Buttock, Arm and/or Thigh Lift 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 ICB does not commission surgery for cosmetic purposes alone (Cosmetic Surgery NHS Choices).
2. Funding approval must be secured by the patient's treating clinician prior to referring patients for surgical opinions. 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.
3. On limited occasions, the ICB 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 patient meets the criteria to access treatment in this policy.
4. 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.
5. Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>(Thelwall, 2015)
6. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (ASH, 2016)
7. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by

the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

What is body contouring?

Body Contouring is any procedure that alters the shape of different areas of the body. This is most commonly considered when people have lost a large amount of weight and looking to remove excess skin.

Body contouring procedures are considered to be cosmetic and are not routinely commissioned. Requests for funding will be required to be considered on a case by case basis. Cases will only progress to the IFR Panel for consideration where there is evidence of clinical exceptionality being presented.

This is not an exhaustive list of body contouring procedures, but includes the most common:

- **Liposuction** - also known as liposculpture or suction-assisted lipectomy is a treatment to remove body fat. It is carried out for aesthetic reasons on areas of the body where deposits of fat tend to collect, such as the buttocks, hips, thighs and abdomen. Other popular areas for liposuction are under the chin, neck, upper arms, breasts, knees, calves or ankles.

Liposuction simply to correct the distribution of fat is not normally routinely commissioned by the ICB.

- **Brachioplasty / Upper Arm Lift** - Brachioplasty, commonly called an arm lift, is a surgical procedure to reshape and provide improved contour to the upper arms and connecting area of chest wall.

This procedure is not routinely commissioned by the ICB.

- **Buttock Lift** - A buttock lift (also known as belt lipectomy) improves and/or removes excess, sagging buttock and thigh skin that has developed as a result of weight loss, aging and gravity, or genetics. By raising and tightening the skin over the buttocks, a buttock lift makes the buttocks appear less saggy, dimpled or wrinkled.

This procedure is not routinely commissioned by the ICB.

- **Calf Implants** - Calf implants are made of solid silicone rubber and inserted into the tops of the calves to increase the size and shape of the lower leg. They are useful for giving the calf a larger, more defined look as well as correcting asymmetrical legs. It is also known as calf augmentation surgery.

This procedure is not routinely commissioned by the ICB.

- **Neck Lift** - A neck lift is a form of cosmetic surgery which can reshape the skin around the neck and jaw, reducing the appearance of sagging and other visible signs of ageing.

This procedure is not routinely commissioned by the ICB.

- **Thigh Lift** - A thigh lift is a surgical procedure to remove skin and fat from the thighs to tighten the skin and improve the contour of the legs.

This procedure is not routinely commissioned by the ICB.

POLICY CRITERIA – NOT COMMISSIONED

EXCEPTIONAL FUNDING PANEL APPROVAL REQUIRED

Skin excision for contouring including the lifting of buttock, arm and/or thigh is regarded as a cosmetic procedure and as such is **not routinely funded**.

Evidence of exceptionality must clearly be demonstrated by submission of supporting information for consideration by the Individual Funding Request Panel.

Psychological distress in isolation is unlikely to be sufficient to achieve funding.

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.

Individual cases will be reviewed at the ICB'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.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net

Connected Policies

- Abdominal Loose Skin Removal
- Breast Surgery – Female
- Breast Surgery - Male
- Cosmetic Surgery or Treatment
- Divarication of Recti
- Facial Surgery and Treatments

- Liposuction to Reduce Fat Pockets & Deposits

This policy has been developed with the aid of the following references:

Ash. (2016). *Ash.org.uk*. Retrieved Sept 24, 2018, from [www.ash.org.uk](http://www.ash.org.uk/briefings): www.ash.org.uk/briefings <http://www.swindonccg.nhs.uk/index.php/about-us/what-we-do-and-don-t-fund/455-body-contouring-1/file>. (n.d.). Retrieved 10 23, 2017, from www.Swindonccg.nhs.uk: Psychological distress alone will normally not be accepted as a reason to fund surgery.

Mayo Clinic. (2014, September 12). *Cosmetic Surgery Risks*. Retrieved November 16, 2015, from Mayo Clinic: <http://www.mayoclinic.org/tests-procedures/cosmetic-surgery/basics/risks/prc-20022389>

NHS Choices. (n.d.). *Cosmetic Surgery*. Retrieved June 2015, from NHS Choices: <http://www.nhs.uk/livewell/cosmeticsurgery/Pages/Cosmeticsurgeryhome.aspx>

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.

OPCS Procedure codes – For completion at a later date
