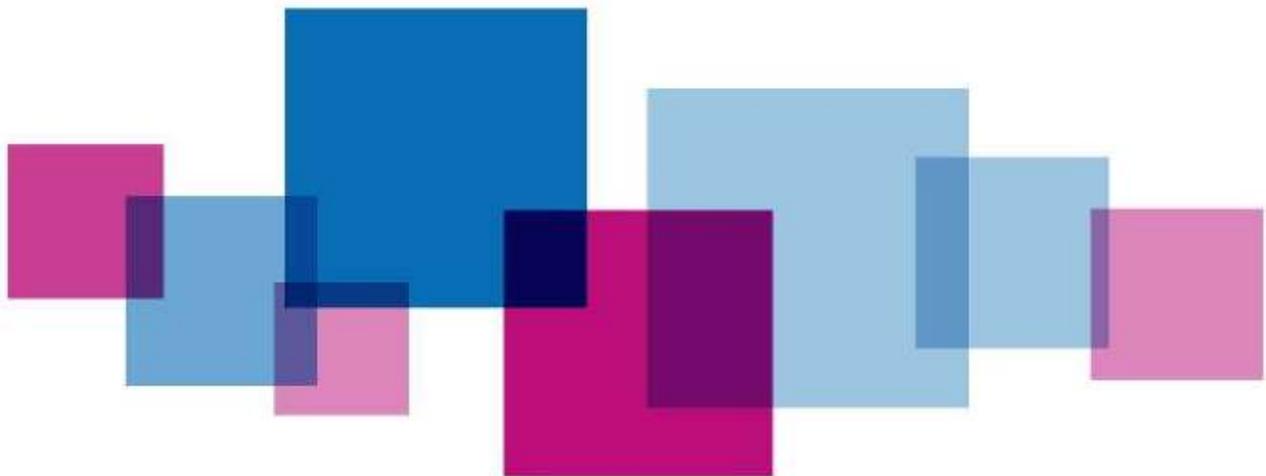


Commissioning Policy Syndactyly – Surgical Correction of the Fingers

Prior Approval



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1617.1.01	27/03/2018	IFR Coordinator	Rebranded to BNSSG CCG
1819.2.00	26/10/2018	Commissioning Policy Development Support Officer	Smoking and BMI references updated, BNSSG branding refreshed, PALS update. Approved on 14 th February 2019 by Commissioning Executive.



1920.2.00	21/6/2019	Commissioning Policy Development Manager	Removal of SFI criteria in line with BNSSG GB guidance. Insertion of new clinical criteria.
1920.2.01	31/07/2019	Commissioning Policy Development Manager	Updated to include Type 5 in criteria as per Clinical Director comment
1920.2.02	20/08/2019	Commissioning Policy Development Manager	Admin correction and post CPRG comments

**TREATMENT UNDER THIS POLICY REQUIRES PRIOR APPROVAL FROM THE ICB'S
EXCEPTIONAL FUNDING TEAM**

THIS POLICY RELATES TO ALL PATIENTS

Syndactyly – Surgical Correction of the Fingers 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 further damage to the voice box 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.

Background

Syndactyly (webbed toes or fingers)

Syndactyly means 'joined digits' and may involve webbing of the skin, or include fusion of the underlying bones. This may be along part or the whole length of the finger. Hand development occurs in the early stages of pregnancy and the fingers separate in the ninth week. Syndactyly happens when two or more fingers fail to completely separate during development.

Syndactyly is thought to occur about once in every 2000 to 2500 births and is twice as common in males (National Center for Biotechnology Information , 2005).

Sometimes syndactyly occurs by chance or it may be inherited. In rare circumstances, it may occur along with other signs as part of a syndrome (collection of signs). Syndactyly can occur unilaterally (on one hand only) or bilaterally (affecting both hands), and can affect two or more fingers. Occasionally it may be associated with extra digits or other abnormalities in the hands. Syndactyly can also affect the toes, involving webbing of the skin or fusion of the underlying bones along part or the whole length of the toe. The condition usually does not interfere with

limb function but does cause cosmetic concern for patients or their parents.

Type and Classification of Syndactyly

Syndactyly can be classified as complex or simple. In simple syndactyly, adjacent fingers or toes are joined by soft tissue whereas in complex syndactyly, the bones of adjacent digits are fused.

Syndactyly can also be complete or incomplete. In complete syndactyly, the skin is joined all the way to the tip of the finger and in incomplete syndactyly, the skin is only joined part of the distance to the fingertip.

Complex syndactyly occurs as part of a syndrome (such as Apert syndrome) and typically involves more digits than simple syndactyly.

In addition, five types of syndactyly are generally recognized:

<ul style="list-style-type: none"> • Type 1: Zygodactyly. This is the most common form of syndactyly, occurring between the middle and ring fingers and/or second and third toes.
<ul style="list-style-type: none"> • Type 2: Synpolydactyly. This also involves the long and ring fingers but includes a duplication of the ring finger between the fingers.
<ul style="list-style-type: none"> • Type 3: Ring-small syndactyly. This is usually bilateral with the small finger being merged into the ring finger,
<ul style="list-style-type: none"> • Type 4: Haas-type polysyndactyly. In this rare type, described by Haas in the <i>American Journal of Surgery</i> in 1940, there is a complete syndactyly of all digits. Occasionally a sixth metacarpal and phalanges may be included in the cup-shaped hand.
<ul style="list-style-type: none"> • Type 5. In this rare type, both the long and ring fingers and second and third toes are syndactylized. The fourth and fifth metacarpals and metatarsals may be fused.

(National Center for Biotechnology Information , 2005)

Risks of Surgical Treatment

- Anaesthesia - Surgery would normally be carried out under a general anaesthetic.
- Bleeding - there is a risk of bleeding with any type of operation and with extra finger removal a small amount of oozing is normal.
- Infection - antibiotics would be given if the operation site becomes infected.
- Scarring - there will be a scar where the extra finger was removed, normally quite small and will usually fade gradually with time, so that it is less noticeable but it will always be there.

Policy – Criteria to Access Treatment – PRIOR APPROVAL REQUIRED

Surgical treatment of syndactyly of the fingers or toes is not routinely funded by the ICB. This policy only considers those affecting fingers.

Funding approval will be provided by the ICB where the patient is suffering from:

1. Type 4 or Type 5: Haas-type Polysyndactyly of either one or both hands.

AND

2. Permanently flexed fingers and/or a cup shaped hand due to Polysyndactyly.

For surgical correction of syndactyly affecting the toes, please submit an Exceptionality Funding Request Form.

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 Exceptional Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

Due Regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB is responsible, including policy development and review.

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

N/A



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: www.ash.org.uk/briefings
- Cosmetic Surgery NHS Choices . (n.d.). *Is cosmetic surgery available on the NHS?* Retrieved June 2018, from NHS Choices: <https://www.nhs.uk/conditions/cosmetic-treatments/is-cosmetic-surgery-available-on-the-nhs/>
- Great Ormond Street Hospital for Children. (n.d.). *Syndactyly*. Retrieved from Great Ormond Street Hospital for Children: <http://www.gosh.nhs.uk/medical-information-0/search-medical-conditions/syndactyly>
- National Center for Biotechnology Information . (2005, January 18th). *Webbed fingers*. Retrieved from National Center for Biotechnology Information : <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1200697/>
- NHS England. (n.d.). <https://www.england.nhs.uk/wp-content/uploads/2013/06/e02-paed-surg-surgi-path-anaes.pdf>. Retrieved June 28, 2019, from <https://www.england.nhs.uk>: <https://www.england.nhs.uk/wp-content/uploads/2013/06/e02-paed-surg-surgi-path-anaes.pdf>
- 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

Procedures challenged in this policy:

Must have any of :

X213, X214, X215, X216