

Blepharoplasty and/or Brow lift

Prior approval

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk) or consider use of advice and guidance services where available.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Blepharoplasty and/or Brow lift

Blepharoplasty and Brow lift are surgical procedures performed to correct upper lid hooding over the eyes caused by excess tissue in the upper eyelids or drooping of the brows respectively.

Upper Lid/Brow

Patients with the following condition may be considered:

- Drooping of the tissue above the eyelid causes persistent impairment of visual fields in the relaxed, non-compensated state where there is evidence that eyelids impinge on visual fields reducing field to less than 120° horizontally and 40° vertically. However, Group 2 PCV and LGV drivers require 160° horizontally and funding will be approved for these.

AND

- Blepharoplasty or Brow lift will improve the vision of the patient.

Supporting evidence in the form of photographs or an appropriate visual field test result will be required. It is recommended that the patient is tested twice, first with and then without the upper lids taped up.

(Visual fields tests are usually undertaken by an optician please see Remedy for more information: <https://remedy.bnssgccg.nhs.uk/adults/ophthalmology/ophthalmology-guidelines-for-primary-care/>)

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

Benefits.

Improvement in field of vision, which improves quality of life and in some cases reduces the risk of falls

Risks

Bleeding and bruising, scarring, blurred vision and asymmetry of the eyes.

Alternatives

No medical or surgical alternatives

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

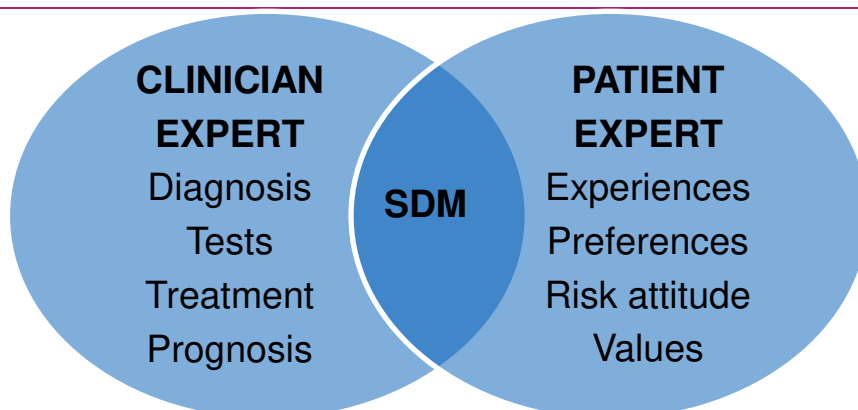
Blepharoplasty and Brow Lift– Plain Language Summary

Blepharoplasty is a surgical procedure to reduce hooded eyelids by removing excess skin and/or deeper tissues from the upper eyelids. Brow lift surgery involves excision of tissue above the eye brows in order to raise the brows, and thereby reduce upper lid hooding.

Shared Decision Making

If a person fulfils the criteria for Blepharoplasty it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

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

1. [Cosmetic procedures - Eyelid surgery - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical 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 are responsible, including policy development and review.

Document Control

Document Title	Blepharoplasty and/or Brow lift
Author(s) job title(s):	Commissioning Policy Development Officer
Document version:	2324.02.01
Supersedes:	1920.01.02
Discussed at Commissioning Policy Review Group (CPRG):	October 2023

Approval Route (see <u>Governance</u>):	Level 2
Approval Date	12.12.23
Date of Adoption:	01.02.24
Publication/issue date:	01.02.24
Review due date:	Earliest of either NICE publication or three years from approval.

Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):

C121,C122,C123,C124,C125,C126,C128,C129,C131,C132,C133,C134,C138,C139,C153,
C158,C159,C161,C162,C163,C164,C165,C168,C169,C181,C182,C183,C184,C185,C186,
C188,C189,C231,C232,C233

Support

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.