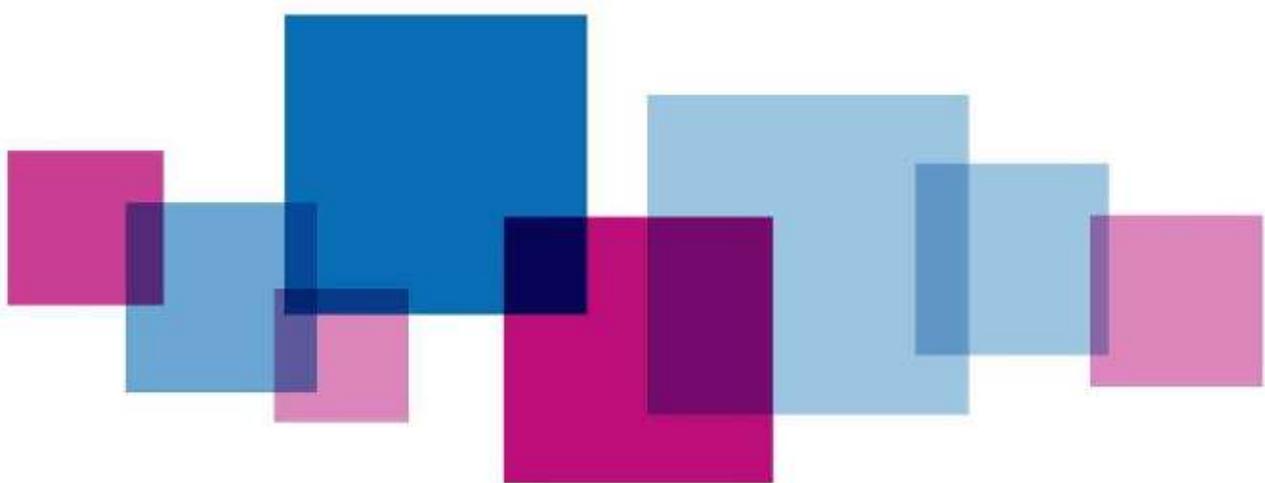


Commissioning Policy

Female Genitalia Surgery



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Version Control

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1718.2.01	26/03/2018	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.



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

THIS POLICY RELATES TO ALL PATIENTS

Female Genitalia 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. Funding approval must be secured by primary care prior to referring patients for assessment. 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.
2. 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 patients meets the criteria to access treatment in this policy.
3. Where funding approval is given by the Exceptional Funding Panel, it will be available for a specified period of time, normally one year.
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., 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.
8. Funding will not be approved on patients below 18 years of age
9. Funding approval will not be given where there is evidence that the treatment requested is for Cosmetic reasons alone. Application must be supported by a clinical evidence of an examination.
10. All application requests for funding will be shared with the ICB Safeguarding lead.

Under the Serious Crime Act 2015, all incidences of a parent seeking advice from a clinician regarding FGM on behalf of their child must be reported to the local Children's Safeguarding Team.

Background

Labiaplasty

Labiaplasty (also known as labioplasty, labia minora reduction, and labial reduction) is a plastic surgery procedure for altering the labia minora (inner labia) and the labia majora (outer labia), the folds of skin surrounding the human vulva.

There are two main categories of women seeking cosmetic genital surgery: those with congenital conditions such as intersex, and those with no underlying condition who experience physical discomfort or wish to alter the appearance of their genitals because they believe they do not fall within a normal range. Some women feel their vaginal lips should look a certain way, but it's natural for appearance to vary widely.

This policy only relates to those patients with no underlying congenital conditions or gender dysphoria. This is covered in a separate policy commissioned by NHS England.



Risks

The short-term risks of a Labiaplasty include bleeding, infection and scarring of tissue.

If the desired effect isn't achieved, or there are complications, there is always a chance you will need another procedure to fix this.

There's also a risk that sex will become painful after the operation. Also, because the tissue is rich in nerve endings, you may be left with reduced sensitivity. (NHS Choices, 2014)

How is it different to Female Genital Mutilation?

A Labiaplasty is offered as treatment for a medical problem, with the full consent of the patient. Female Genital Mutilation (FGM) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. It is nearly always carried out on children without their consent, and is ethically and morally wrong. **FGM is illegal in the UK.** (NHS Choices, 2014)

Vaginoplasty

Vaginoplasty is a procedure that aims to "tighten up" a vagina that's become slack or loose from vaginal childbirth or aging.

Vaginoplasty procedures are sometimes carried out as reconstructive surgeries to repair birth defects when the vagina was malformed, too short, or absent (such as in vaginal agenesis), so that a girl could grow up to have normal urination, menstruation and intercourse. (WebMd)

Hymenorrhaphy

Hymenorrhaphy, or hymen reconstruction surgery, is the surgical restoration of the hymen.

Episiotomy

Sometimes during the process of giving birth, a doctor or midwife may make a cut in a woman's perineum (the area between the vagina and anus). The cut makes the opening of the vagina a bit wider, allowing the baby to come through it more easily.

In England, episiotomies aren't carried out routinely. NICE (the National Institute for Health and Care Excellence) recommends that an episiotomy should be considered if the baby is in distress and needs to be born quickly, or if there is a clinical need, such as a delivery that needs forceps or ventouse. Around one in seven deliveries involves an episiotomy.

In some women, the perineum may tear during childbirth as the baby comes out. If you have a tear or an episiotomy, you will probably need stitches to repair it, depending on the nature of the wound. If your doctor or midwife feels that you need an episiotomy when you're in labour, they will discuss this with you.

The stitches used during an episiotomy should heal within one month. Dissolving stitches are usually used, so you won't need to return to hospital to have them removed. You will probably feel some pain around the episiotomy for two or three weeks after your baby is born. Sex can also be painful for the first few months after an episiotomy. (WebMd)

Scar tissue

For a few women, excessive, raised or itchy scar tissue forms around the place where a tear happened or where an episiotomy was performed. A small operation can be carried out to remove the scar tissue. This is done at least six months after childbirth, when the tissues have healed from the stretching, bruising and tearing.

The operation involves neatly cutting out the scar tissue and sewing together the clean-cut edges with small stitches. As with all wounds, there is a small risk of infection, so keep your stitches clean at all times. (NHS Choices, 2014)

POLICY CRITERIA – NOT COMMISSIONED

EXCEPTIONAL FUNDING PANEL APPROVAL REQUIRED

Female Genitalia Surgery is not routinely commissioned.

This includes but is not limited to:

- Labiaplasty
- Vaginoplasty
- Hymenorrhaphy

Please note:

- Immediate vaginal repair following delivery or revisions post childbirth where there is evidence of pain or discomfort is routinely commissioned as part of obstetric care and therefore not part of this policy.

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.

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

NHS Choices. (2014 , June 27th). *Female genital mutilation* . Retrieved from NHS Choices:

<http://www.nhs.uk/Conditions/female-genital-mutilation/Pages/Introduction.aspx>

NHS Choices. (2014, August 20th). *Labiaplasty* . Retrieved from NHS Choices:

<http://www.nhs.uk/conditions/labiaplasty/pages/introduction.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.

WebMd. (n.d.). *Women's Health*. Retrieved from WebMd:

<http://www.webmd.com/women/guide/vaginoplasty-and-labiaplasty-procedures>

OPCS Procedure codes – For completion at a later date
