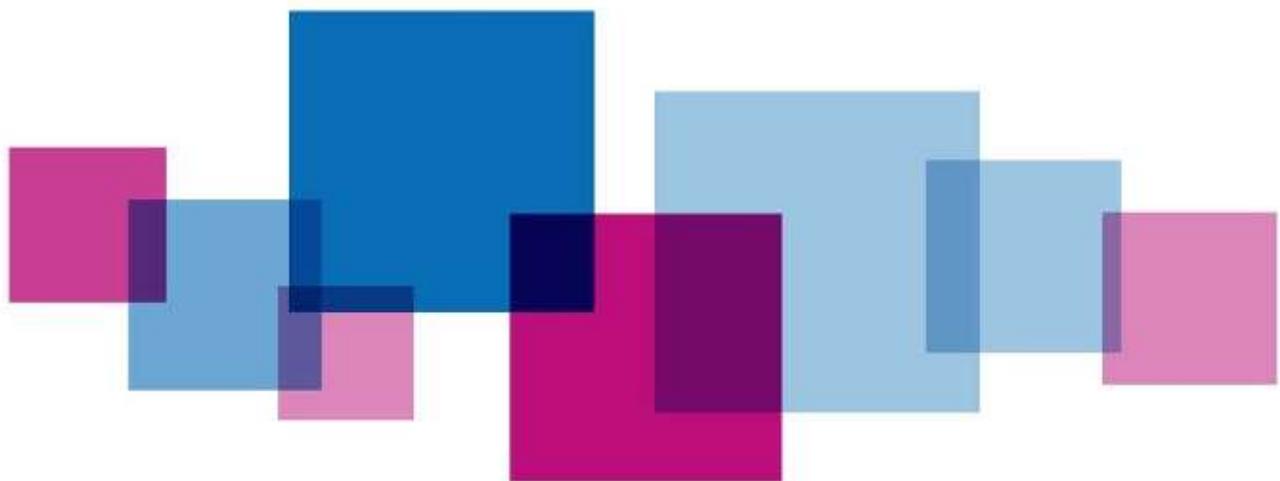


Commissioning Policy

Breast Surgery (for females)



Date Adopted: 13th October 2017

Version: 1920.1.02

Document Control

Title of document:	Breast Surgery Policy (for females)
Authors job title(s):	Commissioning Policy Development Manager
Document version:	v1920.1.02
Supersedes:	v1819.2.00
Clinical Approval – received from:	June 2017
Clinical Approval – date received:	CPRG
Discussion and Approval by Clinical Policy Review Group (CPRG):	14 June 2017 18 June 2019 – NHS E EBI discussion
Discussion and Approval by CCG Commissioning Executive:	05 September 2017
Date of Adoption:	13 October 2017
Publication/issue date:	July 2019
Review due date:	Earliest of either NICE publication or three years from approval.
Equality Impact Assessment Screening (date completed):	May 2019
Quality Impact Assessment Screening (date completed):	May 2019
Patient and Public Involvement	May 2019

Version Control

Version	Date	Reviewer	Comment
1718.2.0	13/10/2017	IFR Manager	Approved by Governing Body and loaded on

			website
1718.2.02	13/10/2017	IFR Manager	Updated following feedback re Breast Reconstruction post Cancer
1718.2.03	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.
1920.1.00	24/04/2019	Commissioning Policy Development Manager	Statement added in to reflect NHS England Evidence Based Interventions request for due regard.
1920.1.01	3/06/2019	Commissioning Policy Development Manager	Admin corrections for CPRG and addition of OPCS codes
1920.1.02	20/06/2019	Commissioning Policy Development Manager	Post CPRG admin and addition of remedy link

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

Breast Surgery (for females) 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.

Statement

Breast Surgery Policy (Female) Statement

Breast surgery includes all surgeries to alter or improve the appearance of female breasts, including:

- Breast implant surgery including augmentation/provision, revision or extraction of breast implants
- Breast asymmetry correction surgery
- Breast reduction
- Breast mastopexy or uplift
- Correction of inverted nipples

Outside the scope of this policy

Breast Surgery for all patients post Breast Cancer is not covered by this policy

Breast surgery for males including treatment of gynaecomastia is covered by a separate clinical policy.

Breast surgery for patients on the gender dysphoria pathway is the commissioning responsibility of NHS England and is not subject to this policy.

Risks of breast surgery

All forms of surgery carry some degree of risk. Complications that can affect anyone who has surgery include:

- an adverse reaction to the anaesthetic
- excessive bleeding
- risk of infection
- developing blood clots (where the blood thickens to form solid lumps)

In addition, breast surgery can cause the following complications:

Capsular contracture

Capsular contracture is an unavoidable complication of breast implant surgery. After having a breast implant, the body will create a capsule of fibrous scar tissue around the implant as part

of the healing process. This is a natural reaction that occurs when any foreign object is surgically implanted into the body.

Over time the scar tissue will begin to shrink. The shrinkage is known as capsular contraction. The rate and extent at which the shrinkage occurs varies from person to person. In some people, the capsule can tighten and squeeze the implant, making the breast feel hard and patients may also experience pain and discomfort.

Rupture

A rupture is a split that occurs in the implant's casing. For patients who have a saline (salt water) implant, any leakage from the implant should not cause problems as saline is a sterile, salt water solution which the body is able to safely absorb.

However, for patients with silicone implants, the silicone that leaks out of a ruptured implant may cause problems, such as siliconomas or a gel bleed.

Scarring

After breast surgery, all patients will have some degree of scarring. In most cases, the scarring is relatively mild. However, in approximately 1 in 20 women, the scarring is more severe. For these women, their scars may be:

- red or highly coloured
- lumpy
- thick
- painful

The symptoms of severe scarring should improve gradually, and over time the scars will begin to fade. However, in some cases it may take several years before there is a noticeable improvement.

Patients must be advised that scar revision surgery is not routinely commissioned.

Seroma

Fluid build-up around the breast which normally resolves without aspiration.

Inability to breast feed following surgery – Surgery to the breasts may impact on or prevent the ability of patients to breast feed.

Patients must be advised prior to consenting to surgery that except where specified within this policy, surgical revision of these known complications will not be funded.

POLICY CRITERIA – NOT COMMISSIONED

EXCEPTIONAL FUNDING PANEL APPROVAL REQUIRED

Breast Surgery (female) is not routinely commissioned.

Breast implant surgery (post cancer treatment)

Patients who have been treated for cancer with a complete mastectomy will be provided with reconstruction surgery in line with national guidelines. There are many techniques available to improve a patient's appearance after a mastectomy. The final choice depends on patient desires, body habitus, available tissue, appearance of the opposite breast, and the health of the patient. The realistic goal of reconstructive surgery should always be to as far as possible replicate the appearance of the original breast and not the perfect replacement of the breast.

The primary surgical breast reconstruction for a patient who has undergone a mastectomy due to cancer does not require funding approval. However, the ICB will only fund planned breast surgery that has been agreed at an oncoplasty multi-disciplinary team meeting.

For more information please see <https://remedy.bnssgccg.nhs.uk/>

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.

Consideration has been given to this policy and the development process of the above criterion following the recent NHSE Evidence-Based Interventions (EBI) recommendations. Following this review, local consensus is that due to the robust development process which included a public consultation this policy should remain and be reviewed in line with the BNSSG published process.

For more details about our public consultation please see our website: https://bnssgccg-media.ams3.cdn.digitaloceanspaces.com/attachments/yousaidwedid_cosmetic_treatments_X_BH8uZA.pdf

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

Breast Surgery Policy (for male) : Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Cosmetic Surgery: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Skin Contouring: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Skin Camouflage: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Tattoo Removal: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

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

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OPCS Procedure codes

Procedures challenged in this policy:

OPCS Code: B301, B302, B303, B304, B308, B309, B311, B312, B313, B314, B375, B318, B319, B381, B382, B388, B389, B391, B392, B393, B394, B395, B398, B399, B351, B356, B358, B359

Relevant diagnoses for this policy:

ICD10 Code: None

Diagnoses for which the above procedures are permitted:

ICD10 Code: C50, C500, C509, C501, C502, C503, C504, C505, C506, C507, C508, C509D, Z853