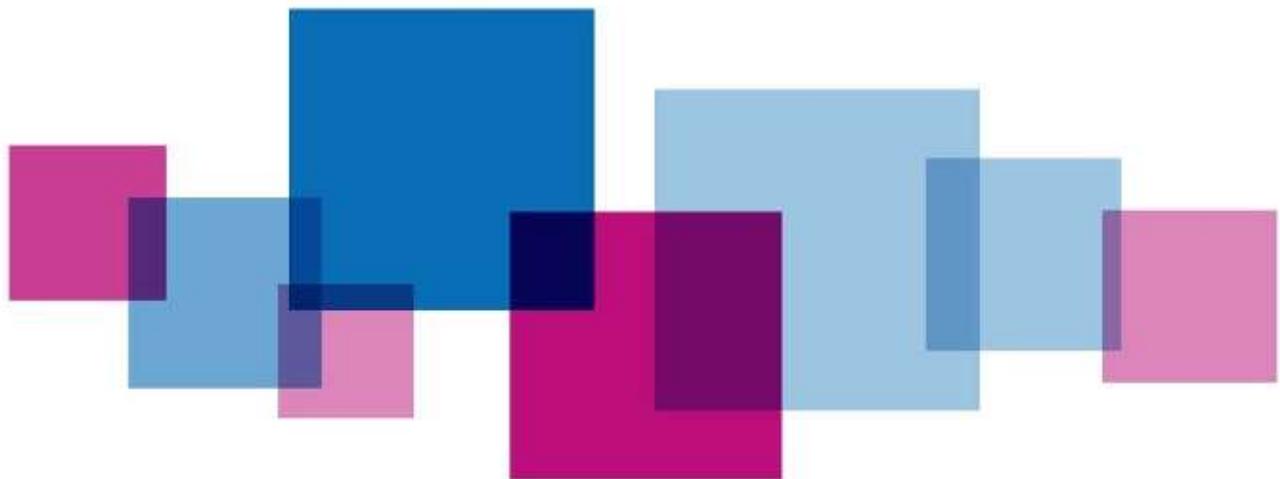


Commissioning Policy

Breast Surgery Policy (for males)



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Document Control

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Version Control

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1819.2.00	26/10/2018	Commissioning	Smoking and BMI references updated, BNSSG

		Policy Development Support Officer	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 confirm reviewed following NHS England Evidence Based interventions recommendations.
1920.1.01	03/06/2019	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 males) 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.

Background

Breast surgery for male patients can include the following procedures or conditions:

Breast Reduction for Gynaecomastia

Gynaecomastia is common and usually temporary in neonates and adolescent boys. In later life, prevalence rises with increasing age. It is thought to occur in about 32 to 36% of men (Lee, 2012).

Gynaecomastia is enlargement of breast tissue in men where there is >2cm palpable, firm, subareolar gland and ductal tissue (not fat) reflecting an increased ratio of oestrogen to testosterone. There are many causes: it can be normal, a side effect of medication or a sign of diseases that affect hormonal balance. It is a common feature of obesity. Treatments for painful or embarrassing gynaecomastia can include an anti-oestrogen, such as Tamoxifen*, or surgery (liposuction or ammolasty).

Physiologically, gynaecomastia normally does not require treatment. Withdrawing an offending drug or treating an underlying disorder may be sufficient, especially if gynaecomastia is relatively recent.

NB: Cancers are diagnosed in about 1% of cases of gynaecomastia. Where history or physical examination raises suspicion of cancer including unilateral breast masses, urgent referral for further investigation should be made under the 2 week wait pathway.

****Tamoxifen is not routinely commissioned under this policy and clinicians should refer to the Bristol, North Somerset and South Gloucestershire's Joint Formulary to establish the treatment position when considering prescribing for patients.***

Gynaecomastia Grading System

There have been a number of attempt to produce a formal classification scheme for gynaecomastia. However, there are clinically accepted categories, the most commonly referred to being the Simon et Al Classification System (Moschella, January 2008):

- Class I: minor breast enlargement with no skin redundancy
- Class IIa: moderate breast enlargement with no skin redundancy
- Class IIb: moderate breast enlargement with minor skin redundancy
- Class III: marked breast enlargement with major skin redundancy (resembles the female breast)

This and other systems refer mainly to issues with the size of the breast and skin issues. However, this policy does not allow for reduction of gynaecomastia due to cosmetic concerns and therefore a grading system is not used to define criteria for treatment within this policy.

Breast Asymmetry Correction Surgery

Patients with a natural absence of breast tissue, i.e. those who have Poland's Syndrome, will often have a unilateral absence of breast tissue and this can cause a cosmetic concern in male patients. (Yildizhan A., 2011)

Breast Mastopexy (Uplift) and Correction of Inverted Nipples

These procedures would normally be used to correct a cosmetic concern only in male patients.

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)
- After breast surgery, all patients will have some degree of scarring

Gender Dysphoria

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

POLICY CRITERIA – NOT COMMISSIONED

EXCEPTIONAL FUNDING PANEL APPROVAL REQUIRED

Breast Surgery for males is not routinely commissioned.

For further guidance please see <https://remedy.bnssgccg.nhs.uk/>

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_XBH8uZA.pdf

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

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

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

Chalazion Removal: 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.

Desensitizing Light Therapy in the Management of Severe Polymorphic Light Eruption: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

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

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

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

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

Hydrocele in Males: 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.

Surgery of the Face: 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:

- Ash. (2016). *Ash.org.uk*. Retrieved Sept 24, 2018, from www.ash.org.uk: www.ash.org.uk/briefings
- Chen CL, S. A. (2011, November). *NCBI - The impact of obesity on breast surgery complications*. Retrieved May 15, 2019, from NCBI: <https://www.ncbi.nlm.nih.gov/pubmed/21666541>
- England, N. (2019, January 11). *NHSE EBI Document*. Retrieved May 8, 2019, from NHS England: <https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-consultation-response-document-v2.pdf>
- Lee, J.-H. I.-K.-G.-H. (2012). Surgical correction of gynecomastia with minimal scarring. *Aesthetic plastic surgery*, vol. 36, no. 6, p. 1302-1306.
- Moschella, A. C. (January 2008). *Algorithm for clinical evaluation and surgical treatment of gynaecomastia*. Palermo, Italy: <http://dx.doi.org/10.1016/j.bjps.2007.09.033>.
- NHS. (2016, June 02). *Breast reduction on the NHS*. Retrieved May 15, 2019, from NHS: <https://www.nhs.uk/conditions/breast-reduction-on-the-nhs/>
- 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.
- Yildizhan A., Y. E. (2011). Evaluation of 38 patients with poland's syndrome.

OPCS Procedure codes

Procedures challenged in this policy:

OPCS Code: B275,B276,B278,B279,B281,B282,B283,B284,B285,B286, B311

Relevant diagnoses for this policy:

ICD10 Code: N62, N620

Diagnoses for which the above procedures are permitted:

ICD10 Code: There are no appropriate ICD10 Codes for the clinical criteria.