

Correction of Chest Wall Deformity for Cosmetic Purposes

Exceptional Funding Request All Patients

POLICY CRITERIA – NOT COMMISSIONED

EXCEPTIONAL FUNDING PANEL APPROVAL REQUIRED

Correction of Chest Wall Deformity for Cosmetic Purposes is not routinely commissioned

Note: NHS England commissions all non-cosmetic thoracic surgery. (1)

Patients presenting with concerns with the cosmetic appearance of their chest wall deformity should be offered reassurance and assistance in managing concerns, including if necessary referral to local mental health services.

Note: if clinicians feel the patient is having significant clinical symptoms due to the chest wall deformity then these patients should be referred direct to respiratory medicine or cardiology.



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

BNSSG ICB is responsible for making the best use of the NHS funds allocated to us to meet the health needs of our local population. The demand for services is greater than the resources available and therefore we have to prioritise the use of funds carefully. Our approach is to prioritise commissioning treatments, operations or drugs that are most effective in meeting the health needs of the population. All operations carry significant risks and where symptoms are mild or moderate it is likely that the risks outweigh the benefits. Not all conditions progress and when symptoms can be managed conservatively, that is the safest option.

NHS England has carefully reviewed the evidence for the surgical correction of chest wall deformities and are no longer funding this. Based on this review BNSSG ICB has concluded that there is not enough evidence to routinely commissioning the intervention.

Correction of Chest Wall Deformity for Cosmetic Purposes – Plain Language Summary

Chest wall deformity is a term used to describe a group of conditions associated with the malformation of the chest wall. In most cases, a chest wall deformity will be present at birth, however, it will usually only become obvious and visible during early adolescence, when growth is rapid. Diagnosis is made by physical examination. (3) There are two main types of chest wall deformities:

 <p data-bbox="435 930 683 961">Pectus Excavatum</p> <p data-bbox="207 1026 813 1199">Also known as funnel chest or sunken chest, this condition is characterised by a depressed breast plate which makes the chest look hollow.</p>	 <p data-bbox="1154 930 1393 961">Pectus Carinatum</p> <p data-bbox="870 1026 1435 1155">Also known as pigeon chest, this condition involves a raised breast plate and so the chest appears pushed out.</p>
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This policy has been developed with the aid of the following references:

1. NHS England. (2017, October). *Adult Thoracic Surgery*
2. NHS England. (2018, January). *Evidence Review: Surgical Correction for Pectus Deformity (all ages)*
3. NHS England (2018). *Evidence Review: Surgical Correction for Pectus Deformity (all ages) Public Consultation Document*

N/A

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), and NHSE Evidence-Based Interventions (EBI). This applies to all the activities for which the ICB is responsible, including policy development and review.

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