

Breast Surgery (for females)

Exceptional Funding Request

Before consideration of referral for management in secondary care, please review advice on the Remedy website (<https://remedy.bnssgICB.nhs.uk>) or consider use of advice and guidance services where available.

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 CCG will only fund planned breast surgery that has been agreed at an oncoplastic multi-disciplinary team meeting.

Patients With Axillary Granulomas

Patients who have had privately placed breast implants for cosmetic reasons that have ruptured and developed granulomas (usually axillary), are entitled to implant removal only.

Removal of axillary granulomas is not routinely commissioned.

Complications Following Surgery for NHS commissioned breast reconstruction surgery non-cancer

Patients are entitled to access surgery following significant complications associated with their breast reconstruction.

- Patients in whom further surgery for complications is considered **MUST** be discussed by the Oncoplastic MDT. The MDT must agree that the proposed surgery is appropriate and that the benefits outweigh the risks.

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

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.

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.

The ICB does not commission Breast Surgery (for females).

BNSSG ICB has determined that when considering it's priorities, the risks, effectiveness and cost of this procedure does not provide overall value.

Breast Surgery (for females) – Plain Language Summary

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

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

1. NHS England (2019) Evidence Based Interventions, Breast Reduction Surgery
www.england.nhs.uk
2. National Health Service (2019) Health A to Z: Breast reduction on the NHS [online]
www.nhs.uk/conditions
3. National Library of Medicine (2011) The impact of obesity on breast surgery complications (21666541) www.pubmed.ncbi.nlm.nih.gov

4. National Library of Medicine (2009) The impact of breast reduction surgery on low-back compressive forces and function in individuals with macromastia (20009823) www.pubmed.ncbi.nlm.nih.gov
5. National Library of Medicine (2003) An investigation of the suitability of bra fit in women referred for reduction mammoplasty (12859918) www.pubmed.ncbi.nlm.nih.gov
6. National Library of Medicine (2008) Breast size, bra fit and thoracic pain in young women: a correlational study (PMC2275741) www.pubmed.ncbi.nlm.nih.gov
7. National Library of Medicine (2012) Relationship Between Brassiere Cup Size and Shoulder-Neck Pain in Women (PMC3322448) www.pubmed.ncbi.nlm.nih.gov
8. National Library of Medicine (2014) Breast-Related Symptoms Questionnaire (PMC24508223) www.pubmed.ncbi.nlm.nih.gov
9. National Library of Medicine (2011) Obesity in mammoplasty: a study of complications following breast reduction (PMC 20682461) www.pubmed.ncbi.nlm.nih.gov
10. National Library of Medicine (2012) Additional benefits of reduction mammoplasty: a systematic review of the literature (PMC 22090252) www.pubmed.ncbi.nlm.nih.gov
11. National Library of Medicine (2015) How Does Volume of Resection Relate to Symptom Relief for Reduction Mammoplasty Patients? (PMC24508223) www.pubmed.ncbi.nlm.nih.gov
12. Royal College Of Surgeons (2014) Breast Reduction - Commissioning Guide (PMC24508223) www.rcseng.ac.uk

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.

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 CCGs are responsible, including policy development and review.

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OPCS Procedure codes

Must have any of (primary only):

B301, B302, B303, B304, B308, B309, B311, B312, B313, B314, 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

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.