

External Ear Surgery Policy

Exceptional Funding Policy

External Ear Surgery, including Pinnaplasty, is not routinely commissioned.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Before consideration of referral for management in secondary care consider use of advice and guidance services where available.

Bristol, North Somerset and South Gloucestershire Integrated Care Board (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.

External Ear Surgery – Plain Language Summary

Patients may seek a referral to secondary care for revision or repair of their external ears and lobes for a number of purposes including torn earlobes or cleft External Ears, holes in their Pinna or Lobes from “stretching” with devices used to create tunnels or plugs or deformity due to cartilage damage, also known as “Cauliflower Ear” (Fritsch, 2009) or known as “Bat Ears”. Pinnaplasty surgery is a cosmetic procedure normally performed on a child in order to correct the absence of a Helix formation in one or both ears.

Cryptotia

Cryptotia means ‘buried ear’. This is a relatively rare deformation in which the groove behind the ear is not fully formed.

Microtia / Anotia

Microtia is a congenital deformity where the pinna is underdeveloped. A completely undeveloped pinna is referred to as anotia.

Both Cryptotia and Microtia can be cosmetically displeasing and can on occasion lead to issues with wearing spectacles.

Patients will generally be seeking such treatments due to cosmetic concerns with the appearance of the ear.

Connected Policies

Cosmetic Surgery

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

1. National Health Service (2019) Health A to Z: Cosmetic procedures: Ear correction surgery www.nhs.uk/conditions.
2. NICE (2012) Clinical Guidelines: IPG422 - Incisionless surgery to correct protruding ears. (363087325) www.nice.org.uk.

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). This applies to all the activities for which the ICB is responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):

X213,X214,X215,X216

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.