

Cosmetic Surgery or Treatment

Exceptional Funding Request

All Patients

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

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.

Cosmetic Surgery or Treatment is not routinely commissioned.

NOTE:

1. This policy applies to **first and revision** procedures, i.e. whatever the diagnosis or stage of treatment.
2. This policy includes the following treatments but is not limited to:
 - Dermabrasion or Chemical Peel of the skin
 - Rhinophyma treatments including surgical, shave and laser
 - Scar revision (including Keloid Scarring)
 - Dermal Fillers (including Collagen Fat Injection)

For more guidance please see <https://remedy.bnssg.icb.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.

Cosmetic Surgery or Treatment – Plain Language Summary

Cosmetic or aesthetic surgery is a type of surgery used to change a person's appearance to achieve what they perceive to be a more desirable look. Cosmetic surgery or treatment may have a positive impact on a person's self-esteem; however there are no physical or medical reasons to have this procedure.

Cosmetic surgery is different from reconstructive plastic surgery, which is a type of surgery used to repair damaged tissue caused by surgery, illness, injury or an abnormality present from birth.

Scope of this Policy

This policy includes the following treatments but is not limited to:

- Dermabrasion or Chemical Peel of the skin
- Shave Rhynophyma
- Scar revision (including Keloid Scarring)
- Dermal Fillers (including Collagen Fat Injection)

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: Before you have a cosmetic procedure [online] www.nhs.uk/conditions
1. National Library of Medicine (2011) The impact of obesity on breast surgery complications (21666541) www.pubmed.ncbi.nlm.nih.gov
2. 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
3. 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
4. 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
5. National Library of Medicine (2012) Relationship Between Brassiere Cup Size and Shoulder-Neck Pain in Women (PMC3322448) www.pubmed.ncbi.nlm.nih.gov
6. National Library of Medicine (2014) Breast-Related Symptoms Questionnaire (PMC24508223) www.pubmed.ncbi.nlm.nih.gov
7. National Library of Medicine (2011) Obesity in mammoplasty: a study of complications following breast reduction (PMC 20682461) www.pubmed.ncbi.nlm.nih.gov
8. National Library of Medicine (2012) Additional benefits of reduction mammoplasty: a systematic review of the literature (PMC 22090252) www.pubmed.ncbi.nlm.nih.gov

9. 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
10. Royal College Of Surgeons (2014) Breast Reduction - Commissioning Guide (PMC24508223) www.rcseng.ac.uk

Connected Policies

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

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

Benign Skin Lesion Policy: Clinician's should refer to the intervention specific policy.

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

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

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

Eye Lid Surgery Policy: Clinician's should refer to the intervention specific policy.

Congenital Ear Deformity Policy: 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 Commissioning 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 ICBs are responsible, including policy development and review.

Document Control

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|---|---|
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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):

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.