

Cosmetic Breast Procedures Commissioning Policy

Intervention	Cosmetic Breast Procedures
Definition	<p>Cosmetic surgery is any surgery carried out to enhance outward appearance. It may be carried out on people who perceive their appearance is abnormal from a range of clinical or congenital conditions or syndromes or as a result of surgery or injury. It can also be carried out to enhance appearance changes due to ageing or obesity.</p> <p>This guideline covers a group of surgical procedures with cosmetic indications.</p>
Red Flag symptoms	In all cases exclude Red Flag Symptoms and if present, refer 2WW or to symptomatic breast clinic.
Exclusions to policy	This policy does not apply to patients as part of the treatment for breast cancer.
Background	<p>Breast asymmetry Breast asymmetry is a degree of difference in the size of an individual's breasts and is entirely normal. The difference can be corrected surgically and may involve breast reduction surgery or breast augmentation surgery</p> <p>Breast augmentation Breast augmentation/enlargement involves inserting artificial implants behind the normal breast tissue to improve its size and shape.</p> <p>Breast mastopexy Breasts begin to sag and droop with age as a natural process. Pregnancy, lactation and substantial weight loss may escalate this process. This is sometimes complicated by the presence of a prosthesis which becomes separated from the main breast tissue leading to 'double bubble' appearance.</p> <p>Breast nipple correction The term inverted nipple refers to a nipple that is tucked into the breast instead of sticking out or being flat. It can be unilateral or bilateral. It may cause functional and psychological disturbance. Nipple inversion may occur as a result of an underlying breast malignancy and it is essential that this be excluded.</p> <p>Breast reduction Excessively large breasts can cause physical and psychological problems. Breast reduction procedures involve removing excess breast tissue to reduce size and improve shape.</p> <p>Gynaecomastia Gynaecomastia is a benign enlargement of the male breast. Most cases are idiopathic. For other cases, endocrinological disorders and certain drugs such as oestrogens, gonadotrophins, digoxin, spironolactone, cimetidine; proton pump inhibitors or drugs for treatment of prostate cancer could be the primary cause. Obesity can also give the appearance of breast development as part of the wide</p>

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	<p>distribution of excess adipose tissue. Early onset gynaecomastia is often tender but this usually resolves in 3 to 4 months.</p> <p>Full assessment of men with gynaecomastia should be undertaken, including screening for endocrinological and drug related causes and necessary treatment is given prior to request for NHS funding. It is important to exclude inappropriate use of anabolic steroids or cannabis.</p>
Commissioning position	<p>NHS Scarborough and Ryedale and Vale of York CCGs do not routinely commission the above procedures for cosmetic reasons.</p> <p>Patients should not be referred unless clinical exceptionality is demonstrated and approved prior to initial referral by the Individual Funding Request panel.</p>
OPCS codes	<p>Z15 Breast</p> <p>Z151 Upper inner quadrant of breast Z152 Upper outer quadrant of breast Z153 Lower inner quadrant of breast Z154 Lower outer quadrant of breast Z155 Axillary tail of breast Z156 Nipple Z158 Specified breast NEC Z159 Breast NEC</p> <p>Breast Asymmetry/Breast augmentation – B30.1/.8/.9; B31.2; B37.5 Breast –Inverted nipple correction – B35.4/.6 Breast – Mastopexy – B31.3 Breast – Prosthesis Removal and/or replacement – B30.- Breast – reduction – B31.1 Gynaecomastia – B31.1</p>
Date effective from	15 th July 2019
Review Date	2021

References:

- NHSE Evidence Based Interventions Policy – published November 2018 – https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi_statutory-guidance-v2.pdf

Version	Created /actioned by	Nature of Amendment	Approved by	Date
1.0	Lead Clinician and Senior Service Imp Manager	Re-drafting of STP and SR/VoY policies	n/a	March 19
2.0	Senior Service Improvement Manager	Share of new draft for consultation		March 19
2.0	Senior Service Improvement Manager	Update of statement following consultation		April 19

NHS Scarborough and Ryedale and Vale of York Clinical Commissioning Groups

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FINAL	Senior Service Improvement Manager	Approval of threshold	SRCCG Business Committee VoY Clinical Executive	June 19 June 19
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