

Policy title	Cosmetic breast surgery v2.1
Policy position	Intervention Not Normally Funded
Date of CCG recommendation	December 2020

This guidance applies to those over 18 years; cosmetic breast surgery will not normally be considered for those under 18. The guidance covers breast augmentation (including replacement of implants), mastopexy and breast reduction. Photographic evidence may be required to demonstrate the case that the patient meets criteria or to demonstrate exceptionality.

This guidance does not apply to reconstructive breast surgery post breast cancer. Breast reconstruction is supported as a planned programme of operations to optimise cancer and aesthetic outcomes and to support high quality survivorship.

1. Cosmetic breast augmentation

Breast augmentation for small breasts and augmentation for asymmetry are considered low priority and therefore **not normally funded** unless there is congenital absence.

In the case of very significant asymmetry e.g. as a result of Poland's syndrome, patients will be considered on an individual basis via the individual funding requests process.

2. Breast reduction¹³

Breast reduction surgery is a procedure used to treat women with breast hyperplasia (enlargement), where breasts are large enough to cause problems like shoulder girdle dysfunction, intertrigo and adverse effects to quality of life.

The ICB can consider breast reduction surgery via Individual Funding Request process for women who demonstrate the following:

1. The woman has received a full package of supportive care from their GP such as advice on weight loss and managing pain.
2. In cases of thoracic/ shoulder girdle discomfort, a physiotherapy assessment has been provided
3. Breast size results in functional symptoms that require other treatments/interventions (e.g. intractable candidal intertrigo; thoracic backache / kyphosis where a professionally fitted bra has not helped with backache, soft tissue indentations at site of bra straps).
4. Breast reduction planned to be 500gms or more per breast or at least 4 cup sizes.
5. Body mass index (BMI) is <27 and stable for at least twelve months.
6. Woman must be provided with written information to allow her to balance the risks and benefits of breast surgery.
7. Women should be informed that smoking increases complications following breast reduction surgery and should be advised to stop smoking.
8. Women should be informed that breast surgery for hypermastia can cause permanent loss of lactation.

Rationale

One systematic review and three non-randomised studies regarding breast reduction surgery for hypermastia were identified and showed that surgery is beneficial in patients with specific symptoms. Physical and psychological improvements, such as reduced pain, increased quality of life and less anxiety and depression were found for women with hypermastia following breast reduction surgery.

Breast reduction surgery for hypermastia can cause permanent loss of lactation function of breasts, as well as decreased areolar sensation, bleeding, bruising, and scarring and often alternative approaches (e.g. weight loss or a professionally fitted bra) work just as well as surgery to reduce symptoms. For women who are severely affected by complications of hypermastia and for whom alternative approaches have not helped, surgery can be offered. The aim of surgery is not cosmetic, it is to reduce symptoms (e.g. back ache).

Please note the above are not criteria for funding. However if these criteria are not met it is unlikely that a clinician could sustainably argue that an individual had an exceptional capacity to benefit from breast reduction.

4. Gynaecomastia (enlargement of the male breast tissue)

Surgery for gynaecomastia is **not normally funded** by the NHS.

This recommendation does not cover surgery for gynecomastia caused by medical treatments such as treatment for prostate cancer.

5. Mastopexy (breast lift)

Not normally funded.

6. The replacement of prosthetic (artificial) breast implants relating to cosmetic breast enlargement

There is generally no right to routine removal and replacement of an implant within the NHS, whether or not the original surgery was carried out in either the private sector or the NHS.

Most breast implants are undertaken in the private sector. The Department of Health advises patients contemplating private surgery that breast implants are considered a long-term commitment. They do not come with a lifetime guarantee and are likely to need replacing with consequent further surgery and expense.

A young woman who has implants may expect to have further operations in her lifetime to maintain the beneficial effects of the implants. Therefore any implant surgery started privately will be expected to continue privately for consequent surgery unless an exceptional clinical reason can be supported. Should the surgeon who performed the original surgery not be available if additional treatment is required, the NHS will generally only fund removal of the implant for significant clinical reasons and replacements are not funded. If the original operation was performed by the NHS, then implant replacements after removal would usually only be funded if there are significant clinical reasons for removal (such as leakage with pain).

In the case of PIP implants, removal would be supported if, informed by an assessment of clinical need, risk or the impact of unresolved concerns, a woman with her doctor decides that is right to do so. The NHS will replace the implants if the original operation was done by the NHS [see the accompanying CMO letter re PIP Implants].

Requests for MRI scans to detect ruptures will be undertaken within the NHS at the surgeon's discretion, but usually only when the patient has significant symptoms normally associated with rupture.

Where there is a potential for conflict of interest, for example, where the surgeon performed the original operation privately, then these patients should be referred to another NHS surgeon for opinion (except where in the acute situation this is not possible).

Management of Psychological Issues

The NICE clinical guideline on Body Dysmorphic Disorder - BDD (obsessive compulsive disorder; clinical guideline 31; National Institute for Health and Clinical Excellence) states that for people known to be at higher risk of BDD or people with mild disfigurements or blemishes who are seeking a cosmetic procedure, ALL healthcare professionals should routinely consider and explore the possibility of BDD.

Therefore clinicians seeing a patient who requests cosmetic surgery should perform a BDD triage as per NICE guidance (Clinical Guideline 31²: Obsessive compulsive disorder and body dysmorphic disorder. Full guideline section 10.4.2.2; page 230) and those with suspected or diagnosed BDD seeking cosmetic surgery or dermatological treatment should be assessed by a mental health professional with specific expertise in the management of BDD (section 10.4.2.3).

Patients' whose desire for surgery reflects serious psychopathological disorders (such as Body Dysmorphic Disorder (BDD), or irredeemable relationship problems would not normally be suitable for surgery, but should receive appropriate alternative treatment and support.

References

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11. NHS Choices - Breast reduction on the NHS
12. *Plast Reconstr Surg*. 2011 Nov; 128(5):395e-402e. doi:10.1097/PRS.0b013e3182284c05. The impact of obesity on breast surgery complications. Chen CL(1), Shore AD, Johns R, Clark JM, Manahan M, Makary MA
13. NHS England Evidence Based Interventions (EBI) Statement (Jan 2019)

NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

Clinical coding:**OPCS codes:**

B30 Prosthesis of breast including insertion, revision, removal, renewal of prosthesis

B31 Other plastic operations on breast, including reduction mammoplasty, augmentation mammoplasty, mastopexy, revision mammoplasty

B35.5 Plastic operations on nipple

Key words: breast augmentation, breast reduction, gynaecomastia, breast implants