

Policy title	Breast Surgery Policy v3.0
Policy position	<p>Criteria Based Access:</p> <ul style="list-style-type: none"> • Breast reduction • Removal of breast implants <p>Intervention Not Normally Funded:</p> <ul style="list-style-type: none"> • Breast augmentation • Surgery for gynaecomastia • Mastopexy • Nipple procedures • Accessory breast tissue
Date of ICB recommendation	June 2024

All breast procedures where the primary objective is to improve appearance are not normally funded.

Conditions resulting from major trauma or burns which need reconstructive surgery, will usually be funded by the NHS.

This guidance does not apply to:

- Patients requiring emergency treatment
- Oncoplastic / reconstructive breast surgery for the treatment or prevention of breast cancer. Oncoplastic / reconstructive breast surgery is supported as a planned programme of operations to optimise cancer and aesthetic outcomes and to support high quality survivorship
- Surgery required due to the failure of primary oncoplastic / reconstructive surgery as a result of acute or late complications directly related to cancer treatment (typically radiotherapy)
- Surgery required to support the wearing of external breast prostheses following treatment for breast cancer.

This guidance does however apply to patients who have received oncoplastic / reconstructive breast surgery for the treatment or prevention of breast cancer and seek further adjustments post planned reconstruction completion.

Note that NHS England funds gender dysphoria surgical services as part of specialised commissioning, with services provided by specialist gender dysphoria surgical providers. Please refer to the BLMK ICB policy, Gender reassignment: surgery and cosmetic interventions.

1. Cosmetic breast augmentation

Intervention not normally funded. See also point 7 regarding the removal of prosthetic (artificial) breast implants relating to cosmetic breast enlargement.

2. Breast reduction

The following statements are based on guidance from the NHS England Evidence Based Interventions (EBI) programme (Jan 2019)¹ with additional criteria developed with local clinicians.

Breast reduction surgery is a procedure used to treat patients with breast hypertrophy (enlargement), where breasts are large enough to cause functional problems such as shoulder girdle dysfunction, or intractable intertrigo.

Criteria for Breast Reduction referral

Before a referral to secondary care for a breast reduction procedure, the referring clinician must review the referral criteria to ensure that the patient meets all the following criteria. If the patient does meet the criteria, the evidence to demonstrate the criteria has been met must be provided as part of the referral:

- a) The patient is 18 years or older
- b) Body mass index (BMI) is less than 27 and has been stable for at least twelve months
- c) At least one breast must have a bra cup size of greater than GG
- d) Breast size results in functional symptoms that require other treatments / interventions (e.g. intractable candidal intertrigo; thoracic backache / kyphosis)
- e) In the case of thoracic backache / shoulder girdle discomfort, a professionally fitted bra should be trialled for at least 3 months followed by a physiotherapy assessment and further support
- f) The patient has received a full package of supportive care from their GP such as advice on weight loss and managing pain

Criteria for surgical intervention

The aim of breast reduction surgery is to improve functional symptoms. Surgical breast reduction will **only** be funded for patients where there is sufficient clinical information to demonstrate that all of the above criteria as well as the following are met:

- g) Surgeons should ensure that any breast reduction surgery is planned to reduce breast size by 500gms or more per breast or at least 4 cup sizes
- h) Patients are provided with written information of the risks and benefits of breast surgery
- i) Patients are informed that smoking increases complications following breast reduction surgery and should be advised to stop smoking
- j) Patients are informed that breast surgery for hypertrophy can cause permanent loss of lactation.

Rationale¹

Breast reduction surgery for hypertrophy 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 patients who are severely affected by complications of breast hypertrophy and for whom alternative approaches have not helped, surgery can be offered.

3. Gynaecomastia (enlargement of the male breast tissue)

Surgery for gynaecomastia is not normally funded. This guidance does not cover surgery for gynaecomastia caused by cancer or treatment for cancer.

4. Mastopexy (breast lift)

Intervention not normally funded.

5. Nipple procedures

Correction of inverted nipples or removal of supernumerary nipples are not normally funded.

6. Accessory breast tissue

Removal of accessory breast tissue for cosmetic reasons is not normally funded. This guidance does not cover surgery for functional reasons such as restrictions to shoulder movement, or limitation to activities of daily living.

7. Removal of prosthetic (artificial) breast implants²

All patients should be aware when having implant surgery that due to capsular contracture and less frequently rupture they will need to be replaced at some point. It is accepted that the NHS has a duty of care to patients who require their implant to be removed for a listed clinical indication, but only if their private provider is unable to offer this care. As the NHS does not routinely commission breast implants for cosmetic reasons, removal but not replacement is considered appropriate in these cases.

Criteria for surgical intervention

Surgery to remove breast implants should only be considered for the following clinical indications:

- After implant leakage or rupture
OR
- There is severe capsular contracture (grade III/IV on the Baker classification).
This will need to be confirmed by a specialist opinion
OR
- Implants are complicated by recurrent implant infection or seroma
OR
- The patient develops Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL).

Pre and postoperative photographs MUST be recorded for audit purposes. All eligible patients MUST be entered into the Breast and Cosmetic Implant Registry (BCIR) for audit purposes.

Patients whose initial procedure was privately funded should consult with their private provider in the first instance. If however the patient meets one of the above clinical indications and the private provider is unable to offer the patient surgery, the patient can be offered an NHS referral for breast implant removal but not for replacement. Where a patient is eligible for implant removal due to a problem associated with a single implant, bilateral implant removal should be offered.

Only implant removal should be performed, and no other subsequent cosmetic procedure e.g. mastopexy.

The removal of breast implants due to symptoms termed as Breast Implant Illness (BII) or Autoimmune Syndrome Induced by Adjuvants (ASIA) on social media, or due to the risk of developing Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) is not currently recommended.

Only patients whose initial procedure was funded by the NHS should be considered for both implant removal and replacement. In line with current guidance, patients eligible to have their implant replaced must be informed of the potential risk of BIA-ALCL.

As per guidance NG180 from the National Institute for Health and Care Excellence (NICE), discuss behaviour modifications with people having surgery — for example stopping smoking and reducing alcohol consumption — in order to reduce the risk of post-operative complications. See NICE guidance NG180 on Perioperative care in adults for more information.

References

- 1) Academy of Medical Royal Colleges Evidence Based Interventions (EBI) Statement: Breast Reduction (January 2019) <https://ebi.aomrc.org.uk/interventions/breast-reduction/>
- 2) Academy of Medical Royal Colleges Evidence Based Interventions (EBI) Statement: Breast Prosthesis Removal (May 2023) <https://ebi.aomrc.org.uk/interventions/breast-prosthesis-removal/>
- 3) Association of Breast Surgery (ABS) British Association of Plastic, Reconstructive & Aesthetic Surgeons (BAPRAS) Breast Cancer Now (BCN): Guidance for the Commissioning of Oncoplastic Breast Surgery (May 2018) https://breastcancernow.org/sites/default/files/guidance_for_the_commissioning_of_oncoplastic_breast_surgery_-_ccg_guidelines_2018.pdf
- 4) British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS) BIA ALCL Statement (2021) <http://www.bapras.org.uk/professionals/clinical-guidance/bapras-bia-alcl-statement-july-2021>
- 5) MHRA (update 2020) Breast implants and Anaplastic Large Cell Lymphoma (ALCL) <https://www.gov.uk/guidance/breast-implants-and-anaplastic-large-cell-lymphoma-alc>
- 6) MHRA (2020) Symptoms sometimes referred to as Breast Implant Illness <https://www.gov.uk/guidance/symptoms-sometimes-referred-to-as-breast-implant-illness>

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: All ages.

Please note exclusion for oncoplastic / reconstructive breast surgery for the treatment or prevention of breast cancer and exclusion of emergency admissions.

Note all codes below refer to either primary diagnosis or dominant procedure:

- 1). Cosmetic breast augmentation

OPCS B31.2 Augmentation mammoplasty

2). [EBI coding for breast reduction](#) (December 2023)

Breast reduction is included in the [national EBI programme](#). Coding to monitor activity is as provided and updated by that programme.

3). [Gynaecomastia](#)

ICD10 N62.X Hypertrophy of breast [includes Gynaecomastia]

4). [Mastopexy](#)

OPCS B31.3 Mastopexy

5). [Nipple procedures](#)

OPCS B35 Operations on nipple

6). [Accessory breast tissue](#)

OPCS B28.6 Excision of accessory breast tissue

7). [EBI coding for breast prosthesis removal](#) (December 2023)

Breast reduction is included in the [national EBI programme](#). Coding to monitor activity is as provided and updated by that programme.

Policy update record*

June 2024
BLMK ICB QP
meeting v3.0

- Change from a policy position of not normally funded (NNF) to criteria-based access (CBA) for breast reduction to ensure access to surgery for patients most likely to benefit from the procedure, with additional criteria added.
- Removal of exclusions for the not normally funded position of breast augmentation (i.e. congenital absence of breast tissue)
- Clarification of patient groups excluded from the policy
- Addition of new national Evidence-Based Intervention guidance on breast prosthesis removal
- Statements added on nipple procedures and removal of accessory breast tissue
- Change in exclusions from policy on gynaecomastia to specify cancer or treatment from cancer.
- Change in policy title from “cosmetic breast surgery” to “breast surgery” to better reflect the scope of the policy
- All references to “women” replaced with “patient” to promote inclusive language
- Minor wording changes to improve clarity
- Update of clinical coding

Key words: breast augmentation, breast reduction, gynaecomastia, breast implant, mastopexy, nipple procedures, accessory breast tissue, polymastia, hypertrophy