

<b>Policy title</b>	<b>Cosmetic treatments and surgery V2.0</b>
<b>Policy position</b>	<b>Interventions Not Normally Funded</b>
<b>Date of Forum recommendation</b>	<b>February 2018, updated February 2020</b>
<b>Date of ICB recommendation</b>	<b>November 2023</b>

"Cosmetic" or aesthetic surgery or treatment refers to procedures to improve appearance. All procedures where the primary objective is to improve appearance are not normally funded. This guidance applies to cosmetic procedures irrespective of the subspecialty concerned, including plastic surgery, ear nose and throat surgery, oral and maxillofacial surgery, dermatology, and other specialties.

Conditions resulting from major trauma or burns, which need reconstructive surgery, will usually be funded by the NHS. This policy does not cover patients requiring emergency treatment or for treatment of suspected or confirmed cancer.

Please be aware of other cosmetic policies noted on the list that are also subject to the ICB approval system and process.

**A list of examples of cosmetic interventions that are not normally funded unless otherwise indicated. This list is illustrative and not exhaustive.**

**Abdominoplasty / apronectomy (tummy tuck) / removal of redundant fat or skin from the arm, buttock or thigh.**

See policy: Body contouring and removal of excess skin.

**Procedures to treat benign skin lesions and vascular abnormalities such as telangiectasias**

See policy: Benign skin lesions.

**Blepharoplasty (repair of drooping eyelids)**

See policy: Blepharoplasty and Brow Lift

**Botulinum toxin**

See BLMK Area Prescribing Committee: Guidance on the use of Botulinum Toxin Type A

<https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/guideline/botulinum-toxin-a-guidelines/>

**Cosmetic breast surgery**

See cosmetic breast surgery policy.

**Repair of ear lobes (external ear)****Face lift****Gender dysphoria**

For gender dysphoria see policy: Gender reassignment-surgery and cosmetic interventions.

**Non-pathological Hair loss**

This includes male pattern baldness and post-menopausal hair thinning. Any patients with significant pathological alopecia or traumatic hair loss should be referred to a dermatologist at which point recommendations will be made for appropriate management including application for wigs which may have to be paid for in part by the patient. Hair extensions, grafts, transplants or weaves are not supported for any indication.

**Cosmetic hair removal**

This includes all forms of cosmetic hair removal for any indication including hirsutism. There are two indications for hair removal which are not considered cosmetic and are therefore routinely funded:

- a) Treatment of abnormally located hair bearing skin on mucosal cavities such as oral mucosa
- b) As part of treatment for pilonidal sinuses to reduce recurrence

**Inverted nipples****Labiaplasty or Vaginoplasty**

See policy: Labiaplasty and vaginoplasty

**Liposuction (the removal of fat from specific areas)**

See policies: Lipoedema: liposuction, and Lymphoedema: liposuction

**Prominent ears (Pinnaplasty surgery (otoplasty) and cartilage moulding techniques))****Rhinophyma (Surgical or laser treatment to correct a bulbous/ruddy nose)****Rhinoplasty/ Septorhinoplasty**

See policy: Septoplasty, rhinoplasty and septorhinoplasty

**Scar revision except for:**

- a) Scars that interfere with function following burns/ trauma (i.e. not cosmetic); OR
- b) Serious scarring of the face (supported by photographic evidence); OR
- c) Severe post-surgical scarring that interferes with function (supported by photographic evidence).

## **Skin ‘resurfacing’ or dermabrasion**

### **Tattoo removal**

### **Varicose veins**

See policy: Varicose veins.

### **Management of Psychological Issues:**

Psychological reasons are not generally considered as grounds for exceptionality and should not be triggers for cosmetic surgery.

The NICE clinical guideline CG31 on ‘Obsessive-compulsive disorder and body dysmorphic disorder: treatment’ states that for people known to be at higher risk of body dysmorphic disorder (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 consider performing a BDD triage as per NICE CG31 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.

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.

- Note: This policy will be reviewed in the light of new evidence or new national guidance, eg, 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.
- Photographic evidence and copies of clinical records may be required to demonstrate the case that the patient meets the criteria where applicable.

Key words: Cosmetic procedures, aesthetic procedures, Botox, birth marks, vascular lesions, hair loss, baldness, hirsutism, hair depilation, scar revision, tattoo removal, surgery to ear, earlobes, lobes, pinnaplasty, nipple/s, body contouring, liposuction, rhinophyma.

<b>Policy update record</b>	
February 2020 BHPF v1.1	Bedfordshire, Hertfordshire, West Essex and Milton Keynes Priorities Forum update.
November 2023 BLMK ICB QP meeting v2.0	Changes made to improve consistency include the altering of the funding position on hair removal. Minor rewording has also taken place to improve clarity.