

<b>Policy title</b>	<b>Dysthyroid eye disease; surgery v1.1</b>
<b>Policy position</b>	<b>Intervention Not Normally Funded</b>
<b>Date of CCG recommendation</b>	<b>November 2020</b>

This guidance covers NHS treatment and funding of thyroid eye disease (TED), clarifying the ICB's and NHS England responsibilities in the commissioning of the treatment of TED.

Treatment of thyroid eye disease is funded by ICBs in cases of mild disease. For moderate or severe disease NHS England is the responsible commissioner [NHS England Specialised Ophthalmology (adult)]. Spectacle lenses including specialist lenses are also commissioned by NHS England. The treatment of mild disease is primarily medical, therefore surgery for mild thyroid eye disease is **not normally funded** by ICBs.

Disease severity is assessed using the European Group on Graves' Orbitopathy (EUGOGO) criteria, shown below<sup>1</sup>

<i>Sign/symptom</i>	<b>Mild disease</b>	<b>Moderate/severe disease</b>
<b>Lid retraction</b>	<2 mm	≥2 mm
<b>Soft tissue involvement</b>	Mild	Moderate or severe
<b>Exophthalmos</b>	<3 mm	≥3 mm
<b>Diplopia</b>	None or transient <sup>a</sup>	Inconstant <sup>b</sup> or constant <sup>c</sup>
<b>Corneal involvement*</b>	None or mild	Moderate or severe

<sup>a</sup> Transient diplopia: in primary position when tired or first awakening

<sup>b</sup> Inconstant diplopia: at extremes of gaze

<sup>c</sup> Constant diplopia: continuous in primary position or when reading

\*Punctate keratopathy (scattered, fine, punctate corneal epithelial loss or damage) responsive to topical lubricants within 1 week would be classified mild. All other corneal involvement e.g. non-responsive punctate keratopathy, ulcer or perforation is considered moderate/severe.

**Management for mild disease:**

Management of mild disease is mostly self-management optimisation of the patient's thyroid status, e.g.

- Smoking cessation
- Correction of thyroid function
- Artificial tears (obtained over the counter from community pharmacies)
- Prism lenses (NHSE responsibility)
- Self-help groups

**Management for moderate to severe disease (Specialised commissioning)**

- IV steroids
- Orbital irradiation
- Orbital decompression
- Muscle surgery
- Eyelid surgery

1. Bartalena L, Baldeschi L, Dickinson A, Eckstein A, Kendall-Taylor P, Marcocci C, et al. Consensus statement of the European Group on Graves' orbitopathy (EUGOGO) on management of GO.

**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:**

OPCS4 E05.0 Thyrotoxicosis with diffuse goitre (includes exophthalmic or toxic goitre NOS, Grave's disease and toxic diffuse goitre plus surgery)

- C06.3 Decompression of orbit
- C13.1 Blepharoplasty of both eyelids
- C13.2 Blepharoplasty of upper eyelid
- C13.3 Blepharoplasty of lower eyelid
- C16.1 Central tarsorrhaphy
- C16.2 Lateral tarsorrhaphy
- C16.3 Medial tarsorrhaphy
- C16.4 Tarsorrhaphy NEC
- C16.5 Revision of tarsorrhaphy
- C18.5 Tarsomullerectomy
- C31.1 Recession of medial rectus muscle and resection of lateral rectus muscle of eye
- C31.2 Bilateral recession of medial recti muscles of eyes
- C31.3 Bilateral resection of medial recti muscles of eyes
- C31.4 Bilateral recession of lateral recti muscles of eyes
- C31.5 Bilateral resection of lateral recti muscles of eyes
- C31.6 Recession of lateral rectus muscle and resection of medial rectus muscle of eye
- C31.8 Other specified combined operations on muscles of eye
- C31.9 Unspecified combined operations on muscles of eye
- C32.1 Recession of medial rectus muscle of eye NEC
- C32.2 Recession of lateral rectus muscle of eye NEC
- C32.3 Recession of superior rectus muscle of eye
- C32.4 Recession of inferior rectus muscle of eye
- C32.5 Recession of superior oblique muscle of eye

C32.6 Recession of inferior oblique muscle of eye  
C32.7 Recession of combinations of muscles of eye  
C32.8 Other specified recession of muscle of eye  
C32.9 Unspecified recession of muscle of eye  
C33.1 Resection of medial rectus muscle of eye NEC  
C33.2 Resection of lateral rectus muscle of eye NEC  
C33.3 Resection of superior rectus muscle of eye  
C33.4 Resection of inferior rectus muscle of eye  
C33.5 Resection of superior oblique muscle of eye  
C33.6 Resection of inferior oblique muscle of eye  
C33.7 Resection of combinations of muscles of eye  
C33.8 Other specified resection of muscle of eye  
C33.9 Unspecified resection of muscle of eye  
C34.1 Tenotomy of medial rectus muscle of eye  
C34.2 Tenotomy of lateral rectus muscle of eye  
C34.3 Tenotomy of superior rectus muscle of eye  
C34.4 Tenotomy of inferior rectus muscle of eye  
C34.5 Tenotomy of superior oblique muscle of eye  
C34.6 Tenotomy of inferior oblique muscle of eye  
C34.7 Tenotomy of combinations of muscles of eye  
C34.8 Other specified partial division of tendon of muscle of eye  
C34.9 Unspecified partial division of tendon of muscle of eye  
C35.1 Transposition of muscle of eye NEC  
C35.2 Lengthening of muscle of eye by muscle slide  
C35.3 Insertion of adjustable suture into muscle of eye  
C35.8 Other specified other adjustment to muscle of eye  
C35.9 Unspecified other adjustment to muscle of eye  
C37.2 Freeing of adhesions of muscle of eye  
C37.4 Repair of muscle of eye NEC  
C37.8 Other specified other operations on muscle of eye  
C37.9 Unspecified other operations on muscle of eye  
X65.8 Other specified radiotherapy delivery

Key words: Dysthyroid eye disease, thyroid eye disease, exophthalmos, proptosis