

## Priorities Forum Statement

<b>Number</b>	<b>1</b>
<b>Subject</b>	<b>The provision of cosmetic treatments and surgery</b>
<b>Date of decision</b>	<b>November 2015</b>
<b>Date refreshed</b>	<b>March 2017</b>
<b>Date of review</b>	<b>January 2018</b>

### GUIDANCE

"Cosmetic" surgery means procedures to improve appearance. It is also known as "aesthetic" surgery. Conditions resulting from major trauma or burns, which need reconstructive surgery, will usually be funded by the NHS.

This guidance lists procedures that are judged to be cosmetic and will **not** normally be funded by the NHS. This guidance applies to cosmetic surgery irrespective of the sub specialty of the surgeon concerned, including plastic surgery, ear nose and throat surgery, oral and maxillofacial surgery, dermatology, and other surgical specialties.

**The following patients should not be referred or treated, except in the case of:**

- **Emergency, OR**
- **A reasonable suspicion of cancer, OR**
- **Exceptional circumstances (which will need Individual Funding Approval).**

Where there are exceptional individual circumstances which are considered to override exclusions, a decision will usually be reached by the Individual Funding Requests Team after a request with supporting evidence by the referring GP and (if relevant) the specialist clinician is submitted.

#### **Procedure List which should not be referred or treated:**

*[Photographic evidence and copies of clinical records may be required to demonstrate the case that the patient meets the criteria.]*

- **Abdominoplasty / Apronectomy (tummy tuck).**

See guidance number 68 – removal of excess skin/ body contouring.

#### **Abnormally placed hair and hirsutism**

For Gender reassignment please see Gender Dysphoria, policy 53.

Laser hair depilation will **only** be considered in the following circumstances:

- The hair is on the face, **and**
- There is documented unsuccessful cosmetic management (Daily Shaving, Waxing and Bleaching) reported over a period of at least one year, **and**
- There must be substantial excess hair growth which is suitable for laser hair removal,

**and**

- Photographic evidence is supplied, and
- The patient has **either**:
  - An underlying congenital abnormality leading to abnormally placed hair; **or**
  - An endocrine condition leading to abnormally placed hair (this excludes polycystic ovarian syndrome- see below); **or**
  - Excess/Abnormally placed hairs due to surgical reconstruction, **or**
  - Patients with Polycystic Ovarian Syndrome

In cases of Polycystic Ovarian Syndrome patients must **also**

- Have been diagnosed in accordance with the Rotterdam criteria; **and**
- BMI (Body Mass Index) must be between 18 and 25

**NB: Only one course of treatment will be funded.**

• **Bat / prominent ears**

Except for children less than 16 years.

• **Benign skin lesions** (*for example: Epidermoid ("Sebaceous") cyst, Lipoma, Skin tags, Seborrhoeic Keratoses, Benign Naevi*)

Except where there is suspicion of malignancy or documented repeated infection requiring at least 2 courses of antibiotics over a 6 month period.

• **Botulinum toxin**

Except for treatment of specific conditions (will need an individual funding request). Covered in HMRC guidance

• **Blepharoplasty (repair of drooping eyelids)**

Except for upper lids with proven visual field defects or for ectropion. Interpreted results of visual field tests will need to be submitted. There should be evidence that the visual field defects are affecting the patients ADL

• **Congenital vascular abnormalities (e.g. congenital naevi and port wine stains)**

Except for those which are in an obviously exposed area in children under 16.

• **Repair of ear lobes (external ear)**

• **Face lift or brow lift (rhytidectomy)**

• **Gender dysphoria**

Gender reassignment surgery is covered by the NHS England policy on gender dysphoria. Guidance 53 covers cosmetic treatments for patients with gender dysphoria.

• **Hair loss**

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 or weaves are not supported for the management of alopecia/traumatic hair loss.

• **Inverted nipples**

- **Labiaplasty or Vaginoplasty**

Covered by guidance 65.

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

- **Male pattern baldness**

- **Mandibular or maxillary osteotomy – considered elsewhere (Guidance Number 11)**

- **Removal of redundant fat or skin from the arm, buttock or thigh.**

See guidance number 68 – removal of excess skin/ body contouring.

- **Rhinoplasty/ Septorhinoplasty - considered elsewhere (Guidance Number 71)**

- **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.**

Unless the tattoo is the source of an allergic phenomenon

- **Thread veins or telangiectasia’s.**

- **Varicose veins**

See guidance no.9

**• All other procedures where the primary objective for surgery is to improve appearance will not normally be funded. Exceptional circumstances would need to be demonstrated via the Individual Funding Request process. Psychological reasons are not generally considered as grounds for exceptionality and should not be triggers for cosmetic surgery.**

### **Management of Psychological Issues**

The NICE clinical guideline on 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 31: 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.

**Human Rights and Equality legislation has been considered in the formation of this guidance statement.**