BREAST SURGERY POLICY

This policy applies to all patients registered with a General Practitioner within NHS Wiltshire.

Background

NHS Wiltshire does not normally fund cosmetic procedures solely to improve appearance in the absence of disease, congenital deformity and limitation of function and/or impaired ability to perform activities of daily living. There is very little evidence of the clinical and cost-effectiveness of breast surgery and as such the procedures are considered to be low priority. However, in exceptional clinical circumstances funding may be considered by submitting a fully completed exceptional funding application.

GP’s wishing to seek a consultant opinion on the potential benefit of cosmetic breast surgery for their patient must first request funding from the Exceptions Committee, with well documented supporting evidence. No referral must be sent directly to a consultant prior to this approval. Assessment of patients being considered for referral to plastic surgery who may have an underlying genetic, endocrine or psychosocial condition should have had this fully investigated by a relevant specialist prior to the request of a referral to plastic surgery being made.

Psychological distress alone will not normally be accepted as exceptionality and a reason to fund surgery as there is limited research into the improvements of psychosocial functioning of those severely affected by self-perception following surgery. Clinicians are requested to refer to NICE guideline 31 on Obsessive-Compulsive Disorder (OCD) and Body Dysmorphic Syndrome (BDS) prior to referring on psychological grounds.

NHS Wiltshire does not normally fund the revision of breast surgery originally performed outside the NHS. Clinicians are encouraged to re-refer to the practitioner who carried out the original treatment.

Smoking cessation is recommended for all patients considering the possibility of surgery.

Breast Asymmetry - Exceptional Funding Is Required

NHS Wiltshire does not normally fund surgical correction of breast asymmetry. The following criteria must be fulfilled for any patient requesting breast asymmetry surgery;

- That there is a natural absence of breast tissue unilaterally where there is no ability to maintain a normal breast shape using non-surgical methods (eg padded bra).

AND

- There is a difference of at least three cup sizes

AND

If reduction surgery applies, then

- The patient has sustained a BMI of ≤ 27 for a minimum of 12 months
- The patient has not smoked/used nicotine replacement therapy over the preceding 3 months
Breast Asymmetry - Exceptional Funding Is Required – continued

Photographs should accompany any funding requests. The CCG will accept patients own photographs and will NOT reimburse the costs of medical photography.

**Commissioned surgical procedure**

Unilateral breast surgery only is commissioned; augmentation or mastopexy of the larger breast is not commissioned.

Breast prosthesis or implants often have a limited lifespan and are likely to require replacement or revision during the patient’s lifetime. Therefore, where possible, breast reduction of the larger breast should be the preferred option for patients considering surgery. The choice of surgical intervention made jointly by the patient and the clinician should also take into account

- The best available evidence on effectiveness and long term effects, including the likelihood of additional surgery at later dates and known complications.

**Breast Augmentation (not including post cancer treatment)**

Exceptional Funding Is Required

Insertion of breast implants is not available on the NHS.

NHS Wiltshire will only consider, on an exceptional basis, patients with;

- Severe congenital amastia, where breast tissue, nipple, and areola is completely absent,

OR

- Congenital amazia, where breast tissue is completely absent.

Applications must provide full supporting evidence to include the patient's BMI and current bra size. Surgical enlargement of small but normal breasts or breast tissue involution (including post-partum changes) will not be funded.

Patients undergoing breast augmentation privately for cosmetic reasons should be explicitly made aware of the possibilities of complications and implant life span prior to surgery and that implant removal in the future will not be automatically followed by replacement of the implant.

**Removal of breast implants - Exceptional Funding Is Required**

- The removal of breast implants, both unilaterally and bilaterally, including those originally funded privately is commissioned only where the implant is proven to be ruptured.

- The removal of breast implants that have suffered a known complication such as capsular contracture, have been in place for a time longer than initially indicated by the providing surgeon or the patient is unhappy with their appearance is not normally funded.
Removal and replacement of breast implants: - Exceptional Funding Is Required

The removal and replacement of breast implants is not routinely commissioned. There are, however, instances where for clinical indications breast implants will need to be removed and funding for replacement will be reviewed on a case by case basis.

This includes when both of the following indications are met:

- The original procedure was not purely cosmetic and provided by the NHS (i.e. as part of treatment for breast cancer)
- The implant is proven to be ruptured.

NB: Where the removal and replacement of implants is approved, the commissioned surgery is a single procedure.

The replacement of privately funded breast implants, either unilaterally or bilaterally, where removal is required due to rupture is not commissioned.

Indications where implant removal and replacement will not be funded:

- Implants will not be removed and/or replaced for cosmetic reasons e.g. rippling or wrinkling,
- Implants will not be removed and/or replaced where there is the potential for rupture
- Routine replacements of implants following a specified period of time (i.e. the lifespan of an implant).

NHS Wiltshire cannot partake in 'cost sharing' with patients who would like to self-fund the replacement of implants at the time of implant removal.

Breast implant surgery (post cancer treatment)

Patients who have been treated for cancer with a complete mastectomy will be provided with reconstruction surgery in line with national guidelines. There are many techniques available to improve a patient’s appearance after a mastectomy. The final choice depends on patient desires, body habitus, available tissue, appearance of the opposite breast, and the health of the patient. The realistic goal of reconstructive surgery should always be to as far as possible replicate the appearance of the original breast and not the perfect replacement of the breast.

The primary surgical breast reconstruction for a patient who has undergone a mastectomy due to cancer does not require funding approval. However, the CCG will only fund planned breast surgery that has been agreed at an oncoplasty multi-disciplinary team meeting for up to a maximum of two years following treatment.

Breast Mastopexy (breast lifting)

This treatment will not normally be funded.
Breast Mastoplexy (reposition of nipple)

Repositioning of the nipple is a cosmetic procedure which is not supported and will not normally be funded. Applications for exceptional funding will only be considered following physical damage to the breast or nipple caused by violence or accident.

Breast Reduction- Exceptional Funding Is Required

Breast reduction surgery is not normally funded by NHS Wiltshire. Requests for surgery will only be considered in exceptional cases which fulfil all criteria:

- The patient is adult and post pubertal
- The patient has sustained a BMI of ≤ 27 for a minimum of 12 months
- The patient has not smoked/used nicotine replacement therapy over the preceding 3 months
- All other advice and support has failed (including fully evidenced advice and support from a professional bra service and physiotherapy)

AND

- There is supporting evidence that the patient is suffering from significant functional impairment*.

OR

- The patient has associated persistent and recurring infections that have failed to respond to treatment. A full history of treatments for infections will need to be supplied with any patient requests. The expectation would be that the history would cover a period of at least one year;

AND

- Other non-surgical treatments such as a professionally fitted bra have been tried and failed.

Photographs should accompany any funding requests. The CCG will accept patients own photographs and will NOT reimburse the costs of medical photography.

*Significant functional impairment is defined as:

- Symptoms prevent the patient fulfilling routine work or educational responsibilities
- Symptoms prevent the patient carrying out routine domestic or carer activities

Corrective Surgery on inverted nipple

NHS Wiltshire does not support and will not fund correction on inverted nipples following surgery, whether that surgery was NHS funded or privately funded. Inverted nipples can usually be treated by means of relatively inexpensive, non-surgical devices (such as breast shells). Nipple inversion may occur as a result of an underlying breast malignancy and it is essential that this is excluded.
Gynaecomastia
Surgical treatment of gynaecomastia is not normally funded by NHS Wiltshire CCG.

Smoking cessation is recommended for all patients considering the possibility of surgery.

Risks of breast surgery
All forms of surgery carry some degree of risk. Complications that can affect anyone who has surgery include:

- An adverse reaction to the anaesthetic
- Excessive bleeding
- Risk of infection
- Developing blood clots (where the blood thickens to form solid lumps)
- In addition, breast surgery can cause the following complications:

Capsular contracture
Capsular contracture is an unavoidable complication of breast implant surgery. After having a breast implant, the body will create a capsule of fibrous scar tissue around the implant as part of the healing process. This is a natural reaction that occurs when any foreign object is surgically implanted into the body.

Over time the scar tissue will begin to shrink. The shrinkage is known as capsular contraction. The rate and extent at which the shrinkage occurs varies from person to person. In some people, the capsule can tighten and squeeze the implant, making the breast feel hard and patients may also experience pain and discomfort.

Rupture
A rupture is a split that occurs in the implant's casing. For patients who have a saline (salt water) implant, any leakage from the implant should not cause problems as saline is a sterile, salt water solution which the body is able to safely absorb.

However, for patients with silicone implants, the silicone that leaks out of a ruptured implant may cause problems, such as siliconomas or a gel bleed.
Scarring
After breast surgery, all patients will have some degree of scarring. In most cases, the scarring is relatively mild. However, in approximately 1 in 20 women, the scarring is more severe. For these women, their scars may be:

- Red or highly coloured
- Lumpy
- Thick painful

The symptoms of severe scarring should improve gradually, and over time the scars will begin to fade. However, in some cases it may take several years before there is a noticeable improvement. Patients must be advised that scar revision surgery is not commissioned.

Seroma
Fluid builds up around the breast. Normally resolves itself without aspiration.

Inability to breast feed following surgery – Surgery to the breasts may impact on or prevent the ability of patients to breast feed.

Patients must be advised prior to consenting to surgery that except where specified within this policy, surgical revision of these known complications will not be funded.

References
This policy has been informed by:

Assessed 23.01.12

Department of Health; Statement on breast implants and response to expert group report 6 January 2012, at: http://mediacentre.dh.gov.uk/2012/01/06/statement-on-breast-implants/
Assessed 23.01.12

http://www.england.nhs.uk/resources/spec-comm-resources/NHS England website
http://www.nhs.uk/Conditions/Breast-implants/Pages/Complications.aspx/

NHS Choices website,
Complications of breast implants.

Bristol CCG commissioning policy
https://www.bristolccg.nhs.uk/media/medialibrary/2015/09/breast_surgery_policy_female_1.pdf