

**PARTIALLY EXCLUDED POLICY – PE110
BREAST REDUCTION
(Previously PE5a)**

Policy author: Ipswich and East Suffolk Clinical Commissioning Group and West Suffolk Clinical Commissioning Group supported by Public Health Suffolk, Suffolk County Council

Policy start date: February 2017

Review date: February 2020

1. Policy Summary

- 1.1 The Cosmetic and Lifestyle Procedure Breast Reduction Surgery is considered a low priority procedure and will not normally be funded. Funding requests are considered by the Suffolk CCG's Individual Funding Request (IFR) Panel if there are exceptional circumstances i.e. there is something about the patient's condition or circumstances that differentiate them on the basis of need from other patients with a similar diagnosis or condition and would justify funding being provided in an individual case when it is not routinely funded for others.
- 1.2 This partially excluded policy offers some guidance to the referring clinician and the IFR Panel when considering such requests. It must be clarified these are NOT referral criteria, and only supporting guidance for the IFR panel.

2. Background to the Procedure

- 2.1 Breast reduction (reduction mammoplasty) refers to an operation whereby excess fat and skin and in certain cases breast tissue, are removed from the breasts and the breasts are reshaped to create smaller breasts. Breast size is determined by several factors including inherited genes, body weight and hormonal influences.
- 2.2 Large breasts have been associated with a number of health problems such as back/shoulder/neck pain, rashes and skin infections under the breasts, paraesthesia caused by bra straps digging in and compressing nerves as well as impacting on lifestyle by limiting ability to exercise and in certain causes contributing to psychological problems.

3. Rationale Behind Policy Decision

- 3.1 Breast reduction surgery in most situations is considered a cosmetic procedure. Cosmetic procedures are defined as "the choice to undergo an operation, or invasive medical procedure, to alter one's physical appearance for aesthetic rather than medical reasons." For this intention it is not routinely funded by the clinical commissioning group. It will be considered in certain exceptional cases as outlined below. The following guidance is in line with other CCGs.

4. Guidance to IFR Panel

- 4.1 General guidance relating to surgical breast procedures that should be taken into account where applicable:

- a) Patients receiving treatment for breast cancer as part of the breast cancer treatment pathway should be offered reconstruction surgery in line with NICE CG80 and this is not covered by this policy.
- b) Although the development of the breast in women is likely to be completed by the age of 18, the request will only be considered in women aged 21 and over as this will allow time for them to receive the necessary support and counselling to arrive at an informed decision.
- c) The panel also need to take into account the impact on the changes in the breast of any likely pregnancy and breast feeding.
- d) Wherever possible anonymised clinical photographs would help the panel when considering the submission however this is not a mandatory requirement.
- e) Wherever clinically appropriate a referral to physiotherapy should be considered and a detailed physiotherapy report to be enclosed with the submission.
- f) Where patients are suffering psychologically, appropriate referrals should have been made and other potential causes of psychological distress been appropriately evaluated and treated before referral for consideration of cosmetic surgery is made.
- g) Documentation of mental health such as HAD score or PHQ-9 should also be enclosed.

4.2 Smoking status:

- a) Stipulate that patients undergoing this operation who smoke must cease smoking 3-4 weeks prior to surgery at their pre-operative consultation and urge that they continue to abstain from all forms of smoking for 3-4 weeks during the post-operative phase. Advise the patient that use of electronic nicotine delivery systems and other forms of nicotine (i.e. patch, gum) will show positive cotinine levels in their saliva and may trigger a positive test result when checked. AND
- b) Encourage the patient to complete a smoking cessation course with the local commissioned smoking cessation provider prior to their operation to help their abstinence. AND
- c) Stipulate that the patient undertakes a cotinine test within the 4 week window prior to their surgery to demonstrate that they are not smoking (cotinine level >10 ng/mL indicates that the patient is smoking).
- d) Advise the patient that failure to comply with these criteria will lead to their surgery being cancelled.

4.3 Breast reduction surgery should be considered for funding in exceptional circumstances such as when:

- a) The weight of breasts leads to physical problems* that are not amenable to physiotherapy or responding to other recognized treatments.
- b) AND BMI<27.5kg/m2

- c) AND estimated need to remove at least 500g breast tissue from each breast.
- d) AND patient has undergone trial of professionally-fitted bra.
- e) AND in the view of a specialist treatment could alleviate the physical disability.
- f) OR In the rare cases of virginal hyperplasia - a distinct disorder with a rapid onset of macromastia (breast enlargement) at the onset of puberty - as assessed and referred by appropriate specialist.

*Physical problems that may be considered include breast size limiting physical activity, intractable intertrigo or back, neck and shoulder pain caused by the weight of breasts and not attributable to other causes.

5. References

1. GP notebook. <http://www.gpnotebook.co.uk/simplepage.cfm?ID=x20120513155707778590>
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3. Royal College of Surgeons / BAPRAS commissioning guide breast reduction surgery <http://www.rcseng.ac.uk/healthcare-bodies/docs/breast-reduction-commissioning-guide/view>
4. Adult Exceptional Aesthetic Referral Protocol (AEARP) September 2011 NHS Scotland. http://www.sehd.scot.nhs.uk/mels/CEL2011_27.pdf
5. Breast reduction surgery for hypermastia: clinical effectiveness and guidelines. Ottawa: Canadian Agency for Drugs and Technologies in Health (CADTH). Rapid Response. 2014 <https://www.cadth.ca/breast-reduction-surgery-hypermastia-clinical-effectiveness-and-guidelines>
6. North and East London Commissioning Support Unit Procedures of Limited Clinical Value 2013-2014 WELC (Waltham Forest, East London and City) Clinical Commissioning Groups <http://www.cityandhackneyccg.nhs.uk/Downloads/About%20Us/Plans%20Strategies%20and%20Forms/POLCV-2013-14-WELC.pdf>
7. North Durham CCG Value Based Commissioning <http://www.northdurhamccg.nhs.uk/wp-content/uploads/2013/07/Value-Based-Clinical-Commissioning-APRIL-2015.pdf>
8. South East London Treatment Access Policy <http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Governing%20Body%20papers/Enc%2020.1%20SE%20London%20Treatment%20Access%20Policy.pdf>
9. O'Hare PM, Frieden IJ. Virginal Breast Hypertrophy. *Pediatr Dermatol*. 2000 Jul-Aug;17(4):277-81.