

**PARTIALLY EXCLUDED POLICY – PE111
MASTOPEXY – BREAST LIFT SURGERY
(Previously PE18)**

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 Lift 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 ptosis (droopiness) is normal female process with pregnancy, breast feeding, gravity, weight change and the menopause all possibly contributing to the skin stretching alongside changes to the supportive tissue which help maintain the youthful breast shape.
- 2.2 Mastopexy or breast lift surgery refers to an operation whereby the breasts are reshaped and remodelled by removing surplus skin and if requiring repositioning the nipple. It is not possible to reshape droopy breasts without significant scars for although the use of breast implants alone will improve the fullness they will not deal with any significant drooping. This procedure will not last forever.

3. Rationale Behind Policy Decision

- 3.1 Mastopexy is a purely cosmetic procedure to alter the appearance of the breast. 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.

4. Guidance to IFR

- 4.1 General guidance relating to surgical breast procedures to 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) BMI must be stable and sustained below 30kg/m² for at least 1 year prior to referral with documentation of BMI in the clinical records and provided to the panel at a minimum of 0, 6 and 12 months.
- e) Wherever possible anonymised clinical photographs would help the panel when considering the submission however this is not a mandatory requirement.
- f) Wherever clinically appropriate a referral to physiotherapy should be considered and a detailed physiotherapy report to be enclosed with the submission.
- g) 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.
- h) Documentation of mental health such as HAD score or PHQ-9 should also be enclosed.
- i) Smoking status:
 - 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
 - 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
 - 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).
 - Advise the patient that failure to comply with these criteria will lead to their surgery being cancelled.

4.2 Mastopexy should not be funded either as a component of breast reduction surgery OR as a standalone procedure.

4.3 Breast ptosis (droopiness) is normal female process. Clinicians should ensure that with regards to women seeking mastopexy a detailed assessment is made of their reasons for seeking this procedure and psychological issues are managed appropriately.

5. References

1. British Association of Aesthetic and Plastic Surgeons Mastopexy <http://baaps.org.uk/procedures/breast-uplift>
2. Medscape Breast Mastopexy <http://emedicine.medscape.com/article/1273551-overview#showall>