

THRESHOLD POLICY – T20 FUNCTIONAL UPPER EYELID BLEPHAROPLASTY

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| Policy author: | West Suffolk CCG and Ipswich and East Suffolk CCG, with support from Public Health Suffolk. |
| Policy start date: | January 2008 |
| Subsequent reviews | July 2012 September 2014 February 2017 |
| Next review date: | February 2020 |

1. Policy Summary

- 1.1 Blepharoplasty is considered a low priority treatment and will only be funded by Ipswich and East Suffolk CCG & West Suffolk CCG when the following criteria are met. It will not be funded for cosmetic reasons.
- 1.2 This policy doesn't apply to anyone <19 years of age.

2. Eligibility Criteria

- 2.1 Upper eyelid blepharoplasty is considered medically necessary for the following indications:
 - a) To repair defects predisposing to corneal or conjunctival irritation such as entropion or pseudotrachiasis. **OR**
 - b) To treat periorbital sequelae of thyroid disease, nerve palsy, blepharochalasis, floppy eyelid syndrome and chronic inflammatory skin conditions. **OR**
 - c) To relieve symptoms of blepharospasm or significant dermatitis on the upper eyelid caused by redundant tissue. **OR**
 - d) Following skin grafting for eyelid reconstruction. **OR**
 - e) At the same time as ptosis correction for the upper eyelid if the surplus skin is felt to be excess on lifting the ptotic eyelid
- 2.2 For all other individuals, the following criteria apply:
 - a) Documented patient complaints of interference with vision or visual field related activities such as difficulty reading or driving due to upper eye lid skin drooping, looking through the eyelids or seeing the upper eye lid skin **AND**
 - b) There is redundant skin overhanging the upper eye lid margin and resting on the eyelashes when gazing straight ahead **AND**

- c) Supporting evidence from visual field testing that eyelids impinge on visual fields reducing field to 120° horizontally and/or 40° or less vertically.

3. Rationale to the Decision

- 3.1 Blepharoplasty is a surgical procedure to remove excess tissue, mostly skin, from around the eyes. The procedure can be performed for functional or cosmetic reasons. Ipswich East Suffolk and West Suffolk CCGs will however NOT fund blepharoplasty for cosmetic reasons such as puffy, hooded, wrinkled, tired looking eyes. These are normal effects due to the ageing process.
- 3.2 A number of underlying disorders (e.g. thyroid eye disease, facial palsy, various skin diseases, blepharospasm and ageing) can cause functional problems. Surgery is usually required when excess droopy eyelid skin is causing visual problems e.g. loss of visual field, difficulty in reading and loss of peripheral visual field whilst driving, persistent frontal headache, ocular irritation, entropion (rolling in) of the upper eyelid, blepharitis or dermatitis.
- 3.3 There are no randomised controlled trials or observational studies on the clinical effectiveness of blepharoplasty. There are, however, a few case series and narratives based on expert opinion which show that the procedure results in some benefit to patients and is generally safe.
- 3.4 In a published case series, Hacker and Hollsten¹ investigated the use of automated perimetry in the assessment of 17 patients for upper eyelid blepharoplasty. Patients underwent a complete oculoplastic evaluation prior to and at 4-6 weeks after their procedure. Postoperatively, the visual field as measured by the number of points seen, increased by 26.2 % ($p < 0.000001$).
- 3.5 According to Purewal² the most common functional indication for blepharoplasty is the superior visual field defect secondary to redundant upper eyelid tissue that overhangs the eyelid margin. Blepharoplasty may also be indicated to treat the sequelae of inflammatory disorders of the orbits or eyelids, such as in Grave's ophthalmopathy and blepharochalasis. Trauma to the eyelids and orbit may also result in the need for a functional blepharoplasty.
- 3.6 The American Academy of Ophthalmology³ also outlines potential underlying causes that may warrant functional blepharoplasty. These include mechanical causes (dermatochalasis, epiblepharon, entropion), inflammatory causes (Graves' ophthalmopathy and other metabolic disorders, blepharochalasis, floppy eyelid syndrome) and traumatic causes (orbital fracture, following skin grafting for eyelid tissue or eyelid reconstruction).
- 3.7 Kosmin et al⁴ studied the effects of dermatochalasis on the visual field. They observed that the visual fields of 9 patients with bilateral ocular hypertension were incongruous with their apparently healthy optic discs. Following further examination and testing, the visual field loss was attributed to dermatochalasis. The authors concluded that "dermatochalasis has the potential to confound diagnostic automated visual field testing for glaucoma".
- 3.8 This policy was reviewed and is largely in line with other NHS modernisation agency information for commissioners of plastic surgery publication and that of other CCGs including Somerset, Devon and Greater Manchester CCGs as referenced in evidence brief.^{5,6,7,8}

4. References

1. Hacker H.D. and Hollsten D.A, 1992. "Investigation of automated perimetry in the evaluation of patients for upper lid blepharoplasty". *Ophthalmic, Plastic & Reconstructive Surgery* 8 (4) pp. 250-255.
2. Purewal B.K. and Bosniak S., 2005. "Theories of upper eyelid blepharoplasty". *Ophthalmology Clinics of North America* 18 (2) pp 271-278.
3. American Academy of Ophthalmology, 1995. "Functional Indications for Upper and Lower Eyelid Blepharoplasty". *Ophthalmic Procedures Assessment American Journal of Ophthalmology* 102 (4) pp. 693-695.
4. Kosmin A.S., Wishart P.K., Birch M.K., 1997. "Apparent glaucomatous visual field defects caused by dermatochalasis". *Eye* 11 pp. 682-686
5. NHS Modernisation Agency. Action on plastic surgery: Information for Commissioners of Plastic Surgery Services. <http://www.bapras.org.uk/downloaddoc.asp?id=425>
6. Somerset CCG www.somersetccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=5061
7. Greater Manchester CCGs <http://northwestcsu.nhs.uk/BrickwallResource/GetResource/c116623a-5ccd-4e8d-b4cd-d6ca4a0b1060>
8. Devon CCG Blepharoplasty (upper and lower lid) including brow lift <https://southwest.devonformularyguidance.nhs.uk/referral-guidance/policies/blepharoplasty-upper-and-lower-lid-including-brow-lift>