



EAST MIDLANDS COMMISSIONING POLICY FOR COSMETIC PROCEDURES

(ALL AGES)

Although Primary Care Trusts (PCTs) and East Midlands Specialised Commissioning Group (EMSCG) were abolished at the end of March 2013 with the formation of 5 Nottinghamshire County wide clinical Commissioning Groups (CCGs) policies that were in place prior to 1 April 2013 remain in place to ensure a consistent approach.

The NHS Nottingham North & East Clinical Commissioning Group have adopted this policy, in its existing form, at a meeting of its Governing Body on 20 August 2013.

This policy sets the overall parameters within which care will be delivered.



Nottinghamshire County

**EAST MIDLANDS COMMISSIONING POLICY
FOR COSMETIC PROCEDURES**

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1. Introduction

This is the policy of NHS Nottinghamshire County and its successor commissioning organisations to commission cosmetic surgery and non-surgical treatments for adults and children. It supersedes the earlier East Midlands cosmetics policy for adults (May 2010).

The policy identifies procedures that NHS Nottinghamshire County considers to be primarily cosmetic and which have relatively small health benefits compared to other competing priorities for limited NHS resources. It will be applied in conjunction with the NHS Nottinghamshire County Individual Funding Request Policy and reflects the principles set out in the NHS Nottinghamshire County Ethical Framework for Decision Making.

2. Scope

This policy sets out both cosmetic procedures that are not normally commissioned and those that are only commissioned when certain criteria are met. The criteria have been decided based upon clinical evidence and clinical expert opinion.

3. Definitions

The term 'cosmetic procedure' covers both 'cosmetic surgery' and 'non-surgical cosmetic treatments'.

The term 'cosmetic surgery' means surgical procedures that revise or change appearance, colour, texture or position to achieve a desire of a patient for bodily features that are perceived to be more desirable.

The term 'non-surgical cosmetic treatments' means other procedures that revise or change appearance, colour, texture or position to achieve a desire of a patient for bodily features that are perceived to be more desirable.

4. Principles

Commissioning decisions by NHS Nottinghamshire County are made in accordance with the commissioning principles set out below, and in the PCT Individual Funding Request Policy:

- the PCT requires clear evidence of clinical effectiveness before NHS resources are invested in the treatment
- the PCT requires clear evidence of cost effectiveness before NHS resources are invested in the treatment
- the cost of the treatment for this patient and others within any anticipated cohort is a relevant factor.

- the PCT will consider the extent to which the individual or patient group will gain a benefit from the treatment
- the PCT will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community
- the PCT will consider all relevant national standards and take into account all proper and authoritative guidance
- where a treatment is approved, the PCT will respect patient choice as to where a treatment is delivered.

5. Exceptionality

NHS Nottinghamshire County will consider individual cases for funding outside this commissioning policy in accordance with the Individual Funding Request Policy which defines exceptionality and sets out a decision making framework for determining these cases.

6. Cosmetic surgery and non- surgical cosmetic treatments not routinely commissioned

The following procedures are not commissioned unless the treatment is: post-trauma, part of reconstruction following surgery (e.g. for cancer), part of the management of a congenital abnormality which results in a serious health function deficit, or for an iatrogenic condition arising from treatment previously delivered within the NHS. The term 'iatrogenic condition' refers to a condition that was directly attributable to previous medical treatment. In this context, 'iatrogenic condition' specifically excludes known side effects of a treatment or possible complications which the patient would normally be notified about when they were informed of the benefits and risks when consenting to the original treatment.

- Excision of excessive skin from thigh, leg, hip, buttock, arm, forearm or other areas
- Facelifts - unless part of the treatment of facial nerve palsy/congenital facial abnormalities/ treatment of specific facial skin condition (e.g. cutis laxa, pseudoxanthoma elasticum)
- Fat grafts except in post-trauma cases and/or as part of planned reconstruction surgery (e.g. for cancer)
- Suction assisted lipectomy (liposuction) except as part of planned reconstruction surgery (e.g. for cancer or a congenital syndrome)
- Reduction of labia minora (labioplasty) except when part of medically necessary surgery such as for dyspareunia
- Phalloplasty
- Chin implant (genioplasty, mentoplasty) / Cheek implants except in post-trauma cases and/or as part of planned reconstruction following surgery (e.g. for cancer)
- Collagen implant except in post-trauma cases and/or as part of planned reconstruction following surgery (e.g. for cancer)
- Cranial banding for positional plagiocephaly
- Earlobe repair, unless there is a complete tear of the lobe (not partially split lobes or elongated holes in lobes)
- Botulinum Toxin for the following indications: wrinkles, frown lines, ageing neck
- Resurfacing by laser for skin conditions causing scarring - including post-acne and post-traumatic scarring
- Correction of nipple inversion
- Mastopexy (breast uplift) unless meets the criteria in Appendix B, C or D
- Procedures related to gender reassignment not included in the original package of care
- Hair depilation (removal) for excessive hair growth (hirsutism)
- Laser treatment for facial hyperpigmentation unless meets the criteria in Appendix F
- Electrolysis treatment for any condition
- Scar reduction unless it meets the criteria in Appendix L

7. Cosmetic surgery and non- surgical cosmetic treatments that are commissioned when certain criteria are met

The following procedures are only commissioned by NHS when specific criteria are met:

- Appendix A - Abdominoplasty
- Appendix B - Breast Asymmetry Surgery
- Appendix C – Female breast enlargement/asymmetry surgery
- Appendix D - Breast Implant removal/Reinsertion
- Appendix E - Male Breast reduction Surgery for Gynaecomastia
- Appendix F - Surgical Removal of Benign Skin *lesions*
- Appendix F (continued) – Skin lesions for which specific criteria apply
- Appendix F (continued) – Congenital pigmented lesions on face.
- Appendix G – Laser treatment
- Appendix H – Botulinum toxin treatment for Axillary Hyperhidrosis
- Appendix I - Septo-Rhinoplasty or Rhinoplasty
- Appendix J – Blepharoplasty / Brow Lift
- Appendix K - Surgical Treatment of Varicose Veins
- Appendix L - Scar Reduction
- Appendix M – Pinnaplasty/otoplasty (surgical “correction” of prominent ears).

8. Eligibility for Specific Procedures

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral
<p>Appendix A - Abdominoplasty (Apronectomy/ Panniculectomy)</p>	<p>NHS Nottinghamshire County will only commission abdominoplasty (irrespective of the cause of the apron or reason for previous weight loss) when ALL the following criteria are met:</p> <ol style="list-style-type: none"> 1. Sexual maturation has been reached. 2. An abdominoplasty/apronectomy has not already been performed 3. Body Mass Index (BMI) as measured by the NHS is between 18 and 25 and has been within this range for 1 year as measured and recorded by the NHS 4. Confirmed non-smoker and/or documented abstinence prior to procedure 5. Photographic evidence 6. Functionally disabling resulting in severe restrictions in activities of daily living <p>Surgical outcomes (e.g. wound healing, complications etc) can be adversely affected by smoking. To ensure the best outcomes, patients should have stopped smoking prior to surgery. Smoking status may be validated at pre-operative appointment using an appropriate test. Support to stop smoking is available to patients through a range of NHS stop smoking services.</p>	<p>Requires Prior Approval – refer to “NHS Nottinghamshire County – Cosmetic Procedures/Plastic Surgery CAS” on Choose & Book</p> <ul style="list-style-type: none"> • Details of condition • BMI and period maintained • Smoking status • Clinical evidence of Functionally disabling resulting in severe restrictions in activities of daily living • Clinical photographs.

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral
Appendix B - Breast Asymmetry Surgery	<p>NHS Nottinghamshire County will only commission breast reduction surgery to correct breast asymmetry when ALL the following criteria are met:</p> <ol style="list-style-type: none"> 1. Sexual maturation has been reached. 2. BMI as measured by the NHS is between 18 and 25 and has been within this range for 1 year as measured and recorded by the NHS 3. Confirmed non-smoker and/or documented abstinence prior to procedure 4. Asymmetry equal to, or greater, than 30% difference in volume between the breasts as measured by 3D body scan to assess breast volume* as measured by 3D body scan to assess breast volume. <p>Please Note: Clinical photographs are NOT required for this procedure.</p> <p>Surgical outcomes (e.g. wound healing, complications etc) can be adversely affected by smoking. To ensure the best outcomes, patients should have stopped smoking prior to procedure. Smoking status may be validated at pre-operative appointment using an appropriate test. Support to stop smoking is available to patients through a range of NHS stop smoking services.</p>	<p>Requires Prior Approval – refer to “NHS Nottinghamshire County – Cosmetic Procedures/Plastic Surgery CAS” on Choose & Book</p> <ul style="list-style-type: none"> • Details of condition • Smoking status • BMI and period maintained

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral
<p>Appendix B - Breast Reduction</p>	<p>NHS Nottinghamshire County will only commission breast reduction surgery (reduction mammoplasty) when ALL the following criteria are met:</p> <ol style="list-style-type: none"> 1. Sexual maturation has been reached* 2. BMI as measured by the NHS is between 18 and 25 and has been within this range for 1 year as measured and recorded by the NHS 3. Confirmed non-smoker and/or documented abstinence prior to procedure 4. Breast size is equal to or greater than 1000cc in each breast* 5. Ratio of combined breast volume to adjusted partial torso volume is equal to or greater than 13% as measured by 3D Body scan to assess breast volume. <p>Please note, clinical photographs are NOT required for this procedure</p> <p>Surgical outcomes (e.g. wound healing, complications etc) can be adversely affected by smoking. To ensure the best outcomes, patients should have stopped smoking prior to referral. Smoking status may be validated at pre-operative appointment using an appropriate test. Support to stop smoking is available to patients through a range of NHS stop smoking services.</p> <p>* Young women with juvenile macromastia (juvenile gigantomastia) can be treated</p>	<p>Requires Prior Approval – refer to “NHS Nottinghamshire County – Cosmetic Procedures/Plastic Surgery CAS” on Choose & Book</p> <ul style="list-style-type: none"> • Details of condition • BMI and period maintained • Smoking status. <p>Requires Prior Approval – refer to</p>

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral
<p>Appendix C - Female Breast Enlargement/ Asymmetry Surgery</p>	<p>prior to reaching sexual maturation.</p> <p>NHS will only routinely commission breast enlargement (augmentation mammoplasty) surgery if one of the following criteria is met:</p> <ol style="list-style-type: none"> 1. Developmental failure resulting in unilateral or bilateral absence of breast tissue/asymmetry e.g. Poland Syndrome/ Tuberous Breast Deformity 2. To correct breast asymmetry due to trauma or as a result of surgery (mastectomy or lumpectomy) that results in a significant deformity. <p>In all other circumstances, NHS will only commission breast augmentation surgery to correct breast asymmetry when ALL the following criteria are met:</p> <ol style="list-style-type: none"> 1. Sexual maturation has been reached. 2. BMI as measured by the NHS is between 18 and 25 and has been within this range for 1 year as measured and recorded by the NHS 3. Confirmed non-smoker and/or documented abstinence prior to procedure 4. Asymmetry equal to, or greater, than 30% difference in volume between the breasts as measured by 3D body scan to assess breast volume. 	<p>“NHS Nottinghamshire County – Cosmetic Procedures/Plastic Surgery CAS” on Choose & Book</p> <ul style="list-style-type: none"> • Details of developmental failure/condition • Current BMI and length maintained. <p>Requires Prior Approval – refer to “NHS Nottinghamshire County –</p>

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral
<p>Appendix D - Breast Implant removal/Reinsertion</p>	<p>NHS Nottinghamshire County will commission the removal of breast implants for any of the following indications in patients who have undergone cosmetic augmentation mammoplasty that was performed either in the NHS or privately:</p> <ol style="list-style-type: none"> 1. Breast disease 2. Implants complicated by recurrent infections 3. Implants with capsule formation that is associated with severe pain 4. Implants with capsule formation that interferes with mammography 5. Intra or extra capsular rupture of silicon gel-filled implants <p>Reinsertion of new breast implants will only be commissioned if all the criteria for Female Breast Enlargement/Asymmetry Surgery (Appendix C) are met and the original augmentation procedure was performed by the NHS. NHS will not contribute funding to procedures undertaken in the private sector, irrespective of whether part of that procedure involves removal of breast implants.</p> <p>NHS will commission the insertion of breast implants, and their replacement if they need to be removed, if the original procedure was performed during, or after, mastectomy for breast disease or a prophylactic mastectomy.</p>	<p>Cosmetic Procedures/Plastic Surgery CAS” on Choose & Book</p> <ul style="list-style-type: none"> • Details of Condition • Responsibility for implant operation • Smoking Status <p>Refer to endocrinology via Choose & Book for relevant tests / non-surgical treatments.</p>

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral
<p>Appendix E - Male Breast reduction Surgery for Gynaecomastia.</p>	<p>NHS Nottinghamshire County will only commission male breast reduction surgery when ALL the following criteria are met:</p> <ol style="list-style-type: none"> 1. Sexual maturation has been reached. 2. In cases of idiopathic gynaecomastia in men under the age of 25 then a period of at least 2 years has been allowed for natural resolution 3. Screening has been undertaken, prior to referral, for endocrinological and drug related causes. 4. Non-surgical treatments have been tried and have been unsuccessful 5. BMI as measured by the NHS is between 18 and 25 and has been within this range for 1 year as measured and recorded by the NHS 6. Confirmed non-smoker and/or documented abstinence prior to procedure 7. Photographic evidence <p>(N.B. Any suspicious breast lump should be referred via 2 week wait).</p>	<p>Subsequent referral for surgical assessment requires Prior Approval – refer to “NHS Nottinghamshire County – Cosmetic Procedures/Plastic Surgery CAS” on Choose & Book</p> <ul style="list-style-type: none"> • Results of endocrine testing/drug related causes • Details of condition • Current BMI and length of time maintained • Smoking Status • Clinical Photographs • Confirmation of non-surgical treatments tried.

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral
<p>Appendix F - Surgical Removal of Benign Skin lesions</p> <p>(to be read in conjunction with Appendix G – Laser Treatment).</p>	<p>NHS Nottinghamshire County will only commission the surgical removal, laser treatment, or cryotherapy of the following benign skin lesions if there is significant pain, recurrent infection, recurrent bleeding, rapid growth or other features suspicious of dysplasia/ malignancy, or is subject to recurrent trauma leading to bleeding:</p> <ul style="list-style-type: none"> • Seborrhoeic warts • Molluscum contagiosum • Telangiectasia unless identified under Appendix G • Spider angiomas (spider veins) • Skin tags and papillomas • Acquired naevi (moles) • Benign haemangiomas • Xanthelasma • Viral warts. 	<p>Does not require prior approval.</p> <p>N.B. For the timebeing, patients should be referred to a <u>Dermatology</u> clinic (not “Surgery – Lumps & Bumps”).</p> <ul style="list-style-type: none"> • Details of condition • Clinical photographs.

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral
<p>Appendix F (continued) - Skin lesions for which specific criteria apply</p> <p>Lipomas</p> <p>Epidermoid/Pilar (Sebaceous) Cysts.</p>	<p>Only if the following criteria are met:</p> <ol style="list-style-type: none"> 1. Lipomas located on the body that are over 5cms in diameter, or in a sub-facial position, which have also shown rapid growth and/or are painful should be referred to an appropriate skin cancer clinic. 2. Severely functionally disabling or significant pain or subject to repeated trauma due to size and/or position <p>Lipomas that are under 5cms should be observed only, using soft tissue sarcoma guidelines (SIGN 2003).</p> <p>Only if one or more of the following criteria are met:</p> <ol style="list-style-type: none"> 1. On the face (not scalp or neck) and greater than 1cm diameter 2. Greater than 1cm diameter on body (including scalp and neck) AND associated with significant pain or loss of function or susceptible to recurrent trauma. 	<ol style="list-style-type: none"> 1. Refer to <u>2WW Sarcoma Clinic on Choose & Book</u> 2. Refer to a <u>Dermatology clinic on Choose & Book</u> or via your local CAS <ul style="list-style-type: none"> • Details of condition • Size of lesion • Evidence of functional /trauma. <p>Does not require prior approval. Refer to Dermatology or Plastics clinic for assessment</p> <ul style="list-style-type: none"> • Details of condition • Size of Cyst

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral
<p>Appendix F (continued) - Skin lesions for which specific criteria apply</p> <p>Congenital pigmented lesions on the face</p>	<p>Only if ALL the following criteria are met:</p> <ol style="list-style-type: none"> 1. Referral only for children aged 5 to 18 years at the time of referral 2. Where the child (not just the parent/carer) expresses concern. 3. Lesion located on face 4. At least 1cm in size. 	<p>Does not require prior approval. Refer to a <u>Dermatology clinic</u> on Choose & Book or via your local CAS</p> <ul style="list-style-type: none"> • Details of condition • Size of lesion • Age.

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral
<p>Appendix G - Laser Treatment.</p>	<p>NHS Nottinghamshire County will only commission laser treatment if there is significant pain, recurrent infection, recurrent bleeding, or is subject to recurrent trauma leading to bleeding, or rapid growth or other features suspicious of dysplasia/ malignancy or for one of the following conditions:</p> <ul style="list-style-type: none"> A. Port wine stains - on the face only (not scalp or neck). B. Extensive and severe iatrogenic telangiectasia C. Congenital pigmented lesions on the face D. Rare genodermatosis e.g. Tuberose Sclerosis E. Translocation of hair bearing skin during surgery but NOT for excessive hair growth (hirsutism) F. Intractable and recurrent pilonidal sinus G. Tattoo removal and only if one of the following two criteria is met: <ul style="list-style-type: none"> - Result of trauma inflicted against the will of the patient (rape tattoo) where referral for removal has been sought within one year of the tattoo being performed - Iatrogenic e.g. radiotherapy tattoo and dirt tattoo. 	<p>Does not require prior approval. Refer to a <u>Dermatology clinic</u> on Choose & Book or via your local CAS</p> <ul style="list-style-type: none"> • Details of condition • Evidence of functional problems experienced • Clinical Photographs.

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral
<p>Appendix H - Botulinum Toxin Treatment for Axillary Hyperhidrosis.</p>	<p>NHS Nottinghamshire County will only commission Botulinum Toxin treatment for axillary hyperhidrosis when ALL of the following criteria are met:</p> <ol style="list-style-type: none"> 1. The underarm sweating is intolerable and results in severe restrictions in activities of daily living 2. Topical therapy (Aluminium Chloride 20% - Driclor; Anhydrol Forte) has been regularly applied for four weeks and is either not tolerated, or ineffective in reducing the severity of the symptoms to a level where the condition is tolerable and only sometimes interferes with daily activities 3. Gravimetric assessment to quantify axillary sweat production results in 100mg or more per axilla per 5 minutes 4. Further treatment will only be offered in the context of a positive starch iodine test 5. The interval between subsequent treatments will be a minimum of 6 months (Palmar hyperhidrosis may require endoscopic sympathectomy (TECS) if it results in severe restrictions in activities of daily living and topical treatment (Aluminium Chloride 20% - Driclor; Anhydrol Forte) has been regularly applied for four weeks and is either not tolerated, or ineffective in reducing the severity of the symptoms to a level where the condition is tolerable and only sometimes interferes with daily activities). 	<p>Does not require prior approval. Refer to a <u>Dermatology clinic</u> on Choose & Book or via your local CAS</p> <ul style="list-style-type: none"> • Details of condition • First line topical therapy has taken place.

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral
Appendix I - Septo-Rhinoplasty or Rhinoplasty.	<p>NHS Nottinghamshire County will only commission septo-rhinoplasty when one, or more, of the following indications are present:</p> <ol style="list-style-type: none"> 1. Continuous nasal airway obstruction that results in nasal breathing associated with septal/bony deviation of the nose, including post-traumatic deformity, as demonstrated by photographic evidence and on the recommendation of a Consultant specialist (ENT, Plastic or Maxillofacial Surgeon) 2. As part of treatment for congenital conditions e.g. cleft lip/palate or acquired conditions e.g. following trauma or medically indicated surgery. 	<p>Requires Prior Approval – refer to “NHS Nottinghamshire County – Cosmetic Procedures/Plastic Surgery CAS” on Choose & Book</p> <ul style="list-style-type: none"> • Details of condition • Clinical Photographs.

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral
Appendix J - Blepharoplasty/ Brow Lift.	<p>NHS Nottinghamshire County will commission blepharoplasty or brow lift only if one, or more, of the following criteria are met:</p> <ol style="list-style-type: none"> 1. Excess tissue or drooping (ptosis) of the brow/ upper eyelid causing functional visual impairment*. 2. To repair defects predisposing to corneal or conjunctival irritation: 3. Entropion or ectropion 4. Periorbital sequelae of thyroid disease or nerve palsy or trauma 5. Prosthesis problems in an anophthalmia socket 6. Painful symptoms of blepharospasm. 	<p>Requires Prior Approval – refer to “NHS Nottinghamshire County – Cosmetic Procedures/Plastic Surgery CAS” on Choose & Book</p> <ul style="list-style-type: none"> • Details of condition • Confirmation of visual field defect • Clinical Photographs. <p>Referrals to be triaged via</p>

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral arrangements in your PBC
<p>Appendix K - Surgical Treatment of Varicose Veins.</p>	<p>NHS Nottinghamshire County will commission surgical treatment of varicose veins only when one, or more, of the following clinical criteria are met *:</p> <ol style="list-style-type: none"> a. Varicose eczema b. Lipodermatosclerosis or a varicose ulcer c. At least two episodes of documented superficial thrombophlebitis d. A major episode of bleeding from the varicosity. <p>*These criteria equate approximately to Class 4 & 5 of the Nottingham/Derby Guidelines (published 2001) 'Varicose Veins - who and what to treat'. (NB. Patients who are in Class 3 should only be referred if one, or more, of the following clinical criteria are met:</p> <p>At least two episodes of documented superficial thrombophlebitis A major episode of bleeding from the varicosity).</p>	<ul style="list-style-type: none"> • Details of condition • Which clinical criteria have been applied/fulfilled. <p>Requires Prior Approval – refer to</p>

Procedure	Eligibility Criteria	Instructions for referrer in NHS Nottinghamshire County, incl. information required to be forwarded with referral
<p>Appendix M - Pinnaplasty (“correction” of prominent ears)</p>	<p>NHS Nottinghamshire County will commission surgical “correction” of prominent ear only when all of the following criteria are met:</p> <ol style="list-style-type: none"> 1. Referral only for children aged 5 to 18 years at the time of referral, AND 2. With very significant ear deformity or asymmetry, AND 3. Where the child (not just the parent/carer) expresses concern. <p>Patients not meeting these criteria should not be routinely referred for surgery.</p>	<ul style="list-style-type: none"> • Age • Clinical photographs • Smoking status.

Appendix N: Glossary

Word/abbreviation	Meaning
Abdominoplasty/apronectomy	A 'tummy tuck,' which is an operation that is performed to improve the shape of the abdomen. (http://www.bapras.org.uk/guide.asp?id=240).
Auxillary hyperhidrosis	Excessive sweating from the armpits. (http://www.medterms.com/script/main/art.asp?articlekey=39657).
Breast asymmetry	Breast unevenness.
Commissioning	Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a complex process with responsibilities ranging from assessing population needs, prioritising health outcomes, procuring products and services, and managing service providers. (Taken from www.dh.gov.uk).
Congenital	Condition that is present at birth. (http://www.medicinenet.com/script/main/hp.asp).
Cryotherapy	Treatment by freezing. (http://www.cehjournal.org/0953-6833/10/jceh_10_22_026.html).
Dysplasia	Abnormal development of cells, tissues or structures in the body. (Black's Medical Dictionary, 42 nd Edition).
East Midlands Specialised Commissioning Group (EMSCG).	Specialised Commissioning is the means by which Primary Care Trusts (PCTs) work together to plan, buy and manage services which treat patients with rare conditions. (Taken from www.emscg.nhs.uk) For the East Midlands this is the East Midlands Specialised Commissioning Group.
Facial hyper pigmentation	A change of skin pigmentation.
Functionally disabling	This defines a disability as any long-term limitation in activity resulting from a condition or health problem. This is the World Health Organisation (WHO) definition.
Genodermatosis	A genetic disorder of the skin (http://medical-dictionary.thefreedictionary.com/genodermatosis).
Gynaecomastia	An abnormal increase in size of the male breast. (Black's Medical Dictionary, 42 nd Edition).
Labioplasty (reduction of labia minor).	A surgical procedure to re shape the inner lips of the vagina. (www.bapras.org.uk/page.asp)
Lipodermatosclerosis	This is a skin change of the lower legs that often occurs in patients who have venous insufficiency. It is a type of inflammation of subcutaneous fat. (http://www.dermnetnz.org/vascular/lipodermatosclerosis.html).
Lipoma	A tumour mainly composed of fat. Such tumours occur in almost any part of the body, developing in fibrous tissue – particularly in that beneath the skin. They are benign (non cancerous) in nature. (Black's Medical Dictionary, 42 nd Edition).
Otoplasty	Correction of large /protruding ears.
Papillomas	Excess skin to form a tumour. Non cancerous papillomas are common in the skin and are sometimes viral in origin. (Black's Medical Dictionary, 42 nd Edition).
Phalloplasty	Plastic surgery of the penis or scrotum. (http://mw4.merriam-webster.com/medical/phalloplasty).
Positional plagiocephaly	This is a disorder that affects a baby's skull, making the back or side of the baby's head appear flattened. (http://www.ich.ucl.ac.uk/gosh_families/information_sheets/plagiocephaly/plagiocephaly_families.html).
Primary Care Trust (PCT)	A primary care trust is responsible for buying and overseeing many of the health services for the area it covers. In the East Midlands there are 9 PCT's in total, these being Northamptonshire PCT, Bassetlaw PCT, Derby City PCT, Derby County PCT, Lincolnshire PCT, Nottingham City PCT, Nottinghamshire County PCT and Leicestershire County and Rutland PCT. They can now also be called NHS (organisational name), instead of (organisational name) PCT.

Word/abbreviation	Meaning
Prophylactic mastectomy	Prophylactic mastectomy is surgery to remove one or both breasts to reduce the risk of developing breast cancer. (http://www.breastcancer.org/treatment/surgery/prophylactic_mast.jsp).
Thrombophlebitis	Swelling (inflammation) of a vein caused by a blood clot. (http://www.nlm.nih.gov/medlineplus/ency/article/001108.htm).
Xanthelasma	Yellow smooth nodules of lipid laden cells that occur in and around the eyelids. (Black's Medical Dictionary, 42nd Edition).

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