

**EAST MIDLANDS COMMISSIONING POLICY  
FOR COSMETIC PROCEDURES  
2015  
Version 2.0**

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## **1. Introduction**

This is the policy of NHS Nottingham North and East Clinical Commissioning Group (“the Commissioner”) and its successor organisations for commissioning cosmetic surgery and non-surgical treatments for adults and children. It supersedes the earlier East Midlands Commissioning Policy for Cosmetic Procedures (2011).

The policy identifies procedures which the Commissioner 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 Commissioner’s policy for Individual Funding Requests (IFRs) and reflects the principles set out in the Commissioner’s 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 on 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 are made in accordance with the principles set out below:

- the Commissioner requires clear evidence of clinical effectiveness before NHS resources are invested in the treatment
- the Commissioner 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 Commissioner will consider the extent to which the individual or patient group will gain a benefit from the treatment
- the Commissioner 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 Commissioner will consider all relevant national standards and take into account all proper and authoritative guidance
- where treatment is approved, the Commissioner will respect patient choice as to where a treatment is delivered.

## **5. Exceptionality**

The Commissioner will consider individual cases for funding outside this commissioning policy in accordance with the Individual Funding Request Policy which sets out a decision making framework for determining these cases. For an IFR request to be considered, it must first be demonstrated that the patient fulfils the strict criteria for exceptionality. Determination of this focuses on the following issues:

1. Are there any clinical features of the patient's case which make the patient significantly different to the general population of patients with the condition in question at the same stage of progression of the condition?
2. Would the patient be likely to gain significantly more benefit from the requested intervention than might be normally expected for the general population of patients with the condition at the same stage of the progression of the condition?

The criteria for exceptionality is not satisfied if they are part of an identifiable cohort of patients, who at the same disease stage would all benefit similarly to treatment.

## **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 for the treatment of cancer or a congenital syndrome
- Labiaplasty, vaginoplasty, and hymen reconstruction
- 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
- 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) except where the criteria in Appendix B, C or D are fulfilled
- Procedures related to gender reassignment not included in the original package of care
- Hair depilation (removal) for excessive hair growth (hirsutism)
- Hair transplantation
- 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 the Appendix M

N.B. Any other cosmetic procedure that is not mentioned within this policy is not routinely commissioned by the CCG.

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

The following procedures are only funded by the Commissioner when the criteria in the respective appendix is met:

- Appendix A - Abdominoplasty
- Appendix B - Breast Asymmetry Surgery
- Appendix C - Breast Reduction
- Appendix D - Female Breast Enlargement
- Appendix E - Breast Implant removal/Reinsertion
- Appendix F - Male Breast reduction Surgery for Gynaecomastia
- Appendix G - Surgical Removal of Benign Skin lesions
- Appendix H - Laser Treatment
- Appendix I - Botulinum Toxin Treatment for Axillary Hyperhidrosis
- Appendix J - Septo-Rhinoplasty or Rhinoplasty
- Appendix K – Blepharoplasty/ Brow Lift
- Appendix L - Surgical Treatment of Varicose Veins
- Appendix M - Scar Reduction
- Appendix N - Pinnaplasty (“correction” of prominent ears)

## 8. Eligibility for Specific Procedures

Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<p><b>Appendix A - Abdominoplasty</b> (Apronectomy/ Panniculectomy)</p>	<p>The Commissioner will only fund 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"> <li>1. Sexual maturation has been reached.</li> <li>2. An abdominoplasty/apronectomy has not already been performed</li> <li>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</li> <li>4. Confirmed non-smoker and/or documented abstinence prior to procedure</li> <li>5. Photographic evidence</li> <li>6. Functionally disabling resulting in severe restrictions in activities of daily living<sup>1</sup></li> </ol> <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><b>Requires Prior Approval – refer to “The Commissioner – Cosmetic Procedures/Plastic Surgery CAS” on Choose &amp; Book</b></p> <ul style="list-style-type: none"> <li>• Details of condition</li> <li>• BMI and period maintained</li> <li>• Smoking status</li> <li>• Clinical evidence of Functionally disabling resulting in severe restrictions in activities of daily living</li> <li>• Clinical photographs.</li> </ul>

<sup>1</sup> For the purposes of this policy, activities for daily living covers functions such as dressing, personal hygiene (washing and toileting), functional mobility (moving from one place to another to perform activities required in the home or at work) and meeting nutritional needs (shopping, preparing and eating food).

Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<p><b>Appendix B - Breast Asymmetry Surgery</b></p>	<p>The Commissioner will only fund breast reduction surgery to correct breast asymmetry when ALL the following criteria are met:</p> <ol style="list-style-type: none"> <li>1. Sexual maturation has been reached.</li> <li>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</li> <li>3. Confirmed non-smoker and/or documented abstinence prior to procedure</li> <li>4. Asymmetry equal to, or greater, than 30% difference in volume between the breasts as measured by 3D body scan to assess breast volume*</li> </ol> <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><b>Requires Prior Approval – refer to “The Commissioner – Cosmetic Procedures/Plastic Surgery CAS” on Choose &amp; Book</b></p> <ul style="list-style-type: none"> <li>• Details of condition</li> <li>• Smoking status</li> <li>• BMI and period maintained</li> </ul>



Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<p><b>Appendix C - Breast Reduction</b></p>	<p>The Commissioner will only fund breast reduction surgery (reduction mammoplasty) when ALL the following criteria are met:</p> <ol style="list-style-type: none"> <li>1. Sexual maturation has been reached*</li> <li>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</li> <li>3. Confirmed non-smoker and/or documented abstinence prior to procedure</li> <li>4. Breast size is equal to or greater than 1000cc in each breast*</li> <li>5. Ratio of combined breast volume to adjusted partial torso volume is equal to or greater than 13%<sup>b</sup> as measured by 3D Body scan to assess breast volume.</li> </ol> <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 prior to reaching sexual maturation.</p>	<p><b>Requires Prior Approval – refer to “The Commissioner – Cosmetic Procedures/Plastic Surgery CAS” on Choose &amp; Book</b></p> <ul style="list-style-type: none"> <li>• Details of condition</li> <li>• BMI and period maintained</li> <li>• Smoking status</li> </ul>

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

Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<p><b>Appendix E - Breast Implant removal/Reinsertion</b></p>	<p>The Commissioner will fund 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"> <li>1. Breast disease</li> <li>2. Implants complicated by recurrent infections</li> <li>3. Implants with capsule formation that is associated with severe pain</li> <li>4. Implants with capsule formation that interferes with mammography</li> <li>5. Intra or extra capsular rupture of silicon gel-filled implants</li> </ol> <p>For women whose breast implants are removed in strict compliance with the criteria above AND whose original surgery was funded by the NHS, the commissioner will also fund insertion of replacement implants.</p> <p>The commissioner will not fund the insertion of replacement implants where the original surgery was funded privately.</p> <p>The commissioner will NOT fund or part fund procedures undertaken in the private sector, irrespective of whether part of that procedure involves removal of a breast implant.</p>	<p><b>Requires Prior Approval – refer to “The Commissioner – Cosmetic Procedures/Plastic Surgery CAS” on Choose &amp; Book</b></p> <ul style="list-style-type: none"> <li>• Details of Condition</li> <li>• Responsibility for implant operation</li> <li>• Smoking Status</li> </ul>

Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<b>Appendix F - Male Breast reduction Surgery for Gynaecomastia</b>	<p>The Commissioner will only fund male breast reduction surgery when ALL the following criteria are met:</p> <ol style="list-style-type: none"> <li>1. Sexual maturation has been reached.</li> <li>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</li> <li>3. Screening has been undertaken, prior to referral, for endocrinological and drug related causes.</li> <li>4. Non-surgical treatments have been tried and have been unsuccessful</li> <li>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</li> <li>6. Confirmed non-smoker and/or documented abstinence prior to procedure</li> <li>7. Photographic evidence</li> </ol> <p>Men with a history of use of steroids for body building or other enhancement of aesthetic or athletic performance will not be eligible.</p> <p>(N.B. Any suspicious breast lump should be referred via 2 week wait).</p>	<p><b>Refer to endocrinology via Choose &amp; Book for relevant tests / non-surgical treatments. Subsequent referral for surgical assessment requires Prior Approval – refer to “The Commissioner – Cosmetic Procedures/Plastic Surgery CAS” on Choose &amp; Book</b></p> <ul style="list-style-type: none"> <li>• Results of endocrine testing/drug related causes</li> <li>• Details of condition</li> <li>• Current BMI and length of time maintained</li> <li>• Smoking Status</li> <li>• Clinical Photographs</li> <li>• Confirmation of non-surgical treatments tried.</li> </ul>

Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<p><b>Appendix G - Benign Skin lesions</b></p> <p>(to be read in conjunction with Appendix G – Laser Treatment).</p>	<p>The Commissioner will <b>only</b> fund the surgical removal or cryotherapy of the following benign skin lesions <b>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:</b></p> <ul style="list-style-type: none"> <li>• Seborrhoeic warts</li> <li>• Molluscum contagiosum</li> <li>• Telangiectasia unless identified under Appendix G</li> <li>• Spider angiomas (spider veins)</li> <li>• Skin tags and papillomas</li> <li>• Acquired naevi (moles)</li> <li>• Benign haemangiomas</li> <li>• Xanthelasma</li> <li>• Viral warts</li> </ul>	<p><b>Does not require prior approval.</b></p> <ul style="list-style-type: none"> <li>• Details of condition</li> <li>• Clinical photographs.</li> </ul>

Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<p><b>Appendix G (continued)</b></p> <p><b>Lipoma</b></p>	<p>The commissioner will only fund the surgical removal of lipomas which are at least 5cms, AND where associated with severe functional disability, or significant pain, or recurrent trauma due to size and/or position.</p> <p>Lipomas that are under 5cms should be observed only, using Soft Tissue Sarcoma Guidelines (SIGN 2003).</p> <p>(N.B. Lipomas located on the body that are over 5cms in diameter, or in a sub-facial position, <u>which have also shown rapid growth and/or are painful</u> should be referred to an appropriate Sarcoma clinic).</p>	<p><b>Refer to a Surgical Clinic on Choose &amp; Book or via your local CAS</b></p> <ol style="list-style-type: none"> <li>1. Details of condition</li> <li>2. Size of lesion</li> <li>3. Evidence of functional /trauma.</li> </ol> <p><b>(Refer to <u>2WW Sarcoma Clinic</u> on Choose &amp; Book)</b></p>

Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<p><b>Appendix G - continued</b></p> <p><b>Epidermoid/Pilar (Sebaceous) Cysts.</b></p>	<p>The commissioner will only fund surgical removal if one or more of the following criteria are met:</p> <ol style="list-style-type: none"> <li>1. On the face (not scalp or neck) and greater than 1cm diameter</li> <li>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.</li> </ol>	<p><b>Does not require prior approval. Refer to Dermatology or Plastics clinic for assessment</b></p> <ul style="list-style-type: none"> <li>• Details of condition</li> <li>• Size of Cyst</li> </ul>

Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<p><b>Appendix G – continued</b></p> <p><b>Congenital pigmented lesions on the face</b></p> <p>(to be read in conjunction with following Appendix – Laser Treatments)</p>	<p>The commissioner will fund treatment of congenital pigmented lesions on the face only if ALL of the following criteria are met:</p> <ol style="list-style-type: none"> <li>1. The patient is aged less than 18 years at the time of referral, and</li> <li>2. The child (not just the parent/carer) expresses concern, and</li> <li>3. The lesion is located on face, and</li> <li>4. The lesion is at least 1cm in size.</li> </ol>	<p><b>Does not require prior approval. Refer to a <u>Dermatology clinic</u> on Choose &amp; Book or via your local CAS</b></p> <ul style="list-style-type: none"> <li>• Details of condition</li> <li>• Size of lesion</li> <li>• Age.</li> </ul>





Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<p><b>Appendix H - Laser Treatment.</b></p>	<p>The Commissioner will <b>only fund</b> laser treatment for:</p> <ul style="list-style-type: none"> <li>A. Port wine stains - on the face only (not scalp or neck).</li> <li>B. Extensive and severe iatrogenic telangiectasia</li> <li>C. Congenital pigmented lesions on the face (see appendix G)</li> <li>D. Rare genodermatosis e.g. Tuberoses Sclerosis</li> <li>E. Translocation of hair bearing skin during surgery but NOT for excessive hair growth (hirsutism)</li> <li>F. Intractable and recurrent pilonidal sinus</li> <li>G. Tattoo removal and only if one of the following two criteria is met: <ul style="list-style-type: none"> <li>i) 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, or</li> <li>-ii) Iatrogenic e.g. radiotherapy tattoo and dirt tattoo.</li> </ul> </li> </ul>	<p><b>Does not require prior approval. Refer to a <u>Dermatology clinic</u> on <b>Choose &amp; Book</b> or via your local <b>CAS</b></b></p> <ul style="list-style-type: none"> <li>• Details of condition</li> <li>• Evidence of functional problems experienced</li> <li>• Clinical Photographs.</li> </ul>

Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<p><b>Appendix I - Botulinum Toxin Treatment for Axillary Hyperhidrosis.</b></p>	<p>The Commissioner will only fund Botulinum Toxin treatment for axillary hyperhidrosis when ALL of the following criteria are met:</p> <ol style="list-style-type: none"> <li>1. The underarm sweating is intolerable and results in severe restrictions in activities of daily living</li> <li>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</li> <li>3. Gravimetric assessment <u>prior to each treatment</u> to quantify axillary sweat production results in 100mg or more per axilla per 5 minutes</li> <li>4. Further treatment will only be offered in the context of a positive starch iodine test</li> <li>5. The interval between subsequent treatments will be a minimum of 6 months</li> </ol> <p>(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>	<p><b>Does not require prior approval. Refer to a <u>Dermatology clinic</u> on Choose &amp; Book or via your local CAS</b></p> <ul style="list-style-type: none"> <li>• Details of condition</li> <li>• First line topical therapy has taken place.</li> </ul>

Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<b>Appendix J - Septo-Rhinoplasty or Rhinoplasty.</b>	<p>The Commissioner will only fund septo-rhinoplasty or rhinoplasty when one, or more, of the following indications are present:</p> <ol style="list-style-type: none"> <li>1. Continuous nasal airway obstruction that results in significantly impaired nasal breathing associated with septal or lateral nasal wall deformities or vestibular stenosis. This includes post-traumatic deformity (as demonstrated by pre and post trauma photographic evidence), or significant congenital deformity (such as cleft palate)</li> <li>2. Asymptomatic nasal deformity that prevents access to other intranasal areas when such access is required to perform medically necessary surgical procedures (e.g. ethmoidectomy)</li> </ol> <p>In each case the following criteria should be met:</p> <ul style="list-style-type: none"> <li>- Obstructive symptoms persist despite conservative management for three months or longer,</li> <li>- Where there is an external nasal deformity , preoperative photographs showing the standard 4-way view – base of nose, anterior-posterior, and right and left lateral views</li> <li>- Relevant history of accidental or surgical trauma, congenital defect or disease</li> <li>- Documentation of duration and degree of symptoms related to nasal obstruction.</li> <li>- Documentation of results of conservative management of symptoms</li> </ul>	<p><b>Requires Prior Approval – refer to “The Commissioner – Cosmetic Procedures/Plastic Surgery CAS” on Choose &amp; Book</b></p> <ul style="list-style-type: none"> <li>• Details of condition</li> <li>• Clinical Photographs.</li> </ul>

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

Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<p><b>Appendix L - Surgical Treatment of Varicose Veins.</b></p>	<p>The Commissioner will fund treatment of varicose veins (by endothelium ablation, foam sclerotherapy or surgical stripping) only when one, or more, of the following clinical criteria are met *:</p> <ol style="list-style-type: none"> <li>Varicose eczema</li> <li>Lipodermatosclerosis or a varicose ulcer</li> <li>At least two episodes of documented superficial thrombophlebitis</li> <li>A major episode of bleeding from the varicosity.</li> </ol> <p>*These criteria equate approximately to Clinical, Etiologic, Anatomic and Pathophysiologic (CEAP) stage C4 onwards or Class 4 &amp; 5 of the Nottingham/Derby Guidelines (published 2001) 'Varicose Veins - who and what to treat'.</p> <p>For those patients that did not meet the policy criteria (i.e. CEAP 2-3) compression hosiery and lifestyle advice could be offered. Given the natural history of varicose veins to progress in some patients, a patient could be referred at a later date if they developed clinically so that they met the criteria.</p>	<p><b>Referrals to be triaged via arrangements in your CCG</b></p> <ul style="list-style-type: none"> <li>Details of condition</li> <li>Which clinical criteria have been applied/fulfilled.</li> </ul> <p>It is recommended that the referral letter uses the template in the attached letter.</p> <p> Varicose veins referral template and</p> <p>It is proposed that a letter similar to one attached below should be sent to a GP whose referral letter lacks confirmation that one or more of the clinical criteria have been met.</p> <p> Varicose veins generic refusal letter-</p>

Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<p><b>Appendix M - Scar Reduction.</b></p>	<p>The Commissioner will fund repair of or injection/application of topical treatment for keloid scars that result from burns, trauma, keloid formation or surgery when one or more of the following clinical criteria are met:</p> <ol style="list-style-type: none"> <li>1. Scar is functionally disabling, or</li> <li>2. Scar results in facial disfigurement.</li> </ol>	<p><b>Requires Prior Approval – refer to “The Commissioner – Cosmetic Procedures/Plastic Surgery CAS” on Choose &amp; Book</b></p> <ul style="list-style-type: none"> <li>• Details of condition</li> <li>• Evidence of functional disability or facial disfigurement.</li> </ul>

Procedure	Eligibility Criteria	Instructions for referrer in primary care, incl. information required to be forwarded with referral
<b>Appendix N - Pinnaplasty (“correction” of prominent ears)</b>	<p>The Commissioner will fund surgical “correction” of prominent ear only when all of the following criteria are met:</p> <ol style="list-style-type: none"> <li>1. Referral only for children aged 5 to 18 years at the time of referral, AND</li> <li>2. With very significant ear deformity or asymmetry, AND</li> <li>3. Where the child (not just the parent/carer) expresses concern.</li> </ol> <p>Patients not meeting these criteria should not be routinely referred for surgery.</p>	<p><b>Does not require prior approval.</b></p> <p>Referrals should be made to the appropriate service and it is the responsibility of the GP to ensure that the patient meets the criteria and that confirmation of such is included in the referral. Where appropriate this must include:</p> <ul style="list-style-type: none"> <li>• Details of condition</li> <li>• Age</li> <li>• Clinical photographs</li> <li>• Smoking status.</li> </ul>

## Appendix O: Glossary

Word/abbreviation	Meaning
Abdominoplasty/apronectomy	A 'tummy tuck,' which is an operation that is performed to improve the shape of the abdomen. ( <a href="http://www.bapras.org.uk/guide.asp?id=240">http://www.bapras.org.uk/guide.asp?id=240</a> ).
Auxillary hyperhidrosis	Excessive sweating from the armpits. ( <a href="http://www.medterms.com/script/main/art.asp?articlekey=39657">http://www.medterms.com/script/main/art.asp?articlekey=39657</a> ).
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 <a href="http://www.dh.gov.uk">www.dh.gov.uk</a> ).
Congenital	Condition that is present at birth. ( <a href="http://www.medicinenet.com/script/main/hp.asp">http://www.medicinenet.com/script/main/hp.asp</a> ).
Cryotherapy	Treatment by freezing. ( <a href="http://www.cehjournal.org/0953-6833/10/jceh_10_22_026.html">http://www.cehjournal.org/0953-6833/10/jceh_10_22_026.html</a> ).
Dysplasia	Abnormal development of cells, tissues or structures in the body. (Black's Medical Dictionary, 42 <sup>nd</sup> Edition).
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 ( <a href="http://medical-dictionary.thefreedictionary.com/genodermatosis">http://medical-dictionary.thefreedictionary.com/genodermatosis</a> ).
Gynaecomastia	An abnormal increase in size of the male breast. (Black's Medical Dictionary, 42 <sup>nd</sup> Edition).
Individual Funding Request (IFR)	This is the process by which a clinician may request special funding on the grounds that the patient represents a clinical exception (for further definition of the strict criteria applying to this, please refer to the Commissioner's IFR policy).
Labiaplasty (reduction of labia minor).	A surgical procedure to reshape the inner lips of the vagina. ( <a href="http://www.bapras.org.uk/page.asp">www.bapras.org.uk/page.asp</a> )
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. ( <a href="http://www.dermnetnz.org/vascular/lipodermatosclerosis.html">http://www.dermnetnz.org/vascular/lipodermatosclerosis.html</a> ).
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 <sup>nd</sup> 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 <sup>nd</sup> Edition).
Phalloplasty	Plastic surgery of the penis or scrotum. ( <a href="http://mw4.merriam-webster.com/medical/phalloplasty">http://mw4.merriam-webster.com/medical/phalloplasty</a> ).
Positional plagiocephaly	This is a disorder that affects a baby's skull, making the back or side of the baby's head appear flattened. ( <a href="http://www.ich.ucl.ac.uk/gosh_families/information_sheets/plagiocephaly/plagiocephaly_families.html">http://www.ich.ucl.ac.uk/gosh_families/information_sheets/plagiocephaly/plagiocephaly_families.html</a> ).
Prophylactic mastectomy	Prophylactic mastectomy is surgery to remove one or both breasts to reduce the risk of developing breast cancer. ( <a href="http://www.breastcancer.org/treatment/surgery/prophylactic_mast.jsp">http://www.breastcancer.org/treatment/surgery/prophylactic_mast.jsp</a> ).
Thrombophlebitis	Swelling (inflammation) of a vein caused by a blood clot. ( <a href="http://www.nlm.nih.gov/medlineplus/ency/article/001108.htm">http://www.nlm.nih.gov/medlineplus/ency/article/001108.htm</a> ).



<b>Word/abbreviation</b>	<b>Meaning</b>
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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