

PARTIALLY EXCLUDED POLICY – PE103
BODY CONTOURING
(Previously PE7, PE8, PE9, PE10 and PE12)

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

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1. Policy Summary

1.1 Body contouring surgery is reconstructive surgery following major weight loss to remove excessive fat and skin¹. The majority of body contouring procedures are considered to be cosmetic. The following cosmetic and lifestyle procedures should not be commissioned. Funding requests are considered, if there are exceptional circumstances, by the Individual Funding Request (IFR) Panel. This partial exclusion policy offers some guidance to the referring clinician and the IFR Panel when considering such requests. All body contouring procedures have been brought together into one policy. Therefore, this policy covers the following procedures:

- a) Abdominoplasty / Apronectomy
- b) Buttock And/Or Thigh Lift (Thighplasty)
- c) Upper Arm Reduction (Brachioplasty)
- d) Liposuction / Liposculpture / Suction Assisted Lipectomy

2. Background to the Procedure

2.1 Abdominoplasty / Apronectomy

There are a number of abdominoplasty operations that can be performed, they are:

- a) Abdominoplasty - Removing excess fat and skin from the abdominal wall between the pubic area and the umbilicus and to tighten abdominal muscles².
- b) Mini-abdominoplasty – Removal of surplus skin below the umbilicus and liposuction is usually carried out at the same time to reduce the thickness of fat in the abdominal wall and abdominal muscles will be tightened³.
- c) Extended abdominoplasty - Surplus skin and fat of the loins and back are removed at the same time as the abdomen³.

- d) Endoscopic abdominoplasty - Tightens the muscles of the abdominal wall. Skin is not removed but liposuction can be carried out at the same time³.
- e) An Apronectomy is a modified mini-abdominoplasty, mainly for patients who have a large excess of skin and fat hanging down over the pubic area and only the surplus skin and fat is removed. A modification to an abdominoplasty might be necessary when the patient has problems with scars from previous operations³.

2.2 Buttock and/or Thigh Lift (Thighplasty)

Thighplasty is aesthetic reshaping surgery with the removal of excess skin and fat⁴. Buttock or thigh lift surgery is performed to lift the excess skin to firm and tighten the skin around the buttocks and/or thighs⁵.

2.3 Upper Arm Reduction / Arm Lift (Brachioplasty)

Brachioplasty, or upper arm reduction or arm lift is a surgical procedure which removes and tightens loose skin and excess fat in the upper arm⁶.

2.4 Liposuction / Liposculpture / Suction Assisted Lipectomy

Liposuction is also known as liposculpture or suction assisted lipectomy. It is a technique most commonly performed on the hips to remove unwanted fat deposits. liposuction can be performed on other areas of the body, including the neck, arms, tummy, loins, thighs, inner side of the knees and the ankles⁷.

3. Rationale Behind Policy Decision

- 3.1 Most body contouring is considered a cosmetic and lifestyle procedure and all cosmetic surgery has greater risks than non-surgical procedures⁸. There is limited evidence of the benefits and harm of body contouring procedures⁹. There are a number variable risk factors, (BMI^{10, 11}, maintained weight loss, body dysmorphic disorder¹²) that need to be considered when assessing a body contouring procedure as an option and the procedures have a high complication rate¹³, including minor and major complications¹⁴ documented. The procedures require a highly specialist, multidisciplinary team¹⁵ before and after surgery to support individuals through often major body changes. There is evidence of poor aesthetic scarring¹⁶ which is noticeable and can often require scar revision at a later date¹⁷. There is little evidence that body contouring procedures will improve all round quality of life¹⁸ and there is no evidence that reducing fat deposits through surgery will reduce the onset of other disease¹⁹. There is limited or no guidance from the National Institute for Health and Care Excellence for body contouring procedures. We have taken the limited guidance from NICE Obesity: identification, assessment and management [CG189] Many other CCGs across the country do not routinely commission body contouring surgical procedures.

4. Policy Procedure Guidance to CCG

The following guidance will be considered by the IFR panel when considering requests on an individual patient basis:

- 4.1 Patient is over the age of 18.
- 4.2 Where the patient is a smoker they have taken part and completed a recognised supportive smoking cessation programme²⁰.
- 4.3 The patient has achieved significant weight loss amounting to >50% of their initial body weight.
- 4.4 BMI is between 18-27kg/m².
- 4.5 Weight loss has been maintained for at least two years.
- 4.6 Physiological assessment and support has been undertaken²¹.
- 4.7 Conservative management for mood and emotion (antidepressants) has failed to show an improvement²¹.
- 4.8 The patient suffers severe and recurrent infections between the skin folds and conservative management (ointments, creams, sprays and oral medication) fails to respond.
- 4.9 Symptomatic, including pain and discomfort or personal hygiene problems that interfere with work or activities of daily living.
- 4.10 In the considered opinion of the panel there is a demonstrable clinical need, including at least one year's full documented history.
- 4.11 The patient is more than 18-months past any other bariatric surgery²².
- 4.12 The procedure is for clinical reasons other than excessive weight loss (e.g. lymphoedema²³)
- 4.13 The patient cannot reduce their weight further without removal of excess skin.
- 4.14 The redundant skin flap hangs at or below the symphysis pubis (relevant to abdominoplasty and apronectomy only)

5. References

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