

**PARTIALLY EXCLUDED POLICY – PE106****EAR LOBE SURGERY****(Previously PE11 and 15)**

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

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Review date: February 2020

**1. Policy Summary**

- 1.1 The Cosmetic and Lifestyle Treatment-Ear Lobe Surgery is considered a low priority procedure and should not be commissioned. Funding requests are considered by the Suffolk CCGs 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 policy does not cover Ear Lobe Repair as part of immediate trauma management. To ensure the best outcome, repair of earlobes following forceful trauma should be carried out as soon as possible after the trauma occurs.
- 1.3 This partial 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 or treatment criteria, and only supporting guidance for the IFR panel.

**2. Background to the Procedure**

- 2.1 Earlobe repair is a surgical procedure to correct ears stretched by ear piercing (flesh tunnels) or split earlobes torn when normal earrings rip. Flesh tunnel repair surgery is performed in the same manner as split earlobe repair surgery however it may take slightly longer. An incision is made in the earlobes and then stitched to repair the affected area. It is a relatively quick and simple procedure conducted under local anaesthetic.<sup>1</sup>

**3. Rationale Behind Policy Decision**

- 3.1 Literature Searches have confirmed that surgery for primarily cosmetic reasons should not be eligible for NHS funding and not routinely commissioned by the CCGs in Suffolk in order to target limited resources at those in most need. Ear Surgery is considered an aesthetic

procedure and little evidence was found for its use in treating any underlying medical conditions, nor is there any NICE guidance relating to Ear Lobe Reduction or Split Ear Lobes. However if there is injury of any sorts, then this surgery can prove beneficial. Injury can be defined as, resulting from an unexpected external force that results in injuries which include the tear to the earlobe e.g. as a result of a road traffic accident or an assault. It does not include an earring being pulled through the earlobe over time either by a child pulling on it. The wearing of heavy earrings or other potentially damaging ear ornamentation is a personal choice and any repairs carried out to address resulting damage are considered to be aesthetic procedures.<sup>4</sup> The following guidance for exceptional circumstances is also in line with other CCGs and BAPRAS.

#### 4. Guidance to the CCG

- 4.1 This applies to patients aged 18 and over.
- 4.2 The patient has psychological symptoms and has undergone assessment. Patient has also had Pharmacological interventions to treat these.
- 4.3 Evidence suggests pharmacological interventions to reduce these symptoms are preferred over a cosmetic procedure such as Ear lobe surgery. It is apparent that there is a demonstrable clinical need, and the surgical interventions are likely to alleviate those psychological manifestations.

#### 5. References

1. NHS Choices, *Ear Correction Surgery*, 2015, Available at: <http://www.nhs.uk/conditions/cosmetic-treatments-guide/Pages/ear-correction-surgery.aspx>
2. Accessed: 14/10/2016
3. *Information for Commissioners of Plastic Surgery Services - Referrals and Guidelines in Plastic Surgery* (NHS Modernisation Agency) London British Association for Plastic Reconstructive and Aesthetic Surgeons (BAPRAS). 2014 Available ONLINE at <http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=2> Accessed 11/10/2016
4. Brunton G, Paraskeva N, Caird J, Bird KS, Kavanagh J, Kwan I, Stansfield C, Rumsey N, Thomas J. *Psychosocial predictors, assessment, and outcomes of cosmetic procedures: a systematic rapid evidence assessment*. *Aesthetic plastic surgery*. 2014 Oct 1;38(5):1030-40.
5. Kang S, Moon SJ, Suh H. Traumatic cleft earlobe repair: using a double triangular flap for differently sized components on either side of the cleft. *Aesthetic plastic surgery*. 2013 Dec 1;37(6):1163-6.