

## **PARTIALLY EXCLUDED POLICY – PE107 FACE LIFTS**

Policy author: Ipswich and East Suffolk Clinical Commissioning Group and West Suffolk Clinical Commissioning Group 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 of Face Lifts 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 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 criteria, and only supporting guidance for the IFR panel.

### **2. Background to the Procedure**

- 2.1 As part of the aging process, skin progressively loses its elasticity and muscles tend to slacken. A facelift is carried out in a hospital and most surgeons and patients prefer a general anaesthetic. There are three main types of face lift surgery; traditional, minimal access cranial suspension (MACS) and keyhole surgery. The procedure, although long, can be combined with other operations of all sorts. The most common however would be an endoscopic brow lift and an eyelid reduction. Incisions are made above the hair line at the temples and extend in a natural line down the front of the ear, or just inside the cartilage at the front of the ear, and continue around behind the earlobe and up in the crease behind the ear and off into the lower scalp<sup>1 2</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. Face Lifts are considered an aesthetic procedure and very little evidence was found for its use in treating any underlying medical conditions and there is also no related NICE guidance.
- 3.2 There are many changes to the face and brow as a result of ageing that may be considered normal, however there are a number of specific conditions for which facelifts may form part of the treatment to restore appearance and function, mostly for congenital facial abnormalities

and conditions affecting the skin. The following guidance is in line with almost all CCGs regarding Face Lift Surgery as well as BAPRAS.

#### 4. Policy Procedure Guidance to CCG

- 4.1 This applies to patients aged 18 and over.
- 4.2 Congenital facial abnormalities or Facial palsy **AND** treatment could alleviate the physical disability or psychological difficulty.<sup>3</sup>
- 4.3 As part of the treatment of specific conditions affecting the facial skin e.g. cutis laxa, pseudoxanthoma elasticum, neurofibromatosis <sup>2</sup>
- 4.4 To correct the consequences of trauma **AND** treatment could alleviate the physical disability or psychological difficulty<sup>5</sup>
- 4.5 To correct deformity following surgery **AND** treatment could alleviate the physical disability or psychological difficulty
- 4.6 The patient has psychological symptoms\* and has undergone assessment. Patient has also had Pharmacological interventions to treat these. It is clear that there is a demonstrable clinical need, and the surgical interventions are likely to alleviate those psychological manifestations<sup>4</sup>

\*Evidence suggests pharmacological interventions to reduce these symptoms are preferred over a cosmetic procedure such as Face Lifts surgery.

#### 5. References

1. *Facelifts*, British Association for Aesthetic Plastic Surgeons (BAAPS), 2015, Available ONLINE at <http://baaps.org.uk/procedures/facelifts> Accessed: 11/10/2016
2. *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
3. Kosins, A. M., Hurvitz, K. A., Evans, G. R., & Wirth, G. A. (2007). Facial paralysis for the plastic surgeon. *The Canadian Journal of Plastic Surgery*, 15(2), 77–82.
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. De Sousa, Avinash. "Psychological Issues in Acquired Facial Trauma." *Indian Journal of Plastic Surgery: Official Publication of the Association of Plastic Surgeons of India* 43.2 (2010): 200–205. PMC. Web. 19 Oct. 2016.