

PARTIALLY EXCLUDED POLICY – PE115 SURGERY FOR NIPPLE INVERSION

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

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1. Policy Summary

- 1.1 The Cosmetic and Lifestyle Procedure Surgery for Nipple Inversion is considered a low priority procedure and should not be commissioned. Funding requests are considered by the Suffolk CCG's 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 partially 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 When the nipple is pulled in and points inward instead of out, it is termed nipple inversion. Nipple inversion can affect one breast or both, and can be congenital or acquired. Acquired nipple inversion can be due to benign or malignant causes. Benign nipple inversion is usually a gradual process, occurring over a few years. When nipple inversion occurs rapidly, the underlying cause can be inflammation, postsurgical changes, or an underlying malignancy and this should be investigated appropriately. There is a consensus that as babies breastfeed rather than nipple feed, in most cases women with flat or inverted nipples will be able to breastfeed with expert support and guidance in breastfeeding technique.

3. Rationale Behind Policy Decision

- 3.1 Nipple inversion surgery is a purely cosmetic procedure to alter the appearance of the breast. Cosmetic procedures are defined as "the choice to undergo an operation, or invasive medical procedure, to alter one's physical appearance for aesthetic rather than medical reasons." For this intention it is not routinely funded by the clinical commissioning group. It will be considered in certain exceptional cases as outlined below. The following guidance is in line with other CCGs.

4. Policy Procedure Guidance to CCG

- 4.1 The surgical correction of nipple inversion (where an underlying diagnosis of breast malignancy has been excluded) should not be funded by Ipswich and East Suffolk & West Suffolk CCGs for cosmetic reasons. The procedure can be considered in the following scenario:
- 4.2 If there has been documented obstruction to milk flow preventing the mother from breast feeding after all conservative measures have failed e.g. use of breast pump under expert guidance AND this has had a significant impact on the infant AND in the view of the consultant surgeon a surgical correction is likely to alleviate this problem.
- 4.3 General guidance relating to surgical breast procedures to be taken into account where applicable:
- a) Patients receiving treatment for breast cancer as part of the breast cancer treatment pathway should be offered reconstruction surgery in line with NICE CG80 and this is not covered by this policy.
 - b) Although the development of the breast in women is likely to be completed by the age of 18, the request will only be considered in women aged 21 and over as this will allow time for them to receive the necessary support and counselling to arrive at an informed decision.
 - c) The panel also need to take into account the impact on the changes in the breast of any likely pregnancy and breast feeding.
 - d) BMI must be stable and sustained below 30kg/m² for at least 1 year prior to referral with documentation of BMI in the clinical records and provided to the panel at a minimum of 0, 6 and 12 months.
 - e) Wherever possible anonymised clinical photographs would help the panel when considering the submission however this is not a mandatory requirement.
 - f) Wherever clinically appropriate a referral to physiotherapy should be considered and a detailed physiotherapy report to be enclosed with the submission.
 - g) Where patients are suffering psychologically, appropriate referrals should have been made and other potential causes of psychological distress been appropriately evaluated and treated before referral for consideration of cosmetic surgery is made.
 - h) Documentation of mental health such as HAD score or PHQ-9 should also be enclosed.
 - i) Smoking status:
 - Stipulate that patients undergoing this operation who smoke must cease smoking 3-4 weeks prior to surgery at their pre-operative consultation and urge that they continue to abstain from all forms of smoking for 3-4 weeks during the post-operative phase. Advise the patient that use of electronic nicotine delivery systems and other forms of nicotine (i.e. patch, gum) will show positive cotinine levels in their saliva and may trigger a positive test result when checked. AND

- Encourage the patient to complete a smoking cessation course with the local commissioned smoking cessation provider prior to their operation to help their abstinence. AND
- Stipulate that the patient undertakes a cotinine test within the 4 week window prior to their surgery to demonstrate that they are not smoking (cotinine level >10 ng/mL indicates that the patient is smoking).
- Advise the patient that failure to comply with these criteria will lead to their surgery being cancelled.

5. References

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