

**PARTIALLY EXCLUDED POLICY – PE116
SURGERY FOR BREAST ASYMMETRY
(previously included in PE6)**

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

Policy start date: February 2017

Review date: February 2020

1. Policy Summary

- 1.1 The Cosmetic and Lifestyle Procedure Surgery for Breast Asymmetry 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 Breast asymmetry can mean a difference in the size of the breast, the shape of the breast and also the position of the nipple. It is entirely normal for there to be a degree of difference between the size of each breast. Very few people have breasts that are exactly identical and it is general considered that asymmetry is the norm.
- 2.2 Breast asymmetry may happen as part of development when breasts first form. There may be underdevelopment or overdevelopment of one breast or elements of a lack of development altogether. Or it may occur later on in life or be due to other treatment such as biopsies or surgery for cancer.
- 2.3 There is no medical advantage for having surgery i.e. breast implants/breast reduction, however it can have a positive psychological effect in certain circumstances.

3. Rationale Behind Policy Decision

- 3.1 Surgery for breast asymmetry is considered a cosmetic procedure. 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. In situations where surgery has been undertaken for

breast cancer then breast reconstruction will be carried out in line with current recommendations by the National Institute of Health and Care Excellence.

4. Guidance to IFR Panel

4.1 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.

4.2 With regards to breast asymmetry surgery consideration for funding could include the following circumstances (taking into account above guidance criteria):

a) Developmental failure resulting in unilateral absence of breast tissue.

OR

b) Patients with gross asymmetry (defined as a difference greater than 3 standard cup sizes) which has a significant impact on patient's physical or mental health and all reasonable steps have been taken to address this.

4.3 Given the risks and long term implications relating to breast implants, reduction of the larger breast should be regarded as the first line treatment for patients seeking to correct breast asymmetry. Patients should have been fully counselled as to the risks associated with surgery.

5. References

1. Crerand, Canice E, Magee, Leanne Cosmetic and reconstructive breast surgery in adolescents: psychological, ethical, and legal considerations. Seminars in plastic surgery, vol. 27, no. 1, p. 72-78, 1535-2188 (February 2013)
2. Queen Victoria Hospital Breast Asymmetry <http://www.qvh.nhs.uk/wp-content/uploads/2015/09/Breast-Asymmetry-Rvw-Oct-17.pdf>
3. NICE Clinical Guidance CG80 <https://www.nice.org.uk/guidance/CG80>
4. NHS Dorset Clinical Commissioning Group Breast Surgery Criteria Access Based Protocol <http://www.dorsetccg.nhs.uk/Downloads/aboutus/Policies/Clinical/Policies%20from%20Sept%202014/Criteria%20Based%20Access%20Protocol%20-%20Breast%20Surgery.pdf>
5. Bristol CCG Breast surgery https://www.bristolccg.nhs.uk/media/medialibrary/2016/09/breast_surgery_female.pdf
6. Hull CCG Breast surgery http://www.hullccg.nhs.uk/uploads/policy/file/4/Hull_CCG_breast_surgery_January_2015.pdf
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8. Camden CCG <http://www.camdenccg.nhs.uk/Downloads/ccg-public/Publications/policies/NCL-Procedures-of-Limited-Clinical-Effectiveness-PoLCE-Policy-June-2015-2016.pdf>