

2. Specialist Cosmetic Surgery

Treatment	Cosmetic specialist surgery procedures
Background	Cosmetic surgery is any surgery carried out to enhance outward appearance. It is carried out on people with abnormal appearance from a range of clinical or congenital conditions or syndromes or as a result of surgery or injury. It can also be carried out to enhance appearance changes due to ageing or obesity.
	In any health care system there are limits set on what is available and on what people can expect.
	Clinical Commissioning Groups are required to achieve financial balance. They have a complex task in balancing this with individuals' rights to health care. It is the purpose of the criteria set out in this document to make the limits on cosmetic specialist cosmetic surgery procedures fair, clear and explicit.
	Referrals within the NHS for the revision of treatments originally performed outside the NHS will not normally be permitted.
	Referrals should where possible be made to the practitioner who carried out the original procedure.
	This policy will be reviewed by the review date or in the light of any new guidance or clinical evidence, whichever is the earliest.
	These guidelines cover a group of surgical procedures with cosmetic indications.
	It is important to note that a substantial proportion of specialist cosmetic surgery is carried out by a number of specialities other than Plastic Surgery e.g. ENT Surgery, Ophthalmology, Maxillofacial Surgery, General Surgery and Dermatology. This policy only concerns procedures carried out in hospitals.
	Severity, effectiveness of intervention requested, cost and cost effectiveness should all be taken into consideration in the decision making process.
	Commissioning approval is required for NHS funding prior to referral to the specialist clinician.
	The decision of whether or not to go through with a particular procedure rests with the clinician and the patient in relation to the appropriateness of the procedure, its likelihood of success, and the risks of failure.
General Guidelines	Patients requiring reconstruction surgery to restore normal or near



normal appearance or function following cancer treatment or post trauma do not fall within this statement.
For cosmetic procedures an NHS referral is inappropriate if the patient falls within the normal morphological range.
Patients should not be referred to the specialist service until approval
has been obtained from the CCG and a copy of the approval should be appended to the referral.
Inevitably some patients may not fit the guidelines. Nevertheless if the referring clinician feels that a case merits funding on an exceptional basis they should discuss the case with the IFR team or submit an IFR to be considered by the panel. A significant degree of exceptionality must be demonstrated before funding can be considered outside of these policies.
Patients who have been operated on privately will not normally be eligible for NHS treatment for complications or secondary procedures. However there may be unusual or severe complications or circumstances that require transfer of a patient to the NHS for appropriate management.
Whilst some degree of distress is usual among people who consider aspects of their physical appearance as undesirable, the degree of this will not routinely be taken into account in any funding decision. Further, it is expected clinicians consider the possibility of psychological problems including Body Dysmorphic Syndrome (NICE Clinical Guideline 31), assess for these and ensure appropriate management before considering any referral for plastic surgery
Photographic evidence may be requested to facilitate thorough consideration of a case.
 The following treatments are included in this policy: Cleft earlobe surgery Face, neck, brow lift Hair loss treatment Hair removal (for hirsutism) Liposuction
 Resurfacing: dermabrasion, chemical peels and laser treatment Surgical Fillers

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	Please see the relevant specific statements for the following
	treatments:
	Abdominoplasty
	Breast Implants (removal)
	Breast Implants (replacement)
	Cosmetic Breast Surgery (including Gynaecomastia)
	Pinnaplasty
	Removal of benign skin lesions
	Rhinoplasty / septoplasy for nasal deformities
	Vaginaplasty / labiaplasty
Cleft Earlobe Surgery	Background: the external ear lobe can split partially or completely as result of trauma or wearing ear rings. Correction of split earlobes is not always successful and the earlobe is a site where poor scar formation is a recognised risk.
	Policy: Surgical repair of acquired ear lobe clefts is NOT routinely commissioned as this is considered a cosmetic procedure. This indication includes:
	 partially split lobes (i.e. where the split does not reach the edge of the lobe);
	elongated holes in lobes ;
	 a split that recurs after a previously repaired earlobe has been pierced.
Face and/or Brow	Background: These surgical procedures are performed to lift the
Lift	loose skin of the face and forehead to get a firm and smoother
	appearance of the face. These procedures will not be
S01.1/.2/.3/.4/.5/ .6/.8/.9	commissioned to treat the natural processes of ageing.
	Policy: Face lift or brow lift is NOT routinely commissioned.

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Hair Loss Treatment	Background: Hair loss, also known as alopecia or baldness, refers to a loss of hair from the head or body. Baldness can refer to general hair loss or male pattern hair loss.
.2/.3/.8/.9	Policy: Hair loss treatment will not be routinely commissioned by the NHS for cosmetic reasons, regardless of gender. This includes:
	 Surgical treatments for hair loss e.g. hair transplantation The 'Intralace' hair system Dermatography (tattooing) Drugs for the treatment of baldness e.g. <i>Finasteride</i>
	Hair loss treatment may be considered on an exceptional basis, for example when reconstruction of the eyebrow is needed following cancer or trauma.
	To manage hair loss for solely cosmetic reasons:
	It should be noted that the provision of wigs or hair loss treatment for Gender Dysphoria patients is NOT part of the NHS commissioned pathway for transgender patients and is not routinely commissioned
	Additionally, it should be noted that this policy does NOT affect the existing local NHS pathways that exist for the provision of wigs to chemotherapy or alopecia patients.
	Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the CCG policy.
Hair Removal for Hirsutism	Background: IPL/Laser/Electrolosis treatment is increasingly being used as a cosmetic intervention to remove body hair. Patients with excessive body hair are described as having hirsutism. Hair
S60.6/.7	depilation (for the management of hypertrichosis) involves permanent removal/reduction of hair from face, neck, legs, armpits and other areas of body usually for cosmetic reasons
	Policy : Hair removal for Hirsutism is NOT routinely commissioned. This includes surgical, medical and pharmaceutical treatments
Liposuction S62.1/.2	Background: Liposuction (also known as liposculpture), is a surgical procedure performed to improve body shape by removing unwanted fat from areas of the body such as abdomen, hips, thighs, calves, ankles, upper arms, chin, neck and back. Liposuction is sometimes done as an adjunct to other surgical procedures.
	Policy: Liposuction simply to correct the distribution of fat is NOT routinely commissioned.

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Resurfacing: Dermabrasion, Chemical Peels and Laser Treatment	Background: Dermabrasion involves removing the top layer of the skin with an aim to make it look smoother and healthier. Scarring and permanent discolouration of skin are the rare complicationsPolicy: Resurfacing procedures are NOT routinely commissioned.
S10.1/.3/.4/.8/.9; S11.1/.3/.4/.8/.9; S09.1/.2	
Surgical Fillers	Background: Surgical Fillers are widely used in cosmetic surgery, for the treatment of wrinkles and skin aging, to improve the appearance of scars and for augmenting the volume of soft tissue such as in the lips.
	Policy: Surgical fillers for any indication that may be deemed as a cosmetic procedure are not routinely commissioned.
	This commissioning position applies to the use of both natural (e.g. fat, dermis) and synthetic fillers (temporary or permanent) including hyaluronic acid fillers and collagen.
	Please note, the treatment of complications arising from the cosmetic use of surgical fillers in private practice is not routinely commissioned
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Author	Dr Alison Forrester, Healthcare public health advisor, VOYCCG
Approved by	Clinical Research & Effectiveness Committee 25.08.16
Responsible officer	Shaun O'Connell, GP Lead valeofyork.contactus@nhs.net