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Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Specialised Services Policy: CP 44 Body Contouring

Document Author:	Specialised Planner
Executive Lead:	Director of Planning
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Document History

Revision History			
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0.7	3 June 2013	Removal of body contouring procedure related to weight loss	1.0
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Approvals		
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Policy Statement

<p>Background</p>	<p>Body contouring is undertaken to improve the appearance and or function of parts of the body.</p> <p>Increasingly requests for body contouring are being received from patients who have achieved significant weight loss either through a combination of exercise and diet or following bariatric surgery.</p>
<p>Statement</p>	<p>This policy is written in recognition of the service agreements which exist for the provision of body contouring procedures and describes the eligibility criteria for these procedures.</p> <p>Patients may satisfy the criteria or may be confirmed deemed to have clinically exceptional circumstances in which case funding will need to be considered in line with the All Wales Policy: Making Decisions on Individual Patient Funding Request (IPFR).</p>
<p>Responsibilities</p>	<p>Managers are responsible for ensuring that all relevant staff are aware of NHS Wales policies and adhere to them.</p> <p>Managers are responsible for ensuring that systems are in place for their areas of responsibility to enable staff to keep up to date with new policy changes.</p> <p>NHS Wales staff are responsible for ensuring that they are familiar with policies pertaining to their area of work, know where to locate the documents and seek out every opportunity to keep up to date with NHS Wales policies.</p> <p>Independent contractors are expected to identify a lead individual to be responsible for ensuring that all staff employed within their practice are aware of and adhere to NHS Wales policies.</p>

Algorithm for referral for Procedures

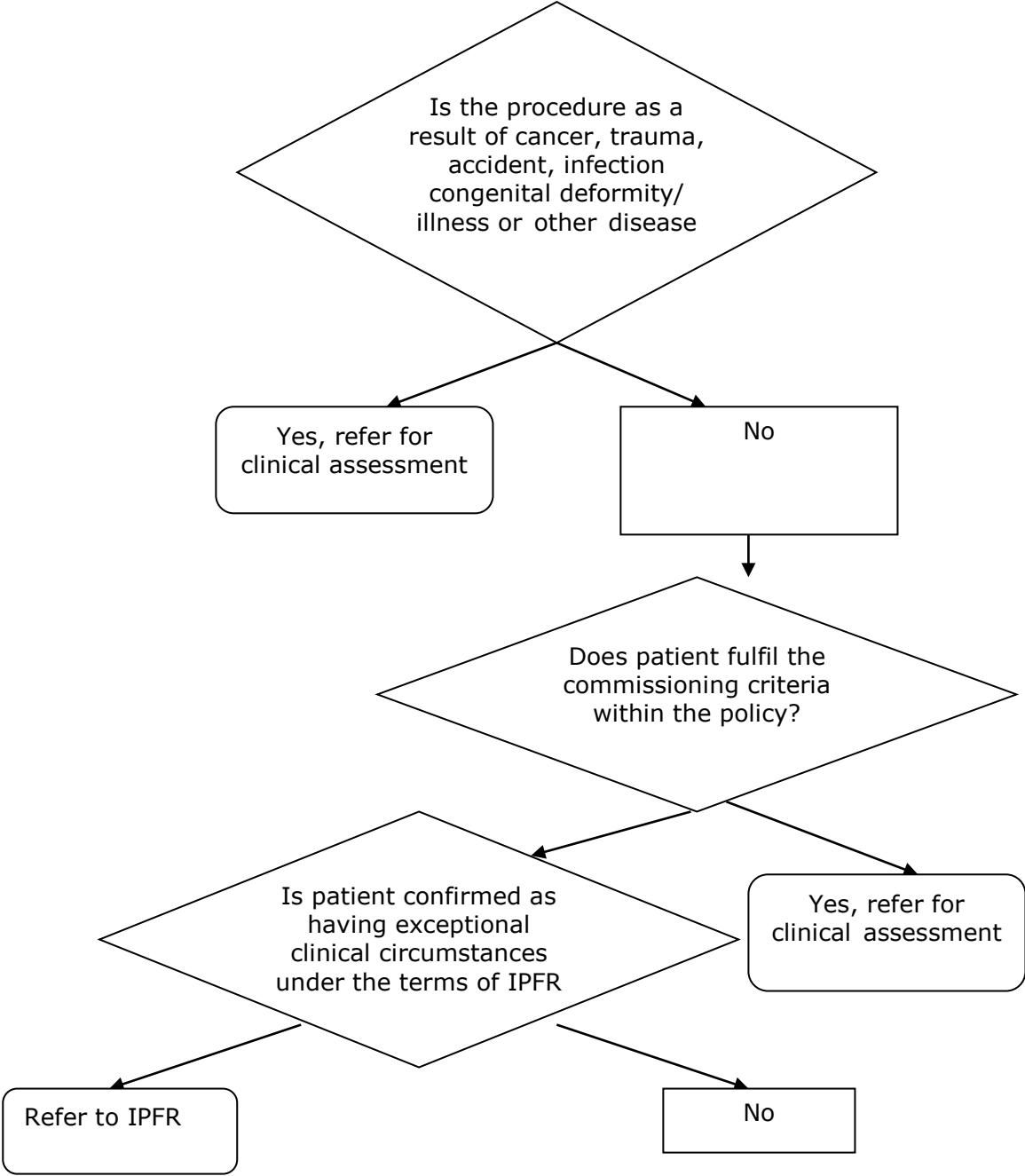


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1. Aim

1.1 Introduction

This document has been developed as the policy for planning of body contouring procedures for Welsh patients.

The purpose of this document is to:

- Clearly set out the circumstances under which patients will be able to access treatment;
- Clarify the referral process; and
- Define the criteria that patients must meet in order to be referred.

Body contouring procedures with the sole purpose of improving cosmetic appearance will not be routinely funded by NHS Wales.

1.2 Relationship with other Policy and Service Specifications.

This document should be read in conjunction with the following documents which can be found

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=898&pid=46592> :

- Policy position 45 Abdominoplasty/ Apronectomy following significant weight loss
- Increasingly body contouring is being requested by patients who have achieved significant weight loss either through diet and exercise or following bariatric surgery. Request for body contouring following significant weight loss should be dealt with via CP39 Plastic Surgery.
- Specialised Service Policy: CP69 Breast Surgery Procedures.
- Specialised Services Policy: CP21 Specialised Adult Gender Identity Services
- Specialised Service Policy: CP29 Bariatric Surgery
- CP16: All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)

- WHSSC Referral Management New Out patient Referrals guidance for Healthcare professionals.

2. Scope

2.1 Definition

Body contouring procedures are undertaken to improve the form and function of body parts.

Body contouring procedures undertaken with the sole purpose of cosmetic improvement will not be routinely funded by NHS Wales.

2.2 Criteria for eligibility

Circumstances in which body contouring procedures may be funded by NHS Wales are:

- Procedures undertaken with the aim of improving the function of a body part; or
- Procedures which are medically necessary and where conservative treatment options have been exhausted.

This policy provides clarification regarding the access criteria agreed by NHS Wales for body contouring procedures. It represents the current commissioning priorities in NHS Wales and aims to provide clarification to GPs, specialist clinicians, service providers and patients alike.

2.3 Codes

Procedure	ICD10	OPCS4
Abdominoplasty/apronectomy		S02.1; S02.2
Other excision of skin – brachioplasty, buttock lift, thigh lift		S03-
Liposuction		S62.1; S62.2
Labiaplasty		P21.3

3. Access Criteria

3.1 *Clinical Indications*

3.1.1 NHS Wales will not routinely fund body contouring procedures unless:

- Treatment is deemed medically necessary and conservative treatment options have been exhausted; **AND**
- There is evidence of significant impaired ability to perform activities of daily living which has been formally assessed.

3.1.2 Patients with the problems/conditions listed in section 3.2 of this policy should only be referred to a Consultant/Specialist **after a clinical assessment** is made by the GP and there is a symptomatic or functional requirement for surgery.

3.1.3 Psychological distress alone will normally not be accepted as a reason to fund treatment. Applications which cite psychological distress will need to be evidenced with a current psychological assessment which specifically addresses the cause for the application.

In exceptional circumstances psychological distress alone will be considered as a reason for surgery if it may alleviate severe and enduring psychological dysfunction. In these cases an NHS psychiatrist or psychologist must provide demonstrable evidence of treatment(s) used to alleviate /improve the patient's psychological well being, including the impact and duration of treatment(s). Patients should be currently engaged or have undergone appropriate psychological or psychiatric treatment. Patients should NOT be referred to mental health services specifically to support a referral for facial surgery procedures.

Clinicians are asked to refer to NICE guideline 31 on Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDS) prior to referring on psychological grounds alone.

The indicative criteria/guidelines for body contouring procedures are detailed in section 3.2 below.

3.2 *Criteria for Treatment*

3.2.1 Abdominoplasty/apronectomy not connected with significant weight loss

Abdominoplasty and apronectomy may be offered to the following groups of patients who should have achieved a stable BMI between 18 and 25 Kg/m² and be suffering from severe functional problems.

Eligibility criteria:

- Scarring following trauma or previous abdominal surgery; **OR**
- Where there is a clinical need for the procedure as part of abdominal hernia correction or other abdominal wall surgery (Clinical need must be confirmed by the Consultant performing the hernia or other abdominal wall surgery)

Severe functional problems include:

- Significant problems with activities of daily life (e.g. ambulatory restrictions) ; **OR**
- Chronic and persistent skin condition (e.g.intertriginous dermatitis, panniculitis, cellulitis or skin ulcerations) that is refractory to at least six months of medical treatment. In addition to good hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids and/or local or systemic antibiotics; **OR**
- Problems associated with poorly fitting stoma bags

3.2.1 Abdominoplasty/apronectomy connected with significant weight loss

Please note that requests for abdominoplasty/ apronectomy should be considered through application of Policy Position 45: Abdominoplasty/ apronectomy following significant weight loss.

3.2.3. Thigh lift, buttock lift and arm lift, excision of redundant skin or fat

These surgical procedures are performed to remove loose skin or excess fat to reshape body contours. Patient groups seeking such procedures are similar to those seeking abdominoplasty however the functional disturbance of skin excess in these sites tends to be less and so this procedure is not routinely funded by the NHS.

Funding may be considered through the prior approval process in the following situation:

- At the time of the application the patient must have a BMI of equal to or below 25 kg/m² (see apronectomy/ abdominoplasty) and must

have maintained a BMI in this range for at least 24 months.

AND

- Patient must be suffering severe functional problems as a consequence of excess skin, namely:
 - a) Significant problems with activities of daily life (e.g. ambulatory restrictions); **OR**
 - b) Excess skin is causing a chronic and persistent skin condition (e.g. intertriginous dermatitis, panniculitis, cellulitis or skin ulcerations) that is refractory to at least six months of medical treatment. In addition to good hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids and/or local or systemic antibiotics.

3.2.4 Liposuction

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 available when required as an adjunct to other surgical procedures e.g. breast reconstruction post cancer treatment.

Liposuction simply to correct the distribution of fat will not be routinely funded.

3.2.5 Labiaplasty

Labiaplasty is generally a cosmetic procedure to improve appearance alone and is not routinely funded.

Requests for labiaplasty will be considered for the following indications :

- Where the labia are directly contributing to recurrent disease or infection; **OR**
- Where repair of the labia is required after trauma

This policy does not apply to genital reconstruction for Gender Reassignment, Specialised Services Policy: CP21 Specialised Adult Gender Identity Services.

3.3 Referral Pathway

Body contouring procedures are undertaken by specialities including amongst others plastic surgery, breast surgery and general surgery. The access criteria specified in this policy should be applied to all referrals for treatment of body contouring procedures. Referrals for procedures within this policy should be made using the relevant pro forma, annex ii- iv.

3.4 Exclusions

There are no exclusions to the policy.

3.5 Exceptions

If the patient does not meet the criteria for treatment, but the referring clinician believes that there are exceptional grounds for treatment an Individual Patient Funding Request (IPFR) can be made to WHSS under the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR).

If the patient wishes to be referred to a provider out of the agreed pathway, an IPFR should be submitted.

Guidance on the IPFR process is available at www.whssc.wales.nhs.uk and Local Health Board web sites.

3.6 Responsibilities

Referrers should:

- Inform the patient when treatment is not routinely funded or outside the criteria in this policy; and
- Refer via the agreed pathway

The clinician considering treatment should:

- Discuss all alternative treatments with the patient;
- Advise the patient of any side effect and risks of the potential treatment;
- Inform the patient when treatment is not routinely funded or outside of the criteria in the policy; and
- Confirm that NHS Wales has a contractual agreement in place for the treatment.

In all other circumstances an IPFR will need to be made and approval given before assessment/treatment can proceed.

4. Putting things right raising a concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided. The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern:

- When a patient or their representative is unhappy with the decision that the patient does not meet the criteria for treatment further information can be provided demonstrating exceptionality. The request will then be considered by the All Wales IPFR Panel.
- If the patient or their representative is not happy with the decision of the All Wales IPFR Panel the patient and/or their representative has a right to ask for this decision to be reviewed. The grounds for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated. The review should be undertaken, by the patient's Local Health Board;
- When a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to WHSSC.

5. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment. The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken. In respect of transgender, it reflects the necessary links to the Gender Dysphoria Pathway and the findings of the EQiA has been taken into account.

Annex (i)– Checklist

Specialised Services Policy CP44 –Body Contouring

The following checklist should be completed for every patient to whom the policy applies:

- i) Where the patient meets the criteria **AND** the procedure is included in the contract **AND** the referral is received by an agreed centre, the form should be completed and retained by the receiving centre for audit purposes.
- ii) The patient meets the criteria **AND** is received at an agreed centre, but the procedure is not included in the contract. The checklist must be completed and submitted to WHSSC for prior approval to treatment.
- iii) The patient meets the criteria but wishes to be referred to a non contracted provider. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration.
- iv) The patient does not meet criteria, but there is evidence of exceptionality. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration for treatment.

To be completed by the referring gatekeeper or treating clinician

The following checklist should be completed for **all** patients to whom the policy applies, before treatment, by the responsible clinician.

Please complete the appropriate boxes:

Patient NHS No:		
Patient is Welsh Resident	Post Code:	
Patient is English Resident registered with NHS Wales GP	GP Code:	
Patient meets following access criteria for treatment:	Yes	No
Abdominoplasty/ apronectomy not connected with significant weight loss (see 3.2.1 and annex ii)		
Thigh lift, buttock lift and arm lift, excision of redundant skin or fat (see 3.2.3 and annex iv)		
Labiaplasty (see 3.2.5 and annex v)		
Patient wishes to be referred to non-contracted provider		
<i>If the patient wishes to be referred to a non-contracted provider an Individual Patient Funding Request (IPFR) must be completed and submitted to WHSSC for approval prior to treatment. The form must clearly demonstrate why funding should be provided on the basis of exceptionality. The form can be found at http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=181455</i>		
Patient does not meet access criteria but is exceptional		
<i>An Individual Patient Funding Request (IPFR) must be completed and submitted to WHSSC for approval prior to treatment. The form must clearly demonstrate why funding should be provided as an exception. The form can be found at http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=181455</i>		

Name: _____ Designation: _____

Signature: _____ Date: _____

	Name (printed):	Signature:	Date:	Yes	No
Authorised by TRM Gatekeeper					
Authorised by WHSSC Patient Care Team					
Patient Care Team/IPFR/TRM Reference number:					

Annex (ii)– Pro forma for Apronectomy (not required due to weight loss)

Referral form for services not usually available on the NHS in Wales

Cosmetic surgery (surgery undertaken exclusively to improve appearance) will not normally be commissioned in the absence of previous trauma, disease or congenital deformity. Referrers will need to provide clinical detail with regards to the possible effect surgery will have in restoration of function.

Body Contouring

Procedure being requested	Apronectomy (not required due to weight loss)		
Patient Surname			
Patient Forename(s)			
Patient DOB			
Patient NHS No:			
Patient Hospital No:			WHSSC use

Morphology	Maximum/ including dates taken	Current weight/ date	
Height (M)			
Weight (Kg)			
Body Mass Index			

Percentage Weight loss	
Date Calculated	
Has weight loss been maintained for 2 years?	

Details of other abdominal surgery required			
Previous abdominal surgery, including dates and impact on current problem.			

It is essential referrers provide detail with regards to the medical management of the following, including frequency, efficacy and dates of treatment.

History	Yes (✓) / No (x)	Comments	WHSSC Use
Severe intertrigo			
Skin condition i.e. interigo			
Poorly fitting stoma			

Other factors to be considered	
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Referrer Signature		Date	
Referrers Position			
Referrers Address			

Sent date	Return date	Case officer	Decided date	Decision

Annex (iii)– Pro forma for Thigh, buttock and arm lift

Referral form for services not usually available on the NHS in Wales

Cosmetic surgery (surgery undertaken exclusively to improve appearance) will not normally be commissioned in the absence of previous trauma, disease or congenital deformity. Referrers will need to provide clinical detail with regards to the possible effect surgery will have in restoration of function.

Body Contouring, Thigh, buttock or arm lift

Procedure being requested		
Patient Surname		
Patient Forename(s)		
Patient DOB		
Patient NHS No:		
Patient Hospital No:		WHSSC use

Morphology	Maximum/ including dates taken	Current weight/ date	
Height (M)			
Weight (Kg)			
Body Mass Index			

Please provide details of how weight loss achieved i.e type of surgery, dietary advice etc	
Percentage Weight loss	
Date Calculated	
Has weight loss been maintained for 2 years?	

It is essential referrers provide detail with regards to the medical management of the following, including frequency, efficacy and dates of treatment.

History	Yes (✓) / No (x)	Comments	WHSSC Use
Skin conditions i.e. Intertrigo, please give dates and medical treatment prescribed including efficacy of treatment.			
Functional disturbance, details			

Other factors to be considered	
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Referrer Signature		Date	
Referrers Position			
Referrers Address			

Sent date	Return date	Case officer	Decided date	Decision



Annex (iv) – Pro forma for Labiaplasty**Referral form for services not usually available on the NHS in Wales**

Cosmetic surgery (surgery undertaken exclusively to improve appearance) will not normally be commissioned in the absence of previous trauma, disease or congenital deformity. Referrers will need to provide clinical detail with regards to the possible effect surgery will have in restoration of function.

Body Contouring

Procedure being requested	Labiaplasty	
Patient Surname		
Patient Forename(s)		
Patient DOB		
Patient NHS No:		
Patient Hospital No:		WHSSC use

It is essential referrers provide detail with regards to the medical management of the following, including frequency, efficacy and dates of treatment.

History	Yes (✓) / No (x)	Comments	WHSSC Use
Recurrent infections/ disease including dates treatment and any swab results			
Trauma			

Other factors to be considered	
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Referrer Signature		Date	
Referrers Position			
Referrers Address			

Sent date	Return date	Case officer	Decided date	Decision