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Welsh Health Specialised
Services Committee (WHSSC)

POLICY POSITION: PP 45

ABDOMINOPLASTY/APRONECTOMY FOLLOWING SIGNIFICANT WEIGHT LOSS

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Policy Position Statement

<p>Background</p>	<p>This policy position replaces CP39 Plastic Surgery – 3.3.1 “tummy tuck” (apronectomy or Abdominoplasty) related to massive weight loss, until this is incorporated in CP29 Bariatric Surgery, when it is next reviewed (review date March 2014).</p> <p>It is recognised that the consequences of morbid obesity will become an increasing problem for the NHS and that robust inclusion criteria need to be developed to ensure that appropriate patients benefit from interventions that change the body contour.</p>
<p>Summary of Policy Position</p>	<p>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:</p> <p>Previously obese patients who have achieved significant weight loss and have maintained their weight loss for at least two years.</p> <p>Severe functional problems include:</p> <ul style="list-style-type: none"> • Recurrent intertrigo beneath the skin fold. • Experiencing severe difficulties with daily living i.e. ambulatory restrictions. • Where previous trauma or surgical scarring (usually midline vertical, or multiple) leads to very poor appearance and results in disabling psychological distress or risk of infection. • Problems associated with poorly fitting stoma bags. <p><u>Rationale:</u> Excessive abdominal skin folds may remain following weight loss in the previously obese patient and can cause significant functional difficulty. There are many obese patients who do not meet the definition of morbid obesity¹ but whose weight loss is significant enough to create these difficulties. These types of procedures, which may be combined with limited liposuction, can be used to correct scarring and other abnormalities of the anterior abdominal wall and skin.</p>

¹ For the purpose of this guidance, people are defined as having morbid obesity if they have a body mass index (BMI) either equal to or greater than 40kg/m², or between 35kg/m² and 40kg/m² in the presence of significant co-morbid conditions that could be improved by weight loss

	<p>It is important that patients undergoing such procedures have achieved and maintained a stable weight so that the risks of recurrent obesity are reduced. The availability of teams specialising in the surgical treatment of the morbidly obese (bariatric surgery) is limited, although this may rise with the implementation of NICE guidance in this area. Many patients therefore achieve their weight loss outside such teams and should not be disadvantaged in accessing body contouring surgery, if required.</p>
<p>Responsibilities</p>	<p>These services are planned and funded locally by WHSSC.</p>