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Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

## **SPECIALISED SERVICES POLICY: CP 43**

### **FACIAL SURGERY PROCEDURES**

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<b>Approved by:</b>	Management Group
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## Document History

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Medical Directors	WHSSC Corporate	Sep 2013	1.0
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## Policy Statement

<b>Background</b>	<p>Facial surgery is undertaken to reshape abnormalities arising from accidents, injuries including burns, infections, cancer and other diseases as well as congenital deformity. Treatment for these conditions is available on the NHS and the access criteria specified in this policy does not apply to referrals for these conditions.</p> <p>It is recognised that in addition to the conditions listed above there are circumstances where access to facial surgery is appropriate and should be available to NHS patients e.g. for medically necessary treatment where there is significant pain or discomfort which affects daily activities and is not amenable to routine treatment.</p> <p>Facial surgery undertaken with the sole purpose of cosmetic improvement will not be routinely funded by NHS Wales.</p>
<b>Statement</b>	<p>This policy is written in recognition of the service agreements which exist for the provision of facial surgery and describes the eligibility criteria for these procedures.</p> <p>Patients may satisfy the criteria as outlined in this policy or may be 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>
<b>Responsibilities</b>	<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>
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# Algorithm for Referral for Procedure

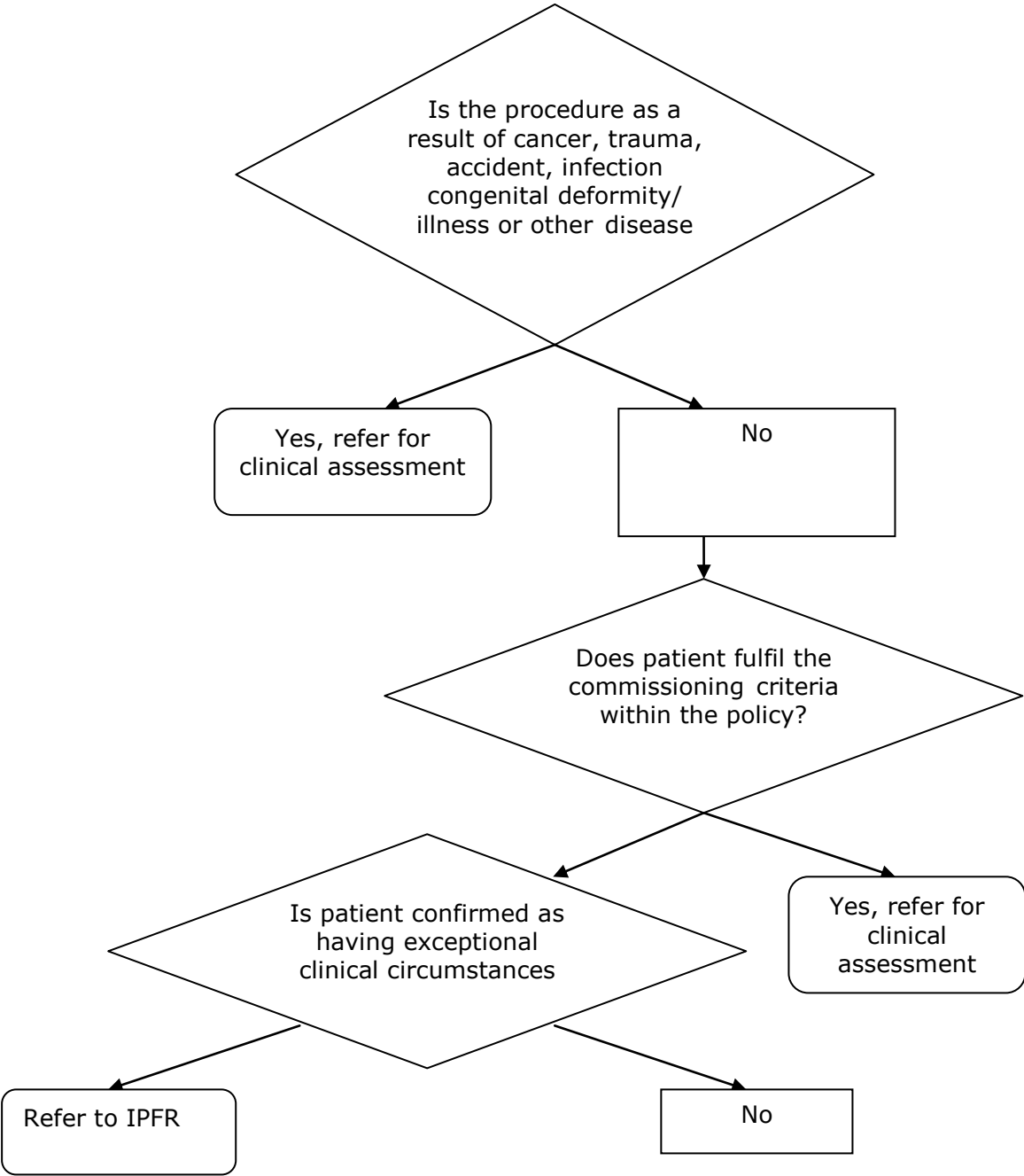


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## **1. Aim**

### **1.1 Introduction**

This document has been developed as the policy for the planning of Facial Surgery procedures which are not connected with accident, injury including burns, infection, cancer and other diseases or congenital deformity 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.

Facial surgery procedures with the sole purpose of improving cosmetic appearance are not 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 located at

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

- Specialised Services Policy: CP21 Specialised Adult Gender Identity Services
- Specialised Services Policy: 42:Benign Skin Conditions
- 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

Reconstructive facial surgery is undertaken to reshape abnormalities arising from accidents, injuries including burns, infections, cancer or other diseases as well as congenital deformity.

In addition there are circumstances where access to facial surgery is appropriate and should be available to NHS patients e.g. for medically necessary treatment where there is significant pain or discomfort which affects daily activities and is not amenable to routine treatment.

### 2.2 Criteria for eligibility:

Circumstances in which facial surgery procedures may be funded by NHS Wales:

- Procedures to reshape abnormalities arising from accidents, injuries including burns, infections, cancer or other diseases as well as congenital deformity are routinely funded;
- Procedures undertaken with the aim of improving the function of a body part; and
- 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 facial surgery 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
Face lifts and brow lifts (Rhytidectomy)		S01-
Facial Atrophy		
Blepharoplasty Surgery/ Hooded Eyelids/Lower Eyelid Bags/ Festoons		C13-
Eyelid Malpositions (Ptosis)		



Surgery to reshape the nose (Rhinoplasty, Septorhinoplasty and septoplasty)		E02.3; E02.4; E02.5; E02.6
Correction of prominent ears (Pinnaplasty / Otoplasty)	Q17.5	D03.3
Repair of external ear lobes (Lobules)		D06.2
Hair loss treatment (baldness and alopecia)	L64.8; L64.9	S33-
Craniofacial disorders	Q18	
Correction of post traumatic bony & soft tissue deformity of the face		

## 3. Access Criteria

### 3.1 Clinical Indications

3.1.1 NHS Wales will not routinely fund facial surgery procedures unless:

- Treatment is required to reshape abnormalities arising from accidents, injuries including burns, infections, cancer and other diseases or congenital deformity; **OR**
- Treatment is deemed medically necessary and conservative treatment options have been exhausted; **OR**
- 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 surgery. 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 facial surgery procedures are detailed in section 3.2 below.

## **3.2 Criteria for Treatment**

### **3.2.1 Face lifts and brow lifts (Rhytidectomy)**

#### *Rationale:*

There are many changes to the face and brow as a result of ageing that may be considered normal; however, there are a number of specific conditions for which these procedures may form part of the treatment to restore appearance and function.

These procedures will not be commissioned for purely cosmetic reasons or to treat the natural processes of ageing. They will however be considered for treatment of:

- Corrective surgery for structural or soft tissue anatomical anomaly resulting from a congenital or acquired pathological condition;
- Facial palsy (congenital or acquired paralysis);
- As part of the treatment of specific conditions affecting the facial skin e.g. cutis laxa, pseudoxanthoma elasticum, neurofibromatosis;
- The correction of the consequences of trauma; **OR**
- To correct significant deformity following NHS surgery.

### **3.2.2 Facial Atrophy**

#### *Rationale:*

These procedures are not regarded as a commissioning priority.

New-fill (Sculptra ®) procedures will not be routinely commissioned.

### **3.2.3. Treatment for Blepharoplasty Surgery/ Hooded Eyelids/Lower Eyelid Bags/ Festoons**

Blepharoplasty surgery (upper and/or lower) is available for the purpose of rehabilitation of eyelids affected by a pathological process (i.e. NOT simple ageing) e.g. thyroid eye disease, nephrotic syndrome, facial nerve palsy, etc.

For a small proportion of patients with demonstrable functional compromise due to severe age related or familial hooded upper eyelids (dermatochalasis), upper eyelid blepharoplasty surgery *may be* offered.

#### *Eligibility criteria:*

- Impairment of visual fields in the relaxed, non-compensated state which interfere significantly with function;  
**OR**
- Eyelash compromise of binocular driving visual field (eyelashes falling in visual axis), upper within 3mm of visual axis;  
**OR**
- Clinical observation of poor eyelid function and discomfort, e.g. headache worsening towards end of day;  
**AND/OR**
- Evidence of chronic compensation through elevation of the brow/patient adopting compensatory chin up abnormal head posture.

If in doubt whether the patient fulfils eligibility criteria, then the patient should be referred for assessment noting that:

- Binocular driving visual field analysis is available from community opticians; **OR**
- For eyelids with hooded excess skin (dermatochalasis) with coexistent eyelid malposition (e.g. entropion, ptosis, ectropion), referral to ophthalmology is more appropriate.

#### 3.2.4. Eyelid Malpositions (Ptosis)

Surgery is available for patients with demonstrable functional compromise as a result of eyelid ptosis.

*Eligibility criteria:*

Upper eyelid ptosis surgery

- Severity of ptosis (upper marginal reflex distance  $\leq$  3mm, compromise of binocular driving visual field);  
**AND/OR**
- Degree of eyelid asymmetry (more than 2mm difference in marginal reflex distance between two upper eyelids)

#### 3.2.5 Surgery to reshape the nose - Rhinoplasty, Septo –rhinoplasty and Septoplasty

Rhinoplasty is a surgical procedure performed on the nose to change its size or shape or both.

In addition to altering the external appearance of the nose, the cartilage inside the nose can be straightened to improve the nasal airways. This procedure is called a septo-rhinoplasty.

Septoplasty is a surgical procedure to correct the shape of the nasal septum – the cartilage separating the two nostrils.

This procedure is not funded for cosmetic reasons.

*Eligibility Criteria:*

- Documented medical problems caused by obstruction of the nasal airway;  
**OR**
- Objective nasal deformity caused by trauma where there is gross distortion of anatomy and sustained interference with the airway;  
**OR**
- Correction of complex congenital conditions e.g. Cleft lip and palate;  
**OR**
- Where the nasal deformity is asymptomatic but prevents access to other intranasal areas for medically necessary surgical procedures (e.g., ethmoidectomy - removal of all or part of a small bone on the upper part of the nasal cavity).

### 3.2.6 Correction of Prominent ears – Pinnaplasty, Otoplasty

*Rationale:*

Prominent ears may lead to significant psychosocial dysfunction for children and adolescents and impact on the education of young children as a result of teasing and truancy. Children under the age of five rarely experience teasing and referrals may reflect concerns expressed by the parents rather than the child. A 5 year clinical audit by Alder Hey Children's hospital showed that under 7's had a higher revision rate than other ages thus the patient must be over 7 years of age.

The NHS modernisation agency published Action on Plastic Surgery: Information for commissioners, in which they had an upper age limit of 19 years. CP 39 the commissioning policy for plastic surgery was based on this document, this commissioning policy will replace CP39. Rational for maintaining an upper age limit of 19 years: -the national service framework for children defines childhood as ending at 19 years  
-Some patients are only able to seek correction once they are in control of the own healthcare decisions

This procedure is subject to prior approval and as such requests should be sent to the gatekeeper in the first instance.

Patients may be eligible for surgery to correct prominent ears if all of the following eligibility criteria are met:

*Eligibility criteria:*

- Patient age over 7 years and under 19 years old at the point of referral; **AND**
- Prominence of the ear(s) is of a severity that it presents as disfigurement; **AND**
- There is evidence of severe bullying and harassment arising from the appearance of their ears that prevents the child from undertaking daily living activities (e.g. the child is unable to effectively engage in education); **AND**
- It is the opinion of the patient's GP or previous mental health assessment that this is likely to be remedied through correction of the ear deformity.

### 3.2.7 Repair of external ear lobes (Lobules)

*Rationale:*

Many split earlobes follow the wearing of excessively heavy earrings with insufficient tissue to support them, such that the earring slowly "cheese-wires" through the lobule. Correction of split earlobes is not always successful and the earlobe is a site where poor scar formation is a recognised risk.

This procedure will only be available on in NHS Wales for the repair of **totally** split ear lobes as a result of direct trauma.

Prior to surgical correction, patients should receive pre-operative advice to inform them of:

- Likely success rates;
- The risk of keloid and hypertrophic scarring in this site; and
- The risk of further trauma with re-piercing of the ear lobule.

### 3.2.8 Hair loss treatments (baldness and alopecia)

NHS Wales commissions treatment for the correction of hair loss (Alopecia) only where the hair loss is the result of previous surgery or trauma, including burns (e.g. reconstruction of the eyebrow following cancer or trauma).

NHS Wales does not commission treatments for the correction of male pattern baldness as this is a normal process of aging and any treatment would be considered cosmetic.

For other causes of hair loss, NHS Wales does not routinely commission hair transplantation or the use of the 'Interlace' hair system, regardless of gender, for cosmetic reasons. Any requests for such treatment must therefore demonstrate exceptional individual circumstances.

### 3.2.9 Craniofacial disorders

Craniofacial disorders are complex conditions affecting the soft tissues or bones of the face and/or the head. These include congenital conditions such as premature fusion of the skull sutures and other anomalies, or acquired conditions such as trauma or tumours. Abnormal growth patterns from all of these conditions may result in disfigurement and functional impairment.

The needs of patients with these conditions are very complex and for that reason there are 4 dedicated centrally funded Supra regional NHS teams in England for the management of craniofacial conditions – Liverpool (Alder Hey), Birmingham (Birmingham Childrens' Hospital), Oxford (John Radcliffe) and London (Great Ormond Street).

Referrals which have been through the appropriate clinical gateway/gatekeeper will be supported by NHS Wales.

### 3.2.10 Correction of post traumatic bony & soft tissue deformity of the face

NHS Wales will support assessment and treatment when the deformity is a consequence of trauma including burns.

### **3.3 Referral Pathway**

Facial surgery procedures are undertaken by specialities including amongst others plastic surgery, ENT, Head and Neck, Paediatrics, Burns and oral maxillo-facial. The access criteria specified in this policy should be applied to all referrals for facial surgery procedures. Referrals for procedures within this policy should be made using the relevant pro forma, annex ii- vi

### **3.4 Exclusions**

Referral under this policy does not include the following groups:

- Patients referred following cancer, accidents, injuries, infections, and other diseases as well as congenital deformity.

### **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](http://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 CP43 – Facial Surgery Procedures***

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:	
<b>Patient meets following access criteria for treatment:</b>		
Face lifts and brow lifts (see 3.2.1 and annex iii)	<b>Yes</b>	<b>No</b>
Treatment for blepharoplasty (see 3.2.3 and annex ii)		
Eyelid malpositions (ptosis) (see 3.2.4 and annex vi)		
Surgery to reshape nose ( see 3.2.5 and annex iv)		
Correction of Prominent ears (see 3.2.6 and annex v)		
Repair of external ear lobes (see 3.27 and annex vi)		
<b>Patient wishes to be referred to non-contracted provider</b>		
<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 <a href="http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455">http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455</a></i>		
<b>Patient does not meet access criteria but is exceptional</b>		
<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 <a href="http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455">http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455</a></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 Blepharoplasty

### 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.**

#### Blepharoplasty

Patient Surname		
Patient Forename(s)		
Patient DOB		
Patient NHS No:		
Patient Hospital No:		

Indication	Yes(✓) / No(x)	Please provide clinical detail
Impairment of visual fields		
Eyelid compromise of binocular driving visual field		
Clinical observation of poor eyelid function		
Evidence of chronic compensation		

Other factors to be considered	
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<b>Referrer Signature</b>		<b>Date</b>	
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Sent date	Return date	Case officer	Decided date	Decision



**Annex (iii)– Pro forma Facial procedure face/ brow 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.**

**Facial Procedures**

(Face lifts and Brow lifts)

Patient Surname		
Patient Forename(s)		
Patient DOB		
Patient NHS No:		
Patient Hospital No:		

<b>Diagnosis / Procedure</b>	
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<b>Indication</b>	<b>Yes(✓) / No(x)</b>	<b>Please provide clinical detail</b>
Congenital or acquired pathological condition		
Facial palsy		
Trauma		
To correct significant deformity following NHS Surgery.		



As part of treatment affecting facial skin e.g cutis laxa		
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Other factors to be considered	
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<b>Referrer Signature</b>		<b>Date</b>	
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Sent date	Return date	Case officer	Decided date	Decision



## Annex (iv)– Pro forma Rhinoplasty

### 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.**

#### RHINOPLASTY

Patient Surname		
Patient Forename(s)		
Patient DOB		
Patient NHS No:		
Patient Hospital No:		<b>WHSSC use</b>

<b>History</b>	<b>Yes(✓) / No(x)</b>	<b>Please provide clinical details</b>	<b>WHSSC Use</b>
Nasal deformity caused by trauma			
Medical problems caused by obstruction of the nasal airway			
Congenital deformity (eg cleft lip and palate)			
Nasal deformity asymptomatic but prevents access to other intranasal areas			

Other factors to be considered	
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<b>Referrer Signature</b>		<b>Date</b>	
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Sent date	Return date	Case officer	Decided date	Decision



## Annex (v)– Pro forma Pinnaplsty

### 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.**

#### Pinnaplsty

Patient Surname		
Patient Forename(s)		
Patient DOB		
Patient NHS No:		
Patient Hospital No:		

Indication	Yes(✓) / No(x)	Please provide clinical detail
Severity of prominence of the ear		
Impact on Activities of daily living.		

Other factors to be considered	
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<b>Referrer Signature</b>		<b>Date</b>	
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Sent date	Return date	Case officer	Decided date	Decision

**Annex (vi)– Pro forma facial surgery procedures, Miscellaneous**

**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.**

**Facial Surgery Procedures (Miscellaneous inc. eyelid malposition, split ear lobes)**

Patient Surname		
Patient Forename(s)		
Patient DOB		
Patient NHS No:		
Patient Hospital No:		<b>WHSSC use</b>

<b>Clinical Criteria</b> (Please refer to policy for details of clinical criteria for eligibility)	<b>Please provide clinical details</b>

Other factors to be considered	
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<b>Referrer Signature</b>		<b>Date</b>	
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Sent date	Return date	Case officer	Decided date	Decision