NHS
Dorset
Clinical Commissioning Group

NHS England / NHS Dorset Clinical Commissioning Group

Breast Reduction Surgery
Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

BREAST REDUCTION
CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

1.1 This protocol describes the exclusions and access criteria regarding breast surgery. It will be applied in accordance with the NHS Evidence Based Interventions Policy, January 2019 and the Dorset Clinical Commissioning Group Protocol for Individual Patient Treatments.

1.2 The protocol applies to the procedures outlined below:

- Breast Reduction
- Breast Asymmetry Surgery
- Gynaecomastia

1.3 Breast reduction surgery is a procedure used to treat women with breast hyperplasia (enlargement), where breasts are large enough to cause problems like shoulder girdle dysfunction, intertrigo and adverse effects to quality of life.

1.4 The evidence highlights that breast reduction is only successful in specific circumstances and the procedure can lead to complications. Examples are given below:

- Adverse impact on the ability to breast feed in future.
- Scarring which may take significant time to improve
- Seroma (build-up of fluid around the breast)

1.5 However, in some cases breast reduction surgery is necessary where large breasts impact on day to day life, for example ability to drive a car. Therefore, breast reduction should only be undertaken under specific criteria.

1.6 Wearing a professionally fitted bra, losing weight (if necessary), managing pain and physiotherapy often work well to help with symptoms like back pain from large breasts.

1.7 **Gynaecomastia:** Surgery for gynaecomastia is not routinely funded by the NHS. This recommendation does not cover surgery for gynaecomastia caused by medical treatments such as treatment for prostate cancer.

1.8 NHS Dorset Clinical Commissioning Group does not support breast surgery in patients under 18 years of age.

1.9 Patients must be advised prior to consenting to surgery that surgical revision of these complications including the revision of scarring is not routinely commissioned and would only be considered upon submission of an Individual Patient Treatment request by a clinician.

2. DEFINITIONS

2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. EXCLUSIONS

3.1 There are no Exclusions

4. CRITERIA FOR ACCESS

4.1 **Breast Reduction Surgery** The NHS will only provide breast reduction for women if all the following criteria
are met:

- The woman has received a full package of supportive care from their GP such as advice on weight loss and managing pain.
- In cases of thoracic/ shoulder girdle discomfort, a physiotherapy assessment has been provided with advice followed for a period of at least 3 months AND the fitting, and wearing, of a professionally fitted bra for a period of at least 3 months. If this has failed, an NHS breast surgeon should confirm there is significant musculoskeletal pain or functional problems that are likely to be corrected or significantly improved by surgery.
- Breast size results in functional symptoms that require other treatments/interventions (e.g. intractable candidal intertrigo; thoracic backache/kyphosis where a professionally fitted bra has not helped with backache, soft tissue indentations at site of bra straps).
- Breast reduction is planned to be 500gms or more per breast or at least 4 cup sizes.
- Body mass index (BMI) is <27 and stable for at least twelve months.
- The woman must be provided with written information to allow her to balance the risks and benefits of breast surgery.
- Women should be informed that smoking increases complications following breast reduction surgery and should be advised to stop smoking.
- Women should be informed that breast surgery for hypermastia can cause permanent loss of lactation

4.2 **Breast Asymmetry Surgery**

- Unilateral breast reduction is considered for asymmetric breasts as opposed to breast augmentation if there is an impact on health as per the criteria above. Surgery will not be funded for cosmetic reasons.

- The patient has associated persistent and recurring infections that have failed to respond to treatment. A full history of treatments for infections will need to be supplied with any patient requests. The expectation would be that the history will provide the range of treatments and outcomes and would cover a period of at least one year; AND other non-surgical treatments such as a professionally fitted bra (as above) have been tried and failed

- Breast asymmetry surgery will only be considered in cases of gross asymmetry. If a request is made, the General Practitioner (GP) is requested to confirm that an examination has taken place and that there is gross asymmetry of a difference of 150 -

200gms size as measured by a specialist. This will be confirmed by the surgeons. The BMI needs to be <27 and stable for at least twelve months.

- Resection weights, for bilateral or unilateral (both breasts or one breast) breast reduction should be recorded for audit purposes.

4.3 This recommendation does not apply to therapeutic mammoplasty for breast cancer treatment or contralateral (other side) surgery following breast cancer surgery, and local policies should be adhered to. The Association of Breast Surgery supports contralateral surgery to improve cosmesis as part of the reconstruction process following breast cancer treatment.

4.4 **Gynaecomastia**

- Surgery for gynaecomastia is not routinely funded by the NHS. This policy does not cover surgery for gynaecomastia caused by medical treatments such as treatment for prostate cancer.

5. REFERRALS

5.1 If NHS Dorset Clinical Commissioning Group agrees that the patient meets the required access criteria, the GP will need to make an out-patient referral, and the provider Trust's consultant team will make the final clinical decision as to whether surgery is appropriate in this case.

6. CASES FOR INDIVIDUAL CONSIDERATION

6.1 NHS Dorset Clinical Commissioning Group recognises that there will be occasions when patients may have good clinical reasons for being treated as exceptions to the above. The IPT Policy is available on the NHS Dorset Clinical Commissioning Group website or upon request. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

6.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition

6.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG

Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

7. CONSULTATION

This protocol is updated in line with NHS England Evidence Based Interventions Policy (11th January 2019) following national consultation July 2018 to November 2018.

7.1 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

8. RECOMMENDATION AND APPROVAL PROCESS

8.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

9. COMMUNICATION/DISSEMINATION

9.1 Following approval each Criteria Based Access Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

10. IMPLEMENTATION

10.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

11. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

11.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

APPENDIX A

FREQUENTLY ASKED QUESTIONS

N/A

GLOSSARY

N/A

A	DOCUMENT DETAILS
Procedural Document Number	167
Author (Name and Job Title)	Head of Service, Elective Care
Date of approval by CRG	NHS England, January 2019
Version	1.0
Review frequency	Every 3 years
Review date	February 2022

B	CONSULTATION PROCESS		
Version No	**Review Date**	**Author and Job Title**	**Level of Consultation**
1.0	February 2019	Head of Service, Elective Care	NHSE Consultation July 2018 to November 2018, verified by Dorset clinicians

C	VERSION CONTROL				
Date of recommendation	**Version No**	**Review date**	**Nature of change**	**Approval date**	**Approval Committee**
January 2019	1.0	February 2022	Changed in line with national policy (January 2019) Removal of requirement to refer to Salisbury	March 2019	NHSE

D	ASSOCIATED DOCUMENTS

- NHS England Policy for Evidence Based Interventions, January 2019
- Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group
- Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group

E	SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES	
Evidence and Hyperlink (if available)		**Date**
Supporting evidence can be found at p21 NHSE Evidence Based Interventions – Guidance for CCGs: https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf		November 2018

F	DISTRIBUTION LIST

Internal CCG Intranet	CCG Internet Website	GP Communications Bulletin	External (Trusts, ISPs) stakeholders
✓	✓	✓	✓