

## BLEPHAROPLASTY/PTOSIS SURGERY ADULTS (18 YEARS AND OVER) PRIOR APPROVAL (PA) POLICY

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Application Form	Prior Approval Form

**BLEPHAROPLASTY/PTOSIS SURGERY  
ADULTS (18 YEARS AND OVER)  
PRIOR APPROVAL POLICY**

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**VERSION CONTROL**

Document Status:	Current policy
Version:	2223.v4b

**DOCUMENT CHANGE HISTORY**

Version	Date	Comments
V1	2010	Updated Guidance for Clinicians Policy Document
V8e	September 2015	Reviewed by CCPF no amendments to criteria
1516.v2	July 2015	Additional information on upper/lower lid
1516.v2a	September 2015	Trans. to CCG template, amended wording CBA lower lid / lagophthalmos
1718.v4	December 2019	Rebranded from IFR to EBI, amended template, removal of Ectropion / Entropion & Lagophthalmos to separate policies.
1920.v4	June 2022	3 year review. Amendment from SCCG to NHS Somerset ICB and new PALS email address
2223.v4a	March 2023	Wording change 4.6

Equality Impact Assessment EIA	April 2018/ 08 May 2019
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Bernie Marden
Document Reference:	2223.v4b

## **1 GENERAL PRINCIPLES (PRIOR APPROVAL)**

- 1.1 Funding approval must be secured by primary care/secondary/community care prior to referring/treating patients for this prior approval treatment
- 1.2 Funding approval must be secured prior to a referral for an assessment/surgery. Referring patients without funding approval secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment
- 1.3 On limited occasions, we may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meet the criteria to access treatment in this policy
- 1.4 Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed
- 1.5 Receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment
- 1.6 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 1.7 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.  
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>  
(Thelwall, 2015)
- 1.8 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing
- 1.9 Where prior approval funding is secured by the EBI service it will be available for a specified period of time, normally one year

## **2 POLICY CRITERIA PRIOR APPROVAL**

- 2.1 The policy does not include patients with suspected malignancy who should continue to be referred under 2-week wait pathway rules for assessment and testing as appropriate
- 2.2 Where it is subsequently confirmed that a suspect chalazion/ lesion is benign please refer to the Benign Skin Lesion Policy
- 2.3 Funding authorisation is not required where there is evidence of a risk of **amblyopia from congenital ptosis**
- 2.4 **Dermatochalasis/Ptosis - UPPER Lid Only**  
Surgical treatment for Dermatochalasis/Ptosis of the upper eye lid for cosmetic purposes including correction of the effects of normal aging **is not commissioned by the NHS Somerset ICB**
- To be eligible for Prior Approval funding the following criteria must be met and the evidence provided with the application form
- 2.5
- photographs (taken from the front with the camera at eye level and the individual looking straight ahead (primary gaze). **AND/OR**
  - appropriate visual field test results
- Drooping of the tissue above eyelids (dermatochalasis) which causes significant persistent impairment of visual fields in the relaxed, non-compensated state;
- 2.6 Where there is evidence, the eyelids impinge on visual fields reducing field to less than 120° horizontally and 40° vertically **OR**
- 2.7 Where there is evidence that eyelids impinge on visual fields reducing field to less than 160° horizontally where the patient is a professional Group 2 PCV and LGV driver Group 2 PCV and LGV drivers require 160° horizontally and funding will be approved for these **OR**
- Neck problems caused by abnormal head posture **OR**
  - Recurrent infection that is due to drooping eyelid **OR**
  - Significant impairment of the eyelid function **AND**
  - Eyelid surgery will significantly improve vision for the patient
- 2.8 Ectropion and Entropion are covered in the Ectropion and Entropion CBA Policy
- 2.9 Patients who are not eligible for treatment under this policy, please refer to section 4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

### **3 BACKGROUND**

#### **3.1 Hooded or Droopy Eyelids/Dermatochalasis**

Defined as an excess of [skin](#) in the upper/lower [eyelid](#), it may be either an acquired or a congenital condition. It is quite common to have excess skin above the upper eyelids that can overhand and block vision. This becomes more common as people age

If this affects vision, surgery called Blepharoplasty may be considered to remove excess skin. However, this is normally considered a cosmetic request and not normally funded by the NHS

#### **3.2 Ptosis**

Where the muscles of the upper eyelid are weak and the edge of the upper eye lid droops down over the eye, this is called ptosis - This is also referred to as a “blepharoptosis”. This usually develops slowly and again is age related. Surgery may be required if this affects vision

### **4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS**

4.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes clinical exceptional circumstances exist that warrant deviation from the rule of this policy

4.2 Completion of a **Generic EBI Application Form** by a patient’s GP or Consultant is required

4.3 Applications cannot be considered from patients personally

4.4 Only electronically completed EBI applications will be accepted to the EBI Service

4.5 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBI Panel. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context

4.6 EBI applications are reviewed and considered against clinical exceptionality

For further information on ‘clinical exceptionality’ please refer to the NHS Somerset ICB website and input into the ‘Search this website’ box clinical exceptionality.

Social, Emotional and Environmental factors *i.e. income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application

4.7 Where appropriate photographic supporting evidence can be forwarded with the application form

4.8 An application put forward for consideration must demonstrate some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

## 5 ACCESS TO POLICY

5.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

5.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: [somicb.pals@nhs.net](mailto:somicb.pals@nhs.net)

## 6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 Orin M. Zwick, M. (2006, July). Supportive care of facial nerve palsy with temporary external eyelid weights. *Optometry - Journal of the American Optometric Association*, pp. Volume 77, Issue 7, July 2006, Pages 340–342.

6.2 Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, , vol. 21, no. 11, p. 1008.e1.