

ABDOMINOPLASTY / APRONECTOMY EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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Application Form	Generic EBI Application

**ABDOMINOPLASTY / APRONECTOMY
EVIDENCE BASED INTERVENTIONS (EBI) POLICY**

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VERSION CONTROL

Document Status:	Current Policy
Version:	2324.v2c

DOCUMENT CHANGE HISTORY

Version	Date	Comments
V1	2010	Updated Guidance for Clinicians Policy Document
V8e	October 2015	Reviewed by the SCCG CCPF no amendments Removed from the SCCG Guidance for Clinicians Policy Document
1516.v1.1	August 2016	Change of policy template from SWCSU template to SCCG, wording amendments, inclusion of surgery info
1819.v1.2	June 2018	Three year review no change to criteria, update CCG template & contact details
1819.v2	Sept 2020	Rebranding from IFR to EBI, 3 year review CCPF no amendments
2021.v2	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2a	March 2023	Wording change 4.6
2223.v2b	November 2023	3 year review, no clinical changes

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	1516.v1
Quality Impact Assessment QIA. Date:	March 2018
Sponsoring Director:	Bernie Marden
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1 GENERAL PRINCIPLES (EBI)

- 1.1 Funding approval must be secured prior to a referral for an assessment and/or surgery. Referring patients to secondary care without funding approval having been 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
- 1.2 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
- 1.3 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
- 1.4 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
- 1.5 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
- 1.6 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)
- 1.7 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA NOT COMMISSIONED

- 2.1 Abdominoplasty / Apronectomy Surgery is not routinely commissioned
- 2.2 Abdominal loose skin removal is a surgical operation to remove excess skin and fat from the middle and lower area of the abdomen and to tighten the muscles of the abdominal wall to reduce the appearance of a saggy or sticking out stomach
- 2.3 Abdominoplasty/Apronectomy are regarded as procedures of low clinical priority and is not routinely funded by the ICB. These procedures are not

available on cosmetic grounds including where there has been significant weight loss following surgery for morbid obesity, or where there has been natural weight loss.

Consideration may be given where all the following criteria are met:

- 2.4 Patients BMI must be ≤ 27 (taking account of the weight of the skin fold to be removed)
- 2.5 Patients who received morbid obesity surgery and other previously obese patients who have achieved significant weight loss **of the order of 20 BMI points**
- 2.6 Weight loss has been maintained for at least 2 years at the current level and further weight loss is unlikely – the scale of the weight loss and the period for which it has been sustained must be verified in the patient's clinical record
- 2.7 Patients have not smoked/used nicotine replacement therapy over preceding 3 months
- 2.8 The flap (panniculus) hangs at or below the level of the symphysis pubis
 - Causes significant problems with activities of daily life (for example, ambulatory restrictions, associated abdominal wall prolapse with urinary symptoms, or interference with normal bodily functions)
- 2.9 Causes a chronic and persistent skin condition (for example, 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**
- 2.10 Problems associated with poorly fitting stoma bags
 - this is caused by an apron of loose abdominal skin **AND**
 - the apron of loose abdominal skin is impacting on ability to maintain hygiene standards
- 2.11 There is a clinical need as part of abdominal hernia correction or other abdominal wall surgery. This clinical need must be confirmed/evidenced by the treating consultant performing the hernia or other abdominal wall surgery (provide clinical correspondence) **AND**
- 2.12 Photographic evidence must be sent with the application form
- 2.13 There must be evidence of some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below to be provided with the application:

- 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

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 3.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy
- 3.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 3.3 Applications cannot be considered from patients personally
- 3.4 Only electronically completed EBI applications will be accepted to the EBI Service
- 3.5 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 service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context
- 3.6 EBI applications are reviewed and considered against clinical exceptionalality
- For further information on 'clinical exceptionalality' please refer to the NHS Somerset ICB website and put into the 'Search this website' box clinical exceptionalality. Click on the link to access the full NHS description of clinical exceptionalality
- 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
- 3.7 Where appropriate photographic supporting evidence can be forwarded with the application form
- 3.8 An application put forward for consideration must demonstrated 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

4 ACCESS TO POLICY

- 4.1 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
- 4.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

- 5.1 NHS Modernisation Agency Plastic Surgery Services
- 5.2 Thelwall 2015 Obesity & the risk of wound infection following surgery
<https://www.ncbi.nlm.nih.gov/pubmed/26197212>