

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

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Application Form	Prior Approval Form

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**VERSION CONTROL**

<b>Document Status:</b>	Current policy
<b>Version:</b>	2526.v4d

**DOCUMENT CHANGE HISTORY**

<b>Version</b>	<b>Date</b>	<b>Comments</b>
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
2223.v4b	June 2024	Logo change with amendment to website link and clinical exceptionalty wording on 4.6
2425.v4c	May 2025	3-year review and wording amendment to general principles and EBI pathway

<b>Equality Impact Assessment EIA</b>	April 2018/ 08 May 2019
<b>Quality Impact Assessment QIA</b>	March 2018
<b>Sponsoring Director:</b>	Dr Bernie Marden
<b>Document Reference:</b>	2526.v4d

## 1 GENERAL PRINCIPLES PA (PRIOR APPROVAL)

- 1.1 Funding approval must be in place prior to treating patients for this prior approval treatment

*Please note:* Funding approval is given where there is evidence that the treatment requested is clinically effective and the patient has the potential to benefit from the proposed treatment

- 1.2 Receiving funding approval for the specified treatment requested DOES NOT confirm that the patient will receive treatment or surgery. The patient MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken

- 1.3 The policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '2 week wait pathway' rules for assessment and testing as appropriate

- 1.4 Patients with an elevated BMI of 30 or more MAY experience more post-surgical complications including post-surgical wound infection and should be encouraged to lose weight further prior to seeking surgery

<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>  
(Thelwall, 2015)

- 1.5 Patients who are smokers should be referred to a smoking cessation service to reduce the risk of surgery and improve healing

- 1.6 Prior approval funding is available for one year commencing the date of approval

## 2 POLICY CRITERIA PRIOR APPROVAL

- 2.1 The policy does not include patients with suspected malignancy who should continue to be referred under the 2-week wait pathway rules for assessment and testing as appropriate

- 2.2 Refer to the Benign Skin Lesion Policy where it is subsequently confirmed that a suspect chalazion/ lesion is benign

- 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 surgery under this policy may be considered for surgery on an individual basis where the ‘CLINICIAN BEST PLACED’ believes exceptional circumstances exist that warrant deviation from the rule of this policy

‘THE CLINICIAN BEST PLACED’ is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient

4.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the ‘clinician best placed’ on behalf of the patient

**Note.** applications CANNOT be considered from patients personally

4.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted

4.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale

4.5 Generic EBI Funding Applications are considered against ‘**clinical exceptionality**’. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on ‘clinical exceptionality’ please refer to the NHS Somerset ICB EBI webpage [Evidence Based Interventions - NHS Somerset ICB](#) and click on the section titled **Generic EBI Pathway**

4.6 Photographs can be forwarded with the funding application form to further support the clinical evidence provided where appropriate

## 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.