

BREAST REDUCTION FOR GYNAECOMASTIA EVIDENCE BASED INTERVENTIONS (EBI) POLICY

Version:	2425.v2d
Recommendation by:	NHS Somerset ICB Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	July 2023
Name of Originator/Author:	EBI Service
Approved by Responsible Committee/Individual:	NHS Somerset ICB Clinical Executive Committee (CEC)
Publication/issue date:	December 2023
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>NHS Somerset ICB:</p> <ul style="list-style-type: none"> • NHS Providers • GP Practices • Contracts Team <p>Medical Directors:</p> <ul style="list-style-type: none"> • Somerset Foundation Trust • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT
Application Form	Generic EBI Application

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EVIDENCE BASED INTERVENTIONS (EBI) POLICY**

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VERSION CONTROL

Document Status:	Current policy
Version:	2425.v2d

DOCUMENT CHANGE HISTORY

Version	Date	Comments
V8e	April 2015	Remove from the Guidance for Clinicians Document to a separate policy document
1617.v1a	June 2016	Not commissioned policy adopted by the SCCG COG
1617.v2	July 2017	Change the CSU template to SCCG template
1617.v2a	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2b	July 2023	3-year review with no clinical changes & logo update
2324.v2c	June 2024	Amendment to website link and clinical exceptionality wording on 4.6

Equality Impact Assessment EIA	May 2016
Quality Impact Assessment QIA	
Sponsoring Director:	Dr Bernie Marden
Document Reference:	2425.v2d

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 Cancers are diagnosed in about 1% of cases of gynaecomastia. Where history or physical examination raises suspicion of cancer, urgent referral for further investigation should be made
- 2.2 **Breast reduction for gynaecomastia is not commissioned by NHS Somerset ICB**

3 BACKGROUND

3.1 What is Gynaecomastia

Gynaecomastia is a common condition which causes swelling in the breast area of boys and in men, making it larger than normal. It is most common in teenage boys and in older men. It can affect one or both sides and amount of extra tissue can vary. Sometimes the tissue can be tender or painful; however this is not always the case

3.2 What are the causes?

- Hormone imbalance
- Obesity
- Oestrogen passing through the placenta can cause the condition in newborn boys; it is temporary
- Puberty
- Older age
- Other causes – in rare cases:
 - Side effects of medication
 - Illegal drugs
 - Drinking too much alcohol
 - A health abnormality
 - Klinefelter syndrome (a rare genetic disorder)
 - Lumps or infection in the testicles

3.3 Possible treatments for gynaecomastia

- surgery to remove the excess breast tissue
- medication to adjust a hormone imbalance

3.4 Male breast reduction surgery

Male breast reduction surgery is usually carried out under general anaesthetic and takes around 90 minutes or more to carry out. An incision is made around the nipple (areola) and liposuction may be used to remove excess fatty tissue. If there is a lot of tissue, cuts may extend down the chest from the nipple area and nipples may need to be repositioned.

Risks of surgery please refer to_(NHS Choices, 2014) (The British Association of Aesthetic Plastic Surgeons)

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 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 service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context
- 4.6 EBI funding application 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

- 4.7 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

6 REFERENCES

The following sources have been considered when drafting this policy:

- 6.1 NHS Choices. (2014, 01 07). *Breast reduction - male breast reduction*. Retrieved 04 28, 2016, from NHS Choices: <http://www.nhs.uk/Conditions/Breast-reduction/Pages/Malebreastreduction.aspx>
- 6.2 NHS Choices. (2015, 04 01). *What is gynaecomastia?* Retrieved 04 28 , 2016, from NHS Choices: <http://www.nhs.uk/chq/Pages/885.aspx?CategoryID=61>
- 6.3 The British Association of Aesthetic Plastic Surgeons. (n.d.). *Gynaecomastia*. Retrieved 04 19, 2022 from The British Association of Aesthetic Plastic Surgeons: <http://baaps.org.uk/patients/procedures/6/gynecomastia>