

**BREAST SURGERY (FOR FEMALES)
BREAST AUGMENTATION
BREAST MASTOPEXY/UPLIFT
INVERTED NIPPLE SURGERY**

EVIDENCE BASED INTERVENTIONS (EBI) POLICY

Version:	2425.v4
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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

**BREAST SURGERY (FOR FEMALES)
AUGMENTATION / BREAST MASTOPEXY/UPLIFT/INVERTED NIPPLE
EVIDENCE BASED INTERVENTIONS (EBI) POLICY**

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VERSION CONTROL

Document Status:	Current policy
Version:	2425.V4

DOCUMENT CHANGE HISTORY

Version	Date	Comments
V8e	April 2015	Remove from the Guidance for Clinicians Document as a separate policy
1617.v2	July 2017	Change the CSU template to a SCCG template
1617.v2a/ 1617.v2b/ 1819.v2b	December 2020	One overarching breast surgery policy, remains not routinely commissioned, removal of consideration for funding wording, removal of background data, rebranding from IFR to EBI
1920.v1a	September 2020	Include commissioned treatment of breast implant rupture, inclusion of non-smoker
1920.v1c	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v1d	March 2023	Wording change 3.5
2223.v1e	July 2023	3-year review, inclusion of criterion and wording from NHS E EBI list 3 under implant section
2324.v2	November 2023	Inclusion within 2.4 Implant removal and replacement routinely commissioned & criterion wording to include capsular contracture. Wording amended for private treatment 2.6
2324.v3	May 2024	Amendment of numbering within section 2 (2.3 - 2.11). Amendment to website link 3.6
2425.v3a	September 2024	Removal of breast reduction/asymmetry/implants surgery to separate policies due to pathways for surgery. Re-inclusion of inverted nipple wording.

Equality Impact Assessment EIA	May 2016
Quality Impact Assessment QIA	N/A

Sponsoring Director:	Bernie Marden
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1 GENERAL PRINCIPLES EBI (Evidenced Based Intervention)

- 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 The patient MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken

Please note: Receiving funding approval for the specified treatment requested, DOES NOT confirm that the patient will receive treatment or surgery.

- 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 BREAST SURGERY FOR FEMALES (EBI)

- 2.1 Somerset ICB does not routinely commission breast surgery for the procedures detailed below.

- a) Breast Augmentation
- b) Breast Mastopexy/Uplift
- c) Inverted Nipple

- 2.2 The breast surgeries detailed below are not within the remit of this policy. Please refer to the individual breast surgery treatment policies.

- Breast Reconstruction Post Cancer
- Breast Reduction Surgery
- Breast Asymmetry
- Breast Implants
- Breast Gynaecomastia (Breast surgery (for males) Policy)

2.3 Breast surgery for patients on the gender dysphoria pathway is the commissioning responsibility of NHS England and is not subject to this policy

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

3.1 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.

3.2 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

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

3.4 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

3.5 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 - [Evidence Based Interventions - NHS Somerset ICB](#) and click on the section titled **Generic EBI Pathway**

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

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 British Association of Plastic Reconstructive Aesthetic Surgeons. (2015). Congenital Breast and Chest Conditions. Retrieved 04 26, 2016, from British Association of Plastic Reconstructive and Aesthetic Surgeons:
<http://www.bapras.org.uk/public/patient-information/surgery-guides/congenital-breast-and-chest-conditions>
- 5.2 British Association of Plastic Reconstructive and Aesthetic Surgeons. (2015). Breast Augmentation. Retrieved 04 26, 2016, from British Association of Plastic Reconstructive and Aesthetic Surgeons:
<http://www.bapras.org.uk/public-information/surgery-guides/breast-enlargement>
- 5.3 British Association of Plastic Reconstructive and Aesthetic Surgeons. (2015). *What complications can occur?* Retrieved 04 26, 2016, from British Association of Plastic Reconstructive and Aesthetic Surgeons:
<http://www.bapras.org.uk/public/patient-information/surgery-guides/breast-enlargement/what-complications-can-occur#Implant Failure>
- 5.4 Nuffield Health. (2016). *Inverted Nipple Surgery*. Retrieved 04 28, 2016, from Nuffield Health: <http://www.nuffieldhealth.com/treatments/inverted-nipple-surgery>
- 5.5 British Association of Plastic Reconstructive and Aesthetic Surgeons. (2015). Breast Reduction. Retrieved 04 14, 2016, from British Association of Plastic Reconstructive and Aesthetic Surgeons:
<http://www.bapras.org.uk/public/patient-information/surgery-guides/breast-reduction>
- 5.6 NHS Choices. (2014, 01 07). Breast Reduction. Retrieved 04 14, 2016, from NHS Choices: <http://www.nhs.uk/conditions/Breast-reduction/pages/introduction.aspx>
- 5.7 Science Direct <https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
- 5.8 NHS England EBI List 3 https://ebi.aomrc.org.uk/wp-content/uploads/2023/03/EBI_Guidance_List3_0523.pdf
- 5.9 NHS England AoMRC <https://ebi.aomrc.org.uk/interventions/breast-prosthesis-removal/>