

HYPERHIDROSIS TREATMENT POLICY EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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Application Form	Generic EBI Application

**HYPERHIDROSIS TREATMENT POLICY
EVIDENCE BASED INTERVENTIONS (EBI) POLICY**

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VERSION CONTROL

Document Status:	Current policy
Version:	2425.v4d

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1516.v2b	April 2017	Change of template SWCSU to SCCG & wording amendments to General Principles
1718.v3	September 2017	SCCG amended policy - Not Commissioned
1718.v3	March 2021	3-year policy review – no clinical amendments to criteria
2021.v4	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v4a	March 2023	Wording change 3.6
2223.v4b	July 2024	Logo change with amendment to website link and clinical exceptionality wording on 3.6
2425.v4c	October 2024	3-year review, no clinical amendments and wording amendment to general principles and EBI pathway

Equality Impact Assessment EIA	N/A
Quality Impact Assessment QIA	October 2017
Sponsoring Director:	Dr 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 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 NOT COMMISSIONED

- 2.1 All treatments for hyperhidrosis are **not routinely commissioned**, including the following:

- Iontophoresis
- Botulinum toxin type A, commonly known as 'Botox'
- Retro dermal curettage
- Laser sweat ablation
- Endoscopic transthoracic sympathectomy [ETS]
- Ultrasound liposuction curettage (Vaser)
- Bilateral axillae aspiration
- Curettage
- Excision

- 2.2 Patients must not be referred to secondary care, for advice on managing their condition, unless funding approval has been secured (this includes to

Dermatology)

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 NHS Choices. (2015, January 1st). Hyperhidrosis. Retrieved from NHS Choices: <http://www.nhs.uk/Conditions/Hyperhidrosis/Pages/Introduction.aspx>
- 5.2 Kamudoni, P., Mueller, B. and Salek, M. S. (2014) The development and validation of a disease specific quality of life measure in hyperhidrosis: the Hyperhidrosis Quality of Life Index (HidroQOL©), *Quality of Life Research*, 24:1017
- 5.3 Muller, C., Berensmeier, A., Hamm, H., Dirschka, T., Reich, K., Fischer, T. and Rzany. B. (2013) Efficacy and safety of methantheline bromide (Vagantin) in axillary and palmar hyperhidrosis: results from a multicenter, randomized, placebo-controlled trial, *Journal of the European Academy of Dermatology and Venereology*, 27, 1278–1284
- 5.4 NICE (2013) Clinical Knowledge Summary: Hyperhidrosis, <http://cks.nice.org.uk/hyperhidrosis> (accessed 17/5/16)
- 5.5 NICE (2014) Endoscopic thoracic sympathectomy for primary hyperhidrosis of the upper limb <https://www.nice.org.uk/guidance/ipg487> (accessed 17/5/16)
- 5.6 ONS (2015) Population Estimates by single year of age and sex for local authorities in the UK, mid-2014
- 5.7 Panhofer, P., Neumayer, C., Zacherl, J., Jakesz, R. and Bischof, G. (2005) A survey and validation guide for health-related quality-of-life status in surgical treatment of hyperhidrosis, *European Surgery*, 37/3: 143–152