

<b>Policy Statement:</b>	<b>Body contouring surgery</b>
<b>Status:</b>	<b>Individual Prior Approval</b>

The aim of body contouring procedures is to improve the functional ability of people with severe loose or sagging skin. Body contouring is not funded for cosmetic or psychological reasons.

The areas where body contouring may be considered are (although this list is not exhaustive):

- Abdomen
- Thighs
- Arms - above the elbow only
- Breast

The body area that contouring is requested for must be made clear in the referral. Medical photography may be requested.

#### Criteria

##### **Group 1:**

- Those with disfiguring scarring (see definitions) following trauma or previous surgery resulting in skin tethering to deep tissues and functional problems or severe pain.

##### **OR**

- Where it is required as part of abdominal hernia correction or other abdominal wall surgery

Patients who have abdominal changes due to pregnancy that do not meet the criteria above are excluded.

##### **Group 2 & 3:**

**All patients in groups 2 and 3 will need a full assessment by an appropriate professional, e.g. Occupational Therapist, prior to an application, and the report must be included with the application.** It is incumbent on the referring clinician *only* to refer to OT for an assessment for patients who do have severe functional issues (please see definitions). The CCG will only fund a maximum of 1 procedure for each area of the body if the criteria below are met.

Those patients from the following groups who have significant excess skin as a result of weight loss and have severe functional problems (see definitions) must also evidence:

- Aged over 20

##### **AND EITHER:**

##### Group 2:

1. Patient with excessive skin folds who had an initial BMI  $>40\text{kg/m}^2$  who has achieved a reduction in BMI to  $\leq 25\text{kg/m}^2$

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**AND**

2. Has maintained a stable weight (see definition) of BMI  $\leq 25\text{kg/m}^2$  for at least 2 years.

**OR:**

Group 3:

1. Patient with excessive skin folds who had an initial BMI  $>50\text{kg/m}^2$  and have achieved their maximum weight loss goal (of at least 50% of excess body weight (see definitions) or a minimum drop of 20 BMI points, whichever is greater)

**AND**

2. Have maintained a stable weight (see definition) for at least 2 years.

All funding for body contouring will be for a single stage procedure.

**Definitions**

“Severe functional problems”: The following are examples of severe functional issues, but this list is not exhaustive:

- Documented evidence of recurrent infections beneath the skin folds
- Experiencing severe difficulties with daily living e.g. ambulatory restrictions, hygiene, ulcerations etc
- Abdominal wall prolapse with proven urinary symptoms
- Problems associated with poorly fitting stoma bag

“Stable weight”: Refers to weight with no greater fluctuation than  $\pm 5\text{kg}$  around the weight at the start of the two years. There must be evidence that weight independently assessed (e.g. through GP or weight management provider e.g. Weight Watchers/Slimming World) every 6 months during this time (i.e. 4 assessments taken over the 2 years).

“Excess body weight” is the weight loss required to reduce an individual to the maximum ‘normal’ BMI of  $25\text{kg/m}^2$ .

“Disfiguring scarring” – disfigurement is the state of having one’s appearance deeply and persistently harmed. Contour irregularities and moderate asymmetry are predictable following surgery. Any post-surgical cosmetic irregularities (including dog ears or unequal fat distribution) will not be funded by the CCG for revision surgery.

**Rationale**

WECCG does not routinely fund procedures for aesthetic reasons and only approves body contouring for problems with severe functional problems and experiencing severe difficulties with the activities of daily living.

To make this procedure clinically effective, it is important that patients undergoing BCS procedures have achieved and maintained a stable weight so that the risks of recurrent obesity are reduced and risks relating to surgery are kept to a minimum.

**References**

British Association of Plastic, Reconstructive and Aesthetic Surgeons, “UK Commissioning guide: Massive Weight Loss Body Contouring,” 2017. <http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/2017--draft-for-consultation--body-contouring-surgery-commissioning.pdf?sfvrsn=0> (Accessed 19/10/18)

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Gilmartin, SJ, Long, A and Soldin, M, “Identity transformation and a changed lifestyle following dramatic weight loss and body-contouring surgery: An exploratory study,” *Journal of Health Psychology*, vol. 20, no. 10, pp. 1318 - 1327, 2015.

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de Zwaan et al. , “Body image and quality of life in patients with and without body contouring surgery following bariatric surgery: a comparison of pre- and post- surgery groups,” *Frontiers in Psychology*, vol. 5, pp. 1-10, 2014.

**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. Individual cases will be reviewed as per the CCG policy.**

<b>Approved by (committee)</b>	<b>Executive Health and Care Commissioning Committee</b>
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<b>Produced by (Title):</b>	<b>Clinical Effectiveness Manager</b>
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