

**Buckinghamshire Priorities Committee**  
**Policy Statement: Cosmetic Procedures**  
**Policy No: 3**

**PLEASE NOTE: This policy does not apply to breast reconstruction following surgery for breast cancer**

**Date of Issue: August 2009**

Existing and recent evidence for the following procedures have been reviewed in line with the ethical framework. The following general principles were adopted:

- Health care aims to improve health status.
  - Need for a cosmetic procedure implies:
    - (1) that there is an impairment of health status resulting from the patient's appearance
    - (2) "improvement" of appearance is likely to improve the patient's health status
    - (3) the cosmetic procedure is the most appropriate mechanism for achieving "improvement".
- The following procedures remain LOW PRIORITY treatments due to lack of evidence of effectiveness in improving health status. Treatment may be considered in exceptional circumstances.

**Pinnaplasty** should only receive NHS funding for children under the age of 16. There must be evidence that the child has impairment of social function due to the appearance of the ears. There must be reason to believe that corrective surgery will lead to an improvement in this function.

**Cosmetic Rhinoplasty.** An exceptional case will need to provide compelling evidence for psychological or social distress caused by the appearance of the nose. In addition there must be reason to believe that corrective surgery will lead to an improvement in this distress.

**Abdominoplasty.** An exceptional case will need to provide compelling evidence for psychological distress, or demonstrate adverse physical health effects e.g. infection. In addition there must be reason to believe that corrective surgery will lead to an improvement in health status. Furthermore, the body-mass index must be less than 30 kg/m<sup>2</sup>. Note that surgical repair of abdominal hernias is not a low priority procedure.

**Other Body Contouring** (e.g. Thigh or buttock lift, excision of redundant skin or fat, liposuction). These procedures should remain low priorities. An exceptional case will need to provide compelling evidence for psychological distress, or demonstrate adverse physical health effects. In addition there must be reason to believe that corrective surgery will lead to an improvement in health status. Where obesity is a likely aetiological factor, the body-mass index must be less than 30 kg/m<sup>2</sup>.

**Dermabrasion** (and other methods of skin resurfacing e.g. laser resurfacing) should remain low priorities. An exceptional case will need to provide compelling evidence for psychological distress, or demonstrate adverse physical health effects. In addition there must be reason to believe that dermabrasion will lead to an improvement in health status. Note that treatment for Port Wine Stains on the face and neck is not considered a low priority.

**Face and brow lift (including botox injections)** An exceptional case will need to provide compelling evidence for psychological distress, or demonstrate adverse physical health effects. In addition there must be reason to believe that corrective surgery will lead to an improvement in health status.

**Blepharoplasty.** An exceptional case will need to demonstrate adverse physical health

effects of lax eyelid skin e.g. convincing evidence of impairment of vision. In addition there must be reason to believe that corrective surgery will lead to an improvement in health status.

**Surgical treatment for male pattern baldness** is a low priority procedure and is not routinely funded by the Health Authority.

**Cosmetic scar revision** should remain a low priority procedure. Exceptions may be made following poor results from NHS surgery (e.g. where the quality of work has been poor). Exceptions may also be made following burns or traumatic scarring. Exceptions are more likely to be made where there is evidence of an associated impairment of health status and where scar revision is likely to ameliorate this impairment. Where physical function is impaired by scarring, revision is NOT COSMETIC and is not considered to be low priority.

**Tattoo** removal (by any method) should remain a low priority procedure. Exceptions may be made where the tattoo has occurred as a result of an NHS procedure e.g. India ink tattoos following biopsy.

**Hirsutism treatments** should be considered alongside other cosmetic procedures and the same principles applied for considering exceptional circumstances. Treatment for hirsutism should be a low priority. An exceptional case will need to provide compelling evidence for psychological distress, or demonstrate adverse physical health effects. For hirsutism / acne scarring requests this would involve providing significant evidence of severe agoraphobic style behaviour, such as the patient being unable to do daily routine things due to severe impairment to social or occupational function. In addition, there must be reason to believe that treatment will lead to an improvement in health status.

*See also separate policy statement 4: Eflornithine for facial hirsutism*

**Destructive Interventions of Asymptomatic Benign Skin Lesions** are considered a low priority alongside other cosmetic procedures. These include telangiectasias, skin tags, sebaceous warts and cysts, viral warts, lipomas, xanthelasma and benign pigmented naevi. The removal of skin lesions is considered medically appropriate (and not cosmetic), if one or more of the following conditions is present and clearly documented in the medical record:

1. The lesion has one or more of the following characteristics: frequent bleeding; intense itching; pain.
2. The lesion has physical evidence of inflammation, e.g.; purulence, oozing, oedema, erythema, etc.
3. The lesion obstructs an orifice or clinically restricts vision.
4. There is clinical uncertainty as to the likely diagnosis, particularly where malignancy is a realistic consideration based on lesional appearance.
5. A prior biopsy suggests or is indicative of lesion malignancy.
6. The lesion is in an anatomical region subject to recurrent physical trauma and there is documentation that such trauma has in fact occurred.
7. Wart removals will be covered under (1) through (6) above. In addition, wart destructions will be covered when any one of the following clinical circumstances is present or the warts are in an area known to have a tendency for spread.

Periocular warts associated with chronic recurrent conjunctivitis thought secondary to lesional virus shedding; Warts showing evidence of spread from one body area to another, particularly in immunosuppressed patients.'

The following are also not commissioned by Buckinghamshire PCT

1. Non-urgent repair of lobe of external ear
2. Surgery to correct bulbous/ruddy nose (rhinophyma)

3. Tooth whitening and dental veneers
4. Refashioning of the vaginal labia
5. Vaginal tightening and vaginoplasty
6. Botox for anti-ageing
7. Laser eye surgery for the avoidance of wearing glasses

This statement will be reviewed in the light of new evidence of effectiveness or guidance from NICE.

