



NHS Birmingham and Solihull CCG
NHS Sandwell and West Birmingham CCG

Policy for the use of Non- Cosmetic Body Contouring Surgery

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The CCG policy has been reviewed and developed by the Treatment Policies Clinical Development Group in line with the groups guiding principles which are:

73. CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment;
74. CCG Commissioner require clear evidence of cost effectiveness before NHS resources are invested in the treatment;
75. The cost of the treatment for this patient and others within any anticipated cohort is a relevant factor;
76. CCG Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment;
77. CCG Commissioners will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community
78. CCG Commissioners will consider all relevant national standards and take into account all proper and authoritative guidance;
79. Where a treatment is approved CCG Commissioners will respect patient choice as to where a treatment is delivered; AND
80. All policy decisions are considered within the wider constraints of the CCG's legally responsibility to remain fiscally responsible.

Category: Restricted

Body Contouring Surgery

The Surgical Procedures included in Body Contouring Surgery may including the following:

- **Full abdominoplasty:**

For patients who have significant skin laxity, excess fat and separation of the muscles, a classic tummy tuck is the most common procedure. Performed under general anaesthetic, this operation can require patients to be in hospital for two or three days.

During the operation, an incision is made from hip to hip and around the umbilicus. The excess skin and fat is excised from the umbilicus to just above the pubic hair. The muscles above and below the umbilicus are tightened. The skin is then sewn up to give a circular scar around the umbilicus and a long scar across the lower abdomen. Although this operation leaves a large scar, it does provide the greatest improvement in abdominal shape.

Patients who are thinking about becoming pregnant should not undergo this procedure and should wait until they are sure they are not having any more children. All the skin and fat below the umbilicus can be removed in a standard abdominoplasty. This results in a scar across the lower abdomen and a scar around the umbilicus.

- **Mini abdominoplasty**

For patients with only a small amount of excess skin a lesser abdominoplasty might be appropriate. A general anaesthetic is still needed.

During the operating, a wedge of skin and fat is excised from the lower tummy leaving a horizontal scar above the pubic hair. Sometimes the muscles will also be tightened. No scar is left around the umbilicus, which may be stretched slightly to become a different shape. A mini abdominoplasty will give a smaller effect than a full abdominoplasty.

- **Extended abdominoplasty**

Surplus skin and fat of the loins and back are removed at the same time as the abdomen.

- **Endoscopic abdominoplasty**

Tightens the muscles of the abdominal wall. Skin is not removed but liposuction can be carried out at the same time.

- **Apronectomy (Panniculectomy)**

An Apronectomy is a modified mini-abdominoplasty, mainly for patients who have a large excess of skin and fat hanging down over the pubic area and only the surplus skin and fat is removed. A modification to an abdominoplasty might also be necessary when the patient has problems with scars from previous operations.

A panniculus is excess adipose tissue hanging downward from the abdomen and resembles an "apron of skin" overlying the front of the pelvic girdle. A large panniculus can interfere with normal activities such as walking, and lead to serious medical problems. The heavy overhanging tissue can cause chronic skin inflammation under the flap, and subsequently, skin breakdown and infection.

The panniculus hanging below the symphysis pubis when the individual is standing normally can cause significant functional impairment and other complications such as intertrigo.

- **Arm reduction and lift (Brachioplasty):**

Brachioplasty, or upper arm reduction or arm lift is a surgical procedure which removes and tightens loose skin and excess fat in the upper arm. It is usually performed under a general anaesthetic. The surgeon makes a long incision between the elbow and axilla. Segments of skin and fat are removed and the remaining skin and tissue lifted resulting in a tight, smooth look.

- **Buttock and/or Thigh lift (Thighplasty):**

Thighplasty is aesthetic reshaping surgery with the removal of excess skin and fat. Buttock or thigh lift surgery is performed to lift the excess skin to firm and tighten the skin around the buttocks and/or thighs. Liposuction may also be performed during this procedure. Sometimes a buttock lift is combined with this procedure.

- **Liposuction / Liposculpture / Suction Assisted Lipectomy**

Liposuction is also known as liposculpture or suction assisted lipectomy. It is a technique most commonly performed to remove unwanted fat deposits. Liposuction can be performed on other areas of the body, including the neck, arms, tummy, loins, thighs, inner side of the knees and the ankles.

Evidence Review

The results from the search strategy found 3 systematic reviews, 1 economic systematic review and 4 clinical trials & guidance which directly informed 'Body Contouring' in reference to the effectiveness measurable by physical, physiological, and/or qualitative patient reported outcomes.

The BAPRAS UK Commissioning Guide 2017 highlights an expert interpretation of various papers to inform NICE and clinical commissioners in the UK health care sector. All results highlighted in the evidence review are also utilised within the commissioning guide.

The 'BODY-Q' systematic review provides strong evidence to support the method in measuring the effectiveness of body contouring from patient-reported outcomes (PRO). 'BODY-Q' method is the framework of the BODY-Q scales, presented below, is comprised of three overarching themes as follows: 1) Appearance; 2) Health-Related Quality of Life; and 3) Patient Experience. Under these domains, there are 18 independently functioning scales that measure important Central Obesity Index. In addition to the 18 scales, there is 1 obesity-specific symptom checklist.

Due to the statistically significant health improvement benefits both in relation to Quality of Life and clinical outcomes of more than 30%, and that the evidence has demonstrated the potential of removal of excess skin to prevent both 1st and 2nd prevention of future illness such as mobility, Quality of Life concerns, infection, lymphoedema and other illnesses, it was deemed within certain clinical circumstances that excess skin removal could be an effective surgical intervention.

Glossary

Term	Definition
Body mass index (BMI)	A measure for human body shape based on an individual's weight and height. BMI = body weight in kilograms / height in meters squared
Excess body weight	Calculation of change of BMI relative to a maximum normal BMI of 25kg/m ²
Massive weight loss	Loss of 50% or more excess body weight
BODY-Q	The Patient-Reported Outcome Instrument for Weight Loss and Body Contouring Treatments

Eligibility Criteria: Restricted

Removal of excess skin is commissioned in the following clinical circumstances:

The patient is 18 or over at the time of application

AND

The patient has lost at least 50% of their original excess weight and maintained their weight for at least two years, both of which have been recorded and documented by a clinician in the patient's medical notes

AND the patient has one of the following:

Skin folds are causing severe functional impairment which is impacting on the patient's ability to carry out activities of daily living.

OR

Recurrent skin infections are present in the patient's skin folds which fail to resolve, despite appropriate medical treatment for at least 6 months.

N.B. Functional impairment is defined as preventing activities of daily living to be undertaken independently, i.e. sleeping; eating; walking.

Each patient will have access to funding for one course of surgical treatment to remove excess skin. All surgical interventions for removal of the excess skin must be undertaken as part of the original treatment plan and in line with the above eligibility criteria. Further applications for body contouring surgery will not be routinely funded and revision surgery to improve the cosmetic appearance will not be accepted. Funding is for surgical procedures to remove excess skin from an area of the body, which is causing functional impairment / recurrent skin infections. Procedures to aid weight loss or muscle tightening e.g. full abdominoplasty are not commissioned under this policy.

Other procedures which are not included within the Body Contouring Surgery policy are:

- Breast Surgery
- Liposuction
- Cosmetic Surgery

Investigations for suspected or proven malignancy are outside the scope of this policy and should be treated in line with the relevant cancer pathway.

This means **(for patients who DO NOT meet the above criteria)** the CCG will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG

Guidance

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<https://academic.oup.com/asj/article/31/7/807/176334>
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- [6] 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. M. de Zwaan, et al - <https://www.frontiersin.org/articles/10.3389/fpsyg.2014.01310/full>
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- [11] Mukherjee, S., Kamat, S., Adegbola, S., and Agrawal, S. (2014). Funding for post-bariatric body contouring (bari-plastic) surgery in England: a post code lottery. *Plast. Surg. Int.* 2014;153194. doi:10.1155/2014/153194
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3980931/>

[12] NHS Digital: Statistics on Obesity, Physical Activity and Diet - England, 2018
[PAS] <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/statistics-on-obesity-physical-activity-and-diet-england-2018>