

## CLINICAL POLICY ADVISORY GROUP (CPAG)

### Abdominoplasty (Apronectomy, Panniculectomy) Policy

#### Statement

Derby and Derbyshire Integrated Care Board (DDICB) has deemed that abdominoplasty (irrespective of the cause of the apron or reason for previous weight loss) should not routinely be commissioned unless criteria 1 AND criteria 2 are both met:

#### Criteria 1:

- The patient's current BMI is between 18kg/m<sup>2</sup> and 25kg/m<sup>2</sup>
- AND**
- The patient must have achieved their maximum weight loss goal, which needs to have been maintained at that lowest weight for one year, without fluctuation, up or down, as measured and recorded by the NHS
- OR**
- If this weight range is unachievable, the patient must have lost a minimum of 75% of their excess weight\* (see formula below)

#### Criteria 2:

All of the criteria below are met:

- Sexual maturation has been reached
- An abdominoplasty/ apronectomy has not already been performed
- The apron is hanging below the level of the mons pubis
- Confirmed non-smoker and/or documented abstinence prior to procedure
- Symptoms are both physically and psychologically disabling resulting in severe restrictions in activities of daily living\*\* for which abdominoplasty will provide a clear resolution
- Recurrent severe infection beneath the skin folds that fail to respond despite appropriate medical therapy for at least 6 months

\* Excess body weight lost may be calculated as:

$$\frac{\text{Initial weight (kg)} - \text{current weight (kg)}}{\text{Initial weight (kg)} - 25 \times (\text{height in m}^2)} \times 100$$

e.g.  $\frac{200\text{kg} - 100\text{kg}}{200\text{kg} - 25 \times (1.7\text{m}^2)} \times 100 = 78.28\%$  excess body weight loss

i.e. actual weight lost, divided by the number of kilos over and above a BMI of 25.

\*\*defined as functions such as dressing, personal hygiene, functional mobility and being able to meet nutritional needs.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

## 1. Background

Abdominoplasty is a surgical cosmetic procedure that helps improve the shape of the abdomen. The procedure involves the removal of excess loose skin, fat and stretch marks and the tightening of the abdominal muscles. The aim is to remove excess abdominal skin that cannot be removed through exercise, for example excess skin caused by pregnancy or significant weight loss.

## 2. Recommendation

Derby and Derbyshire ICB will commission abdominoplasty, irrespective of the cause of the apron or reason for previous weight loss, provided that criteria 1 AND criteria 2 are both met:

Criteria 1:

- The patient's current BMI is between 18kg/m<sup>2</sup> and 25kg/m<sup>2</sup>  
**AND**
- The patient must have achieved their maximum weight loss goal, which needs to have been maintained at that lowest weight for one year, without fluctuation, up or down, as measured and recorded by the NHS  
**OR**
- If this weight range is unachievable, the patient must have lost a minimum of 75% of their excess weight\* (see formula below)

Criteria 2:

All of the criteria below are met:

- Sexual maturation has been reached
- An abdominoplasty/apronectomy has not already been performed
- The apron is hanging below the level of the mons pubis
- Confirmed non-smoker and/or documented abstinence prior to procedure
- Symptoms are both physically and psychologically disabling resulting in severe restrictions in activities of daily living\*\* for which abdominoplasty will provide a clear resolution
- Recurrent severe infection beneath the skin folds that fail to respond despite appropriate medical therapy for at least 6 months

\* Excess body weight lost may be calculated as:

$$\frac{\text{Initial weight (kg)} - \text{current weight (kg)}}{\text{Initial weight (kg)} - 25 \times (\text{height in m}^2)} \times 100$$

e.g.  $\frac{200\text{kg} - 100\text{ kg}}{200\text{ kg} - 25 \times (1.7\text{m}^2)} \times 100 = 78.28\%$  excess body weight loss

i.e. actual weight lost, divided by the number of kilos over and above a BMI of 25.

\*\* Defined as functions such as dressing, personal hygiene, functional mobility and being able to meet nutritional needs.

### Information to be Included with Referral

- Details of condition including impact on daily living
- BMI and period maintained
- Smoking status

### 3. Rationale for Recommendation

- The aim of surgery is to improve patient function relating to a diagnosed pathology which has been clinically defined as resulting from a tissue state which can be addressed through Plastic Surgery procedures.
- Abdominoplasty is not routinely commissioned for purely cosmetic reasons as the procedure can create large wounds. Performing body contouring surgery at higher BMI's is associated with higher risk of complications
- Patients should have stopped smoking prior to the procedure because surgical outcomes, such as wound healing and complications, may be adversely affected by smoking.

The policy should also be read in conjunction with the following not routinely commissioned DDICB Position Statement:

- [Skin Removal e.g. excess skin on thigh, leg, hip, buttock, forearm or other areas \(with the exception of apronectomy where criteria are met\)](#)

### 4. Useful Resources

- Cosmetic Surgery, Royal College of Surgeons of England, <https://www.rcseng.ac.uk/patient-care/cosmetic-surgery/>
- Tummy tuck (abdominoplasty), [https://www.baaps.org.uk/patients/procedures/3/tummy\\_tuck\\_abdominoplasty](https://www.baaps.org.uk/patients/procedures/3/tummy_tuck_abdominoplasty)
- Tummy tuck (abdominoplasty), NHS, last reviewed August 2019 <https://www.nhs.uk/conditions/cosmetic-procedures/tummy-tuck/>
- Procedures, British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), updated 2017, <https://www.bapras.org.uk/public/patient-information/surgery-guides/body-contouring/procedures>

### 5. References

- East Midlands Commissioning Policy for Cosmetic Procedures 2015 Version 2, accessed 01/12/20. <http://www.nottinghamnortheastccg.nhs.uk/wp-content/uploads/2015/08/East-Midlands-Commissioning-Policy-For-Cosmetic-Procedures-2015.pdf>
- Information for commissioners of plastic surgery services: referrals and guidelines in plastic surgery, British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), March 2012, accessed 01/12/20, <http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=2>
- Tummy tuck (abdominoplasty), NHS, last reviewed August 2019 <https://www.nhs.uk/conditions/cosmetic-procedures/tummy-tuck/>
- UK Commissioning Guide – Massive Weight Loss Body Contouring 2017, British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)/ Royal College of Surgeons, accessed 01/12/20. <http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/rewrite-for-2017--final-version.pdf?sfvrsn=4>
- Gribbin J. EAST MIDLANDS COMMISSIONING POLICY. :25.
- Abdominoplasty-V5.pdf [Internet]. [cited 2021 Dec 20]. Available from: <https://www.centrallondonccg.nhs.uk/media/97737/Abdominoplasty-V5.pdf>

## 6. Appendices

### Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Consultant Plastic and Reconstructive Surgeon, UHDBFT	August 2020
Acting Director of Public Health	August 2020
Clinical Policy Advisory Group (CPAG)	January 2021
Clinical Lay Commissioning Committee (CLCC)	February 2021
Clinical Policy Advisory Group (CPAG)	February 2022
Clinical and Lay Commissioning Committee (CLCC)	March 2022
Clinical Policy Advisory Group (CPAG)	February 2023
Plastics Clinical Nurse Specialist, UHDBFT	June 2024
Clinical Policy Advisory Group (CPAG)	July 2024

### Appendix 2 - Document Update

Document Update	Date Updated
<p><u>Version 2.0</u></p> <ul style="list-style-type: none"> <li>• Policy has been reviewed.</li> <li>• Policy has been re-worded and reformatted to reflect the new organisation's clinical policy format. This includes the addition of background information, useful resources, references and consultation.</li> <li>• Criteria separated into criteria 1 and criteria 2 for clarity.</li> <li>• Criteria 'If this weight range is unachievable, the patient must have lost a minimum of 50% of their excess weight' relaxed and aligned to BAPRAS criteria to 'If this weight range is unachievable, the patient must have lost a minimum of 75% of their excess weight.'</li> <li>• Addition of the statement 'The aim of surgery is to improve patient function relating to a diagnosed pathology which has been clinically defined as resulting from a tissue state which can be addressed through Plastic Surgery procedures' under section 3. Rationale for Recommendation.</li> </ul>	January 2021
<p><u>Version 2.1</u></p> <ul style="list-style-type: none"> <li>• Hyperlink has been added for the "not routinely commissioned statement" for skin removal.</li> <li>• Addition of wording to Criteria 1 to specify maintenance of minimum weight must be achieved for one year.</li> <li>• Addition of wording to define "severe infection".</li> </ul>	February 2022

<ul style="list-style-type: none"> <li>• Addition of Working example of excess body weight loss calculation.</li> <li>• Criteria 2 has been clarified to specify intent of abdominoplasty.</li> </ul>	
<u>Version 2.2</u> <ul style="list-style-type: none"> <li>• CPAG agreed to extend the review date of this policy by 12 months (or sooner) to allow the policy review to include the National EBI3 recommendations.</li> </ul>	February 2023
<u>Version 2.3</u> <ul style="list-style-type: none"> <li>• Removal of reference for requirement of clinical photographs to be included with referral to reflect the closure of the Cosmetics Referral Assessment Service.</li> </ul>	July 2024
<u>Version 2.4</u> <ul style="list-style-type: none"> <li>• In line with risk profile, CPAG agreed further extension to review date</li> </ul>	September 2024

### Appendix 3 - OPCS code(s)

S021 S022 (abdominoplasty)