

## CLINICAL POLICY ADVISORY GROUP (CPAG)

### Abdominoplasty (Apronectomy, Panniculectomy) Policy

#### Statement

Derby and Derbyshire CCG 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** has been within this range for a year 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\*\*
- Recurrent severe infection beneath the skin folds

\* Excess body weight lost may be calculated as:

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

ie, 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

## 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 CCG 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 has been within this range for a year 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\*\*
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ie, 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

- Clinical photographs
- 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.

#### 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>

## 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.

<b>Consultee</b>	<b>Date</b>
Consultant Plastic and Reconstructive Surgeon, UHDBF	August, December 2020
Acting Director of Public Health	August 2020
Clinical Policy Advisory Group	January 2021
Clinical Lay Commissioning Committee	February 2021

### Appendix 2- Document Update

<b>Document Update</b>	<b>Date Updated</b>
Version 2 – Policy has been reviewed. 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. Criteria separated into criteria 1 and criteria 2 for clarity. 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. 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.	January 2021

### Appendix 3 - OPCS code(s)

S021 S022 (abdominoplasty)