

CLINICAL POLICY ADVISORY GROUP (CPAG)

Breast Enlargement (Augmentation Mammoplasty) Policy

Statement

Derby and Derbyshire CCG has deemed that breast enlargement (augmentation mammoplasty) surgery should be commissioned under the following circumstances:

- Developmental failure causing a unilateral or bilateral absence of breast tissue, eg Poland syndrome.
- Or**
- Reconstructive surgery following mastectomy for diagnosed or suspected breast cancer

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

1. Background

Breast augmentation is usually performed through the insertion of an implant beneath the breast to increase the size or change the shape. The implants will enlarge breasts that have always been small, but can also be used to fill out breasts that used to be larger.

2. Recommendation

Derby and Derbyshire CCG (DDCCG) will only commission breast enlargement (augmentation mammoplasty) surgery under the following circumstances:

- Developmental failure causing a unilateral or bilateral absence of breast tissue, eg Poland syndrome,

Or

- Reconstructive surgery following mastectomy for diagnosed or suspected breast cancer.

The details of developmental failure and smoking status should be included with the referral.

3. Rationale for Recommendation

The breast enlargement procedure is restricted as it involves major surgery and the results are not guaranteed. The procedure is associated complications such as:

- thick scarring around the incision as well as capsular contracture resulting in the breast tissue feeling hard
- rupturing of the implant
- creasing, folding, rippling and rotation of the implant resulting in abnormal shape
- nerve problems with nipples leading to altered or no sensation, which may be permanent
- unable to breast feed or reduced production of breast milk
- Surgery related complications such as bleeding, infection, allergic reaction or deep vein thrombosis.

The need for secondary or revisional surgery, such as implant replacement at some point in the future, is common. Not all patients demonstrate improvement in psychosocial outcome measures following breast augmentation.

The restrictive criteria have been taken from the East Midlands Commissioning Policy for Cosmetic Procedures (2015). The rationale behind the restrictive criteria is based on clinician consensus.

4. Useful Resources

- Breast enlargement (implants), NHS, reviewed 22/07/19, <https://www.nhs.uk/conditions/cosmetic-procedures/breast-enlargement/>

5. References

- NHS Modernisation Agency Action on Plastic Surgery: Information for Commissioners of Plastic Surgery Services, published 2006, <http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=2>
- East Midlands Commissioning Policy for Cosmetic Procedures, version 2, 2014.

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 Breast Surgeon, CRH	February 2020
Consultant Plastic and Reconstruction Surgeon, UHDB	February 2020
Consultant in Public Health Medicine Leicestershire County Council & East Leicestershire and Rutland CCG	February 2020
Oncoplastic Breast Surgeons, UHDB	February 2020
Clinical Policy Advisory Group	March 2020
Clinical Cell	April 2020

Appendix 2- Document Update

Document Update	Date Updated
Version 1 - Breast enlargement/ asymmetry surgery - separated into two policies. Policy taken from the East Midlands Commissioning Policy for Cosmetic Procedures version 2 (version2)	September 2018
Version 2- policy reviewed and reformatted into the new CCG organisation clinical policy template.	February 2020

Appendix 2 - OPCS code(s)

- B301 (insertion of prosthesis for breast)
- B312 (augmentation mammoplasty)