

CLINICAL POLICY ADVISORY GROUP (CPAG)

Breast Asymmetry Surgery Policy

Statement

Derby and Derbyshire CCG has deemed that breast asymmetry surgery should be commissioned provided that the patient meets **ALL** of the following criteria:

- Sexual maturation has been reached
- BMI is between 18 – 25 kg/m² and has been within this range for one year as measured and recorded by the NHS
- Asymmetry equal to, or greater than 30% difference in volume between the breasts as measured by 3D body scan to assess breast volume

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

1. Background

Breast asymmetry is when the position, size, volume or shape of the one breast is different to the other. Breast asymmetry is a common characteristic for women, and in most cases, it will not cause any problems. Changes can often be seen following weight changes, puberty and menopause. Breast deformities resulting in asymmetry can occur as a result of endocrine dysfunction, tumors, infection, and trauma. Breast asymmetry can be corrected through surgery and can involve a number of different techniques ranging from the insertion of breast implants to breast reduction and breast uplift.

2. Recommendation

ONE breast asymmetry surgery is funded for individuals who meet **ALL** of the following criteria:

- Sexual maturation has been reached
- BMI is between 18 – 25 kg/m² and has been within this range for one year as measured and recorded by the NHS
- Asymmetry equal to, or greater than 30% difference in volume between the breasts as measured by 3D body scan to assess breast volume.

Details of the condition, smoking status and current BMI and duration maintained to be included with referral.

NB Clinical photographs are not required for this procedure.

The policy should be ready in conjunction with the following DDCCG policies:

- [Breast enlargement \(augmentation mammoplasty\) policy](#)
- [Breast prosthesis \(implant\) revision/replacement policy](#)

3. Rationale for Recommendation

It may be the surgeon's preference to do multiple stage, rather than one contralateral procedure, at more cost to the NHS, and prolonging wound healing. Any asymmetry surgery should be limited to one planned procedure.

Breast asymmetry procedures are not advised before sexual maturation is reached as breast asymmetry can occasionally even out as the breasts continue to develop

4. Useful Resources

- An Overview of Micromastia and Breast Asymmetry, Schumacher, Aesthetic Journals, 19/12/17, <https://aestheticsjournal.com/feature/an-overview-of-micromastia-and-breast-asymmetry>, accessed 03/03/20.

5. References

- An Overview of Micromastia and Breast Asymmetry, Schumacher, Aesthetic Journals, 19/12/17, <https://aestheticsjournal.com/feature/an-overview-of-micromastia-and-breast-asymmetry>, accessed 03/03/20.
- Reilley AF. Breast Asymmetry: Classification and Management. Aesthetic Surgery Journal. 2006 Sep 1;26(5):596–600.

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, CRHFT	February 2020
Consultant Plastic and Reconstruction Surgeon, UHDBFT	February 2020
Consultant in Public Health Medicine, Leicestershire County Council and East Leicestershire and Rutland CCG	February 2020
Clinical Policy Advisory Group (CPAG)	March 2020
Clinical Cell	April 2020
Clinical Policy Advisory Group (CPAG)	February 2022
Clinical and Lay Commissioning Committee (CLCC)	March 2022
Clinical Policy Advisory Group (CPAG)	December 2022
Consultant Plastic Surgeon UHDBFT	November 2023
Consultant Breast Surgeon UHDBFT	November 2023
Clinical Policy Advisory Group (CPAG)	November 2023

Appendix 2 - Document Update

Document Update	Date Updated
Version 1.0 – Policy updated with addition of just one procedure being done instead of multiple revisions/staged surgery. Breast enlargement/asymmetry surgery - separated into two policies. Policy originally taken from the East Midlands Policy for Cosmetic Procedures, 2014.	October 2018
Version 2.0 – Policy re-worded and re-formatted to reflect the new organisation. Policy reviewed. Removal of the ‘Confirmed non-smoker and/or documented abstinence for at least 6 months prior to procedure’ criteria.	March 2020
Version 2.1 – Hyperlink has been added to the following policies Breast enlargement (augmentation mammoplasty) policy. Breast prosthesis (implant) revision/replacement policy. Background section has been re-worded.	February 2022
Version 2.2 – CPAG agreed to extend the review date of this policy by 12 months (or sooner) to allow the policy review to include the National EB13 recommendations.	December 2022

Version 2.3 – CPAG agreed to extend the review date of this policy by a further 12 months due to reduced capacity within the Clinical Policies team.
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November 2023

Appendix 3 - OPCS code(s)

- B375 (Lipofilling of breast)