Derby and Derbyshire
Integrated Care Board

CLINICAL POLICY ADVISORY GROUP (CPAG)

Male Breast Reduction Surgery for Gynaecomastia Policy

Statement

Derby and Derbyshire ICB (DDICB) has deemed that male breast reduction surgery should not routinely be commissioned unless all of the following criteria are met:

- Grade IIb/III gynaecomastia is present and the loss of tissue is anticipated to be >100g per side
- Sexual maturation has been reached
- In cases of idiopathic gynaecomastia in men under the age of 25, a period of at least two years from initial presentation has been observed, to allow for natural resolution
- Investigation, and where possible, corrective action has been taken where there is an endocrinological and/ or drug-induced cause and symptoms persist.*
- Non-surgical treatments have been tried for at least 6 months and been unsuccessful
- BMI is between 18 – 25kg/m^2 and has been within this range for one year as measured and recorded by the NHS**

*Discretion encouraged in these cases, e.g.:

- The drug cannot be withdrawn (e.g. being used for malignancy)
- The risk of morbidity/mortality would increase if the drug was withdrawn (e.g. spironolactone in heart failure) and/or alternative treatments are contraindicated, not deemed to be as effective, or not tolerated (e.g. antipsychotics)

**The BMI requirement is fixed and does not relate to the weight of the tissue to be removed

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

1. Background

Gynaecomastia is the benign enlargement of the male breast with firm tissue extending concentrically beyond the nipple. It is a common condition and in the majority of cases there is no known cause. Gynaecomastia can be unilateral or bilateral, painful, or asymptomatic[3]. For men who feel self-conscious about their appearance, breast-reduction surgery can be helpful. The procedure removes tissue from the breasts, and in extreme cases excess skin[1].

Most teenage boys experience breast enlargement affecting one or both breasts. However, by early adulthood less than 10% have a residual problem. This incidence rises with age, reaching approximately 30% (1 in 3) in older men. Rarely, the breast enlargement can be caused by medicines such as medicines used to treat hypertension, heart disease and prostate cancer, as well as drugs recreational drugs, such as marijuana and anabolic steroids. Some diseases, such as liver failure, some cancers and some very rare congenital abnormalities can also cause gynaecomastia[1].

2. Recommendation

DDICB will not routinely commission Gynecomastia (male breast reduction surgery) unless all of the following criteria are met:

- Grade IIb/III gynaecomastia is present and the loss of tissue is anticipated to be >100g per side
- Sexual maturation has been reached
- In cases of idiopathic gynaecomastia in men under the age of 25, a period of at least two years from initial presentation has been observed, to allow for natural resolution
- Investigation, and where possible, corrective action has been taken where there is an endocrinological and/ or drug-induced cause and symptoms persist.*
- Non-surgical treatments have been tried for at least 6 months and been unsuccessful
- BMI is between 18 – 25kg/m^2 and has been within this range for one year as measured and recorded by the NHS**

*Discretion encouraged in these cases, e.g.:
- The drug cannot be withdrawn (e.g. being used for malignancy)
- The risk of morbidity/ mortality would increase if the drug was withdrawn (eg spironolactone in heart failure) and/or alternative treatments are contraindicated, not deemed to be as effective, or not tolerated (eg antipsychotics)

**The BMI requirement is fixed and does not relate to the weight of the tissue to be removed.

3. Rationale for Recommendation

- Commonly gynaecomastia is seen during puberty and may correct once the post-pubertal fat distribution is complete if the patient has a normal BMI[2].
- Obesity is a reversible cause of pseudogynaecomastia.
- Avoids requests for surgery where only a minor cosmetic correction is anticipated.

4. Useful Resources

- Breast reduction (male), NHS, last reviewed 20/09/19, https://www.nhs.uk/conditions/cosmetic-procedures/breast-reduction-male/

- Cosmetic Surgery FAQs, Royal College of Surgeons, https://www.rcseng.ac.uk/patient-care/cosmetic-surgery/
- Gynecomastia, British Association of Aesthetic Plastic Surgeons (BAAPS), https://baaps.org.uk/patients/procedures/6/gynecomastia
- What is gynaecomastia?, NHS, last reviewed 22/02/18, https://www.nhs.uk/common-health-questions/mens-health/what-is-gynaecomastia/

5. References

1. Gynecomastia, British Association of Aesthetic Plastic Surgeons (BAAPS), accessed 22/03/21, https://baaps.org.uk/patients/procedures/6/gynecomastia
2. 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 22/03/21, https://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=2
3. Gynaecomastia, BMJ Best Practice, last updated 10/11/20, accessed 22/03/21, https://bestpractice.bmj.com/topics/en-gb/869

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	October 2020
Consultant Oncoplastic Breast Surgeon, CRHFT	October 2020
Clinical Policy Advisory Group (CPAG)	April 2021
Clinical Lay Commissioning Committee (CLCC)	May 2021
Clinical Policy Advisory Group (CPAG)	February 2023
Director of Public Health, Derby City Council	November 2023
Consultant Plastic Surgeon , UHDBFT	November 2023
Lead Plastic Surgery Specialist Nurse, DDICB Cosmetics Referral Assessment Service (RAS)	November 2023
Nurse Practitioner, Plastic Surgery, NUH	November 2023
Head of Plastic Surgery, NUH	November 2023
Specialty General Manager for Plastics, NUH	November 2023
Clinical Policy Advisory Group (CPAG)	December 2023
Population Health Strategic Commissioning Committee (PHSCC)	January 2024
Consultant Plastic and Reconstructive Surgeon, UHDBFT	October 2024
Lead Plastic Surgery Specialist Nurse, UHDBFT	October 2024
Consultant Breast Surgeon, UHDBFT	October 2024
Consultant Oncoplastic Breast Surgeon, UHDBFT	October 2024
Consultant Breast Surgeon, CRHFT	October 2024
Consultant Oncoplastic Breast Surgeon, CRHFT	October 2024
Clinical Policy Advisory Group (CPAG)	October 2024

Appendix 2 - Document Update

Document Update	Date Updated
Version 2.0 • Policy reworded and reformatted to reflect the DDCCG's clinical policy format, including the addition of background information, useful resources, references and consultation. Criteria has been subdivided to include exclusion criteria. Urgent referral criteria removed. Removal of (e.g. withdrawal of causative agents)' from the criteria 'Non-surgical treatments have been tried for at least 6 months and been unsuccessful'	April 2021
Version 2.0 • 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.	February 2023
Version 2.1 • Addition of following statement "The BMI requirement is fixed and does not relate to the weight of the tissue to be removed."	November 2023
Version 2.2 • In line with risk profile, CPAG agreed to extend the review date of this policy by 3 years, in agreement with clinical stakeholders, due to reduced capacity within the Clinical Policies team.	October 2024

Appendix 3 - OPCS code(s)

B311 (breast reduction mammoplasty – patient is male)