

Policy exclusions

Reconstructive surgery following cancer, trauma or another significant clinical event is not covered by this policy and is routinely commissioned across Greater Manchester.

NOTE: A mastectomy procedure for patients going through female to male gender realignment falls under the commissioning responsibility of NHS England. Please refer to NHS England's Interim Gender Dysphoria Protocol and Service Guideline 2013/14.

Policy inclusion criteria

Greater Manchester CCGs do not routinely commission aesthetic breast surgery.

- All surgery involving incision into healthy tissue, in this case a healthy breast whatever its size and shape, is considered to be aesthetic. This includes cases where there are symptoms, external to the breast, that are attributed to, or exacerbated by, the size of the breast(s).
- The clinician making the request **must** confirm that in their opinion the patient is fit for the surgery requested.
- For all applications relating to the female breast patients **must** have completed puberty.

Breast Augmentation

- Surgery is not routinely commissioned, with the exception of proven amastia or amazia. There should be confirmation either in the form of a consultant letter or an ultrasound report that there is an absence of breast tissue.
- Measurements **must** be submitted using either method in [Appendix 2](#) of of the GM EUR Aesthetic Breast policy, please give actual measurements as well as the band and cup size. **Applications using other methods will not be accepted.**
- This policy applies equally to all women including those who have completed gender realignment (see policy for further details).

Funding mechanism: Individual prior approval provided the patient has proven amastia or amazia. Requests **must** be submitted with all relevant supporting evidence requested in the policy.

Clinicians can submit an individual funding request outside of this guidance if they feel there is a good case for clinical exceptionality. Requests **must** be submitted with all relevant supporting evidence requested in the policy.

Revision of Breast Augmentation

- Surgery is not routinely commissioned; however, the NHS has a duty of care and if there is a health risk associated with implants funding will be provided for their removal only, unless the original implant surgery was NHS funded, in which case funding will be available for removal and replacement.
- Measurements **must** be submitted using either method in [Appendix 2](#) of of the GM EUR Aesthetic Breast policy, please give actual measurements as well as the band and cup size. **Applications using other methods will not be accepted.**

Funding mechanism: Individual prior approval provided the patient meets the above criteria. Requests **must** be submitted with all relevant supporting evidence requested in the policy.

Clinicians can submit an individual funding request outside of this guidance if they feel there is a good case for clinical exceptionality. Requests **must** be submitted with all relevant supporting evidence requested in the policy.

Breast Reduction

Surgery is not routinely commissioned.

Funding mechanism: Individual funding request (exceptional case) approval: Requests must be submitted with all relevant supporting evidence requested in the policy.

Breast Asymmetry

- Surgery is only commissioned for a difference of 3 cup sizes or more (i.e there should be at least 2 cup sizes between the sizes given for each breast).
- The difference must be demonstrated using Method 1 in [Appendix 2](#) of the GM EUR Aesthetic Breast policy.

Funding mechanism: Individual prior approval provided the patient meets the above criteria. Requests must be submitted with all relevant supporting evidence requested in the policy.

If the patient does not meet the criteria: an individual funding request can be made if there is a good case for clinical exceptionality. Requests must be submitted with all relevant supporting evidence requested in the policy.

Breast Lifts (Mastopexy)

Surgery is not commissioned. The only exception being where a breast reduction procedure has been approved and the mastopexy is part of that reduction procedure to ensure a satisfactory outcome and has prior approval to be part of the reduction procedure.

Funding mechanism: Individual funding request (exceptional case) approval: Requests must be submitted with all relevant supporting evidence requested in the policy.

Gynaecomastia

Surgery is not routinely commissioned.

Funding mechanism: Individual funding request (exceptional case) approval: Requests must be submitted with all relevant supporting evidence requested in the policy. **NOTE: There is a separate standard set of information for adolescent patients.**

Inverted Nipple Correction

Surgery is not routinely commissioned, with the exception of correction for functional reasons (i.e. breast feeding) in a post-pubertal woman **AND** if the inversion has not been corrected by the correct use of a non-invasive suction device.

Funding mechanism: Individual funding request (exceptional case) approval: Requests must be submitted with all relevant supporting evidence requested in the policy.