

<b>Policy:</b>	<a href="#">Correction of Eyelid Ptosis</a>		<b>GM Ref:</b>	<b>GM047</b>
<b>First issue date:</b>	<b>December 2014</b>	<b>Current version:</b>	<b>2.1</b>	<b>Last reviewed:</b> <b>January 2016</b>

### Policy inclusion criteria

#### Upper Eyelid Blepharoplasty

Blepharoplasty procedures will not be commissioned for aesthetic reasons. Skin only, or skin – muscle blepharoplasty may be performed in the presence of a symptomatic visual field defect (if other causes of field defect have been excluded). In some instances, there may be a clear history of reduction of vision in specific circumstances (e.g. when driving, reading or when tired), even in the absence of a formally demonstrated visual field defect. Blepharoplasty is only commissioned for adults where the condition is symptomatic and conservative management has failed. All possible underlying causes of visual field loss need to have been excluded or treated prior to requesting surgical intervention.

When symptoms of ocular surface disease or other symptoms persist despite conservative measures, a skin (+/- muscle) blepharoplasty may be undertaken, if it is likely that they are attributable to the presence of dermatochalasis.

#### Funding mechanism:

Blepharoplasty as part of levator aponeurosis advancement surgery: Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

Dermatochalasis with symptoms and signs of ocular surface disease despite conservative treatment: Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria (except Bolton CCG which is via individual prior approval - requests should be submitted with all relevant supporting evidence, which must be provided with the request).

Dermatochalasis with symptomatic visual field defect demonstrated on formal testing OR Other symptoms relating to dermatochalasis - Wick syndrome, symptoms or headaches due to frontalis overaction, periocular dermatitis, reduced vision due to lash ptosis, symptoms of ocular surface discomfort in the absence of signs: Individual prior approval provided the patient meets the above criteria. Requests should be submitted with all relevant supporting evidence, which must be provided with the request.

Co-existing brow ptosis requiring surgery: Individual funding request (exceptional case) approval: Requests should be submitted with all relevant supporting evidence, which must be provided with the request.

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 should be submitted with all relevant supporting evidence, which must be provided with the request.

#### Lower Eyelid Blepharoplasty

There is no indication for lower lid or fat blepharoplasty within this policy.

**Funding mechanism:** An individual funding request can be made if there is a good case for clinical exceptionality. Requests should be submitted with all relevant supporting evidence, which must be provided with the request.

#### Policy exclusions

Where there is significant aponeurotic blepharoptosis, surgery such as levator aponeurosis advancement may be required these are excluded from this policy and should be referred via the normal route.

This policy excludes children under the age of 18 years, who should be managed clinically as appropriate.