

Policy:	Repair of Split / Torn Earlobes			GM Ref:	GM023
First issue date:	September 2015	Current version:	2.0	Last reviewed:	September 2016

Policy inclusion criteria

Routine Repair

Repair of a split/tear (or cleft) that is result of the wearing of heavy ornamentation is not commissioned. Repair of a hole in the ear lobe resulting from gauge piercing is not commissioned.

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.

Trauma Repair

Where repair was deferred as the result of a clinical decision at the time the original trauma was managed due to the clinical team assigning a lower priority to repairing the earlobe damage than dealing with other injuries or where other surgery needed to be completed before the repair to the earlobe was carried out.

Funding mechanism: 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.

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.

Policy exclusions

Repair is commissioned for ear lobes split as a result of trauma however the repair should be carried out in the period immediately following the trauma, where it will be considered part of the standard care pathway for trauma aftercare. Within contract for emergency repair.