

# Policy for Adenoidectomy

## Adenoids

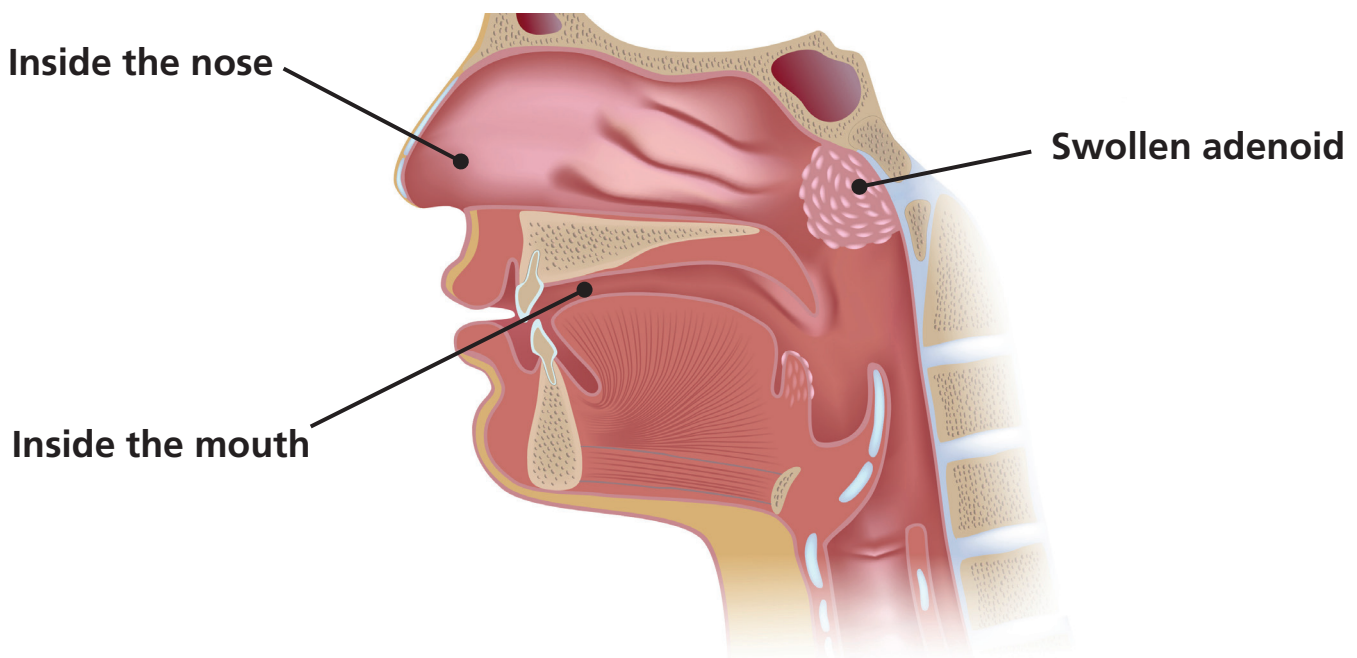
Adenoids are small lumps of tissue at the back of the nose, above the roof of the mouth. They are part of the immune system and produce white blood cells to help fight infections and viruses that get trapped when breathed in or swallowed.

Babies and children have adenoids. The adenoids start to shrink from around age five years and almost disappear by the late teens. In rare circumstances adults may have enlarged adenoids.

Adenoids can become swollen for a while when fighting a bacterial or viral infection and block the nasal passage. This swelling does get better, however sometimes the adenoids can become enlarged and cause:

- a constant runny nose
- difficulty breathing through the nose
- difficulty sleeping
- constant ear infections.

Conservative treatment with nasal sprays may help with these medical problems, but in certain cases, the adenoids may need to be removed.



## Adenoidectomy

Adenoidectomy is a short operation carried out under general anaesthetic to remove the adenoids. The surgeon will remove the adenoids by scraping them away or by applying heat using a diathermy instrument. A diathermy instrument produces high-frequency electrical currents that burn the adenoids.

### Risks

After an adenoidectomy, some patients may experience temporary minor health problems which rarely requires further treatment. They can include: sore throat, earache, stiff jaw, blocked nose, bad breath and change in voice (may sound like they are speaking through their nose).

### Eligibility Criteria

Adenoidectomy is a restricted procedure. It will only be funded if other treatments have not worked and the patient meets the following criteria:

- difficulty sleeping, may start to snore or develop irregular breathing during sleep and excessive sleepiness during the day
- recurrent or constant problems with ear infections
- recurrent or constant sinusitis including symptoms such as a frequent runny nose, facial pain and nasal-sounding speech.

This means the patient's NHS commissioning organisation (CCG), who is responsible for buying healthcare services on behalf of patients, will only fund the treatment if the patient meets the above eligibility criteria or if an Individual Funding Request (IFR) application has shown exceptional clinical need and the CCG supports this.

### Advice and further guidance:



For more information and advice, search 'adenoids' at [www.nhs.uk](http://www.nhs.uk)

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**Restricted criteria**  
Policy for Bariatric Surgery in Adults

# Policy for Bariatric Surgery in Adults

## What is Bariatric Surgery?

Bariatric surgery is a group of surgical procedures used to promote weight loss for people who are considered obese (a Body Mass Index (BMI) of 30kg/m<sup>2</sup> or more) with certain health needs. The procedures are performed by keyhole surgery (laparoscopically), which means patients spend a shorter time in hospital and the recovery time is quicker.

These surgical procedures include:

**Restrictive procedures** which help to limit the amount of food the stomach can hold.

**Malabsorptive procedures** which shorten or bypass a section of the intestine to reduce the amount of food intake.

**Combined procedures** which use elements of restriction and malabsorptive techniques to help weight loss.

## Eligibility Criteria

Bariatric surgery is a restricted funded procedure and will only be funded if a patient meets one of the following criteria:

- A BMI of more than 35kg/m<sup>2</sup> and has Type 2 diabetes mellitus which has been diagnosed within the last 10 years

**OR**

- A BMI of more than 50kg/m<sup>2</sup>

This means the patient's NHS commissioning organisation (CCG), who is responsible for buying healthcare services on behalf of patients, will only fund the treatment if an Individual Funding Request (IFR) application has shown exceptional clinical need and the CCG supports this.

**Advice and further guidance:**



For more information and advice, search 'weight loss surgery' at [www.nhs.uk](http://www.nhs.uk)



**Not Routinely Commissioned**  
Policy for the use of Biological Mesh

# Policy for the use of Biological Mesh

## Surgical mesh

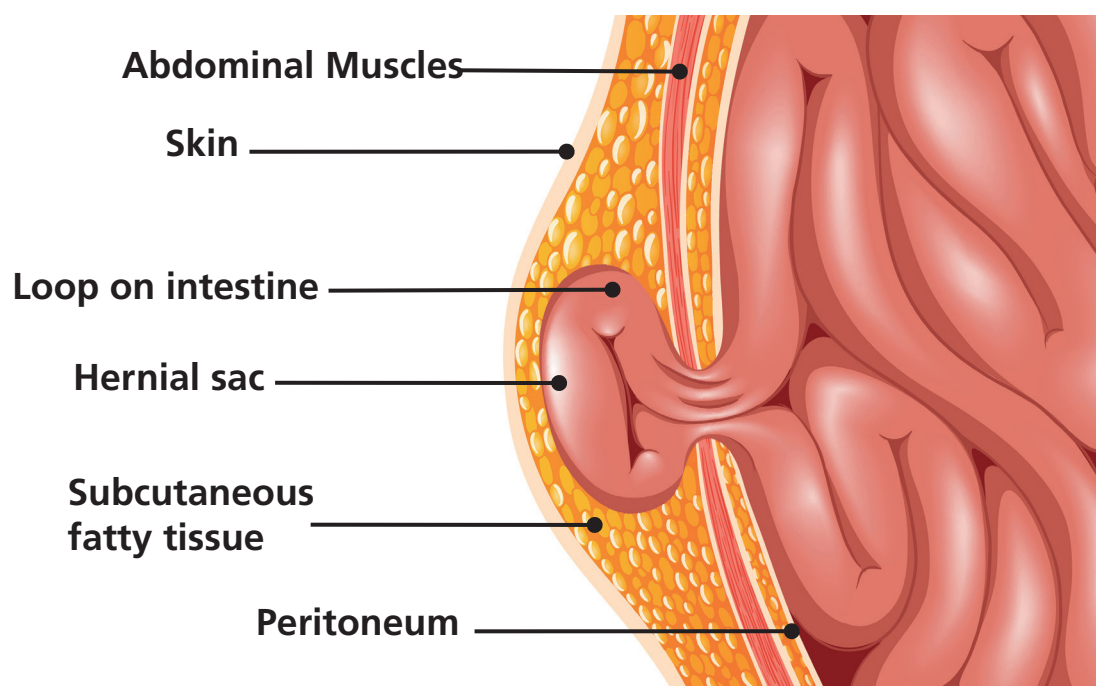
Mesh is a screen like material used during an operation to provide extra support to weak or damaged tissue or bone. There are three types of surgical mesh:

1. Standard Surgical Synthetic Mesh made from synthetic or manmade materials which will or will not absorb in the body.
2. Biological Mesh made from animal or human tissues.
3. Biosynthetic Mesh made from a combination of animal, human or synthetic tissues.

Surgical mesh is most commonly used to repair different types of hernias.

## Hernia

A hernia occurs when an internal part of the body pushes through a part of a weakened muscle or the surrounding tissue wall. This results in a lump or swelling which may or may not be painful. They mainly occur in the groin or abdominal wall which holds the large and small intestines.



## Treatment

Hernias which cause the patient to have symptoms, which affect their daily life, often need an operation. Hernia repair surgery is carried out using surgery to put the hernia back in its place. During this operation a mesh may be fixed to the muscle or tissue to strengthen it and repair the hernia.

## Eligibility Criteria

Due to the limited quality of evidence of clinical effectiveness, the use of biological or biosynthetic mesh in standard hernia repair is Not Routinely Commissioned.

Biological or biosynthetic mesh in hernia repair may only be used in the following clinical circumstances following a review by a specialist complex abdominal wall repair multidisciplinary team:

- The first hernia repair surgery with synthetic surgical mesh did not work and the wound has not healed

### OR

- The use of synthetic mesh would not be clinically appropriate for that individual patient, e.g. the mesh would need to be placed directly against the patient's bowel.

This means, for patients who **DO NOT** meet the above criteria, the patient's NHS commissioning organisation (CCG), who is responsible for buying healthcare services on behalf of patients, will only fund the treatment if an Individual Funding Request (IFR) application has shown exceptional clinical need and the CCG supports this.

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**Restricted criteria**

Policy for the use of continuous positive airway pressure (CPAP) for obstructive sleep apnoea hypopnea syndrome (OSAHS) at home

# Policy for the use of continuous positive airway pressure for obstructive sleep apnoea hypopnea syndrome at home

## Continuous positive airway pressure (CPAP)

CPAP is a small machine that pumps a non-stop supply of compressed air through a mask which keeps the walls of the throat open. The mask may either cover the nose or the nose and mouth. The compressed air helps to stop the throat from closing. It is considered the most effective therapy for treating severe cases of obstructed sleep apnoea/hypopnea syndrome and must always be worn when sleeping.

### Why is it used?

Everyone breathes in oxygen from the air to stay alive. The oxygen goes into the blood through the lungs. When the body has used the oxygen, it produces carbon dioxide which is breathed out. This is called ventilation.

Some people with severe lung problems are unable to breathe in enough oxygen and breathe out carbon dioxide which can lead to the lungs not working properly.

## Obstructive Sleep Apnoea Hypopnea Syndrome (OSAHS)

Obstructive Sleep Apnoea Hypopnea Syndrome (OSAHS) is a condition where the muscles supporting the walls of the throat relax and narrow during sleep. This affects normal breathing and causes the airflow to be blocked for a few seconds or more. At times, the airflow can stop completely. It may also wake you up from sleep several times so breathing can return to normal.

### Apnoea

Apnoea is where the walls of the throat relax and narrow, usually during sleep, which affects normal breathing. It causes the airflow to be blocked for 10 or more seconds.

## Hypopnea

This is a partial blockage of the airway that results in an airflow reduction of greater than 50% for 10 seconds or more.

In some patients, OSAHS can cause extreme daytime sleepiness, and affect daily life including not being able to sleep, eat, walk or drive on their own. The condition is also associated with ageing, obesity and high blood pressure, which increases the risk of heart disease and stroke.

## Treatment

Treatment for OSAHS aims to reduce daytime sleepiness by reducing the number of episodes of apnoea/hypopnoea experienced during sleep. CPAP is most commonly used to help manage moderate or severe sleep OSAHS.

Other treatments include lifestyle management such as losing weight, eating healthier, stopping smoking, decrease the amount of alcohol consumed and not taking sleep medicines.

## Eligibility Criteria

The use of CPAP at home for OSAHS is restricted. Patients with moderate or severe symptoms of obstructive sleep apnoea hypopnoea syndrome must meet the following criteria to be approved:

- severe inability to function properly during the day which is impacting on the patient's ability to carry out activities of daily living
- lifestyle changes have not helped
- other relevant treatment options have not worked or are considered unsuitable
- have an Apnoea–Hypopnoea Index level between 15 to 30 or over.

This means **(for patients who DO NOT meet the above criteria)** the Clinical Commissioning Group (CCG) will only fund the treatment if an Individual Funding Request (IFR) application proves clinical need and the CCG supports this.

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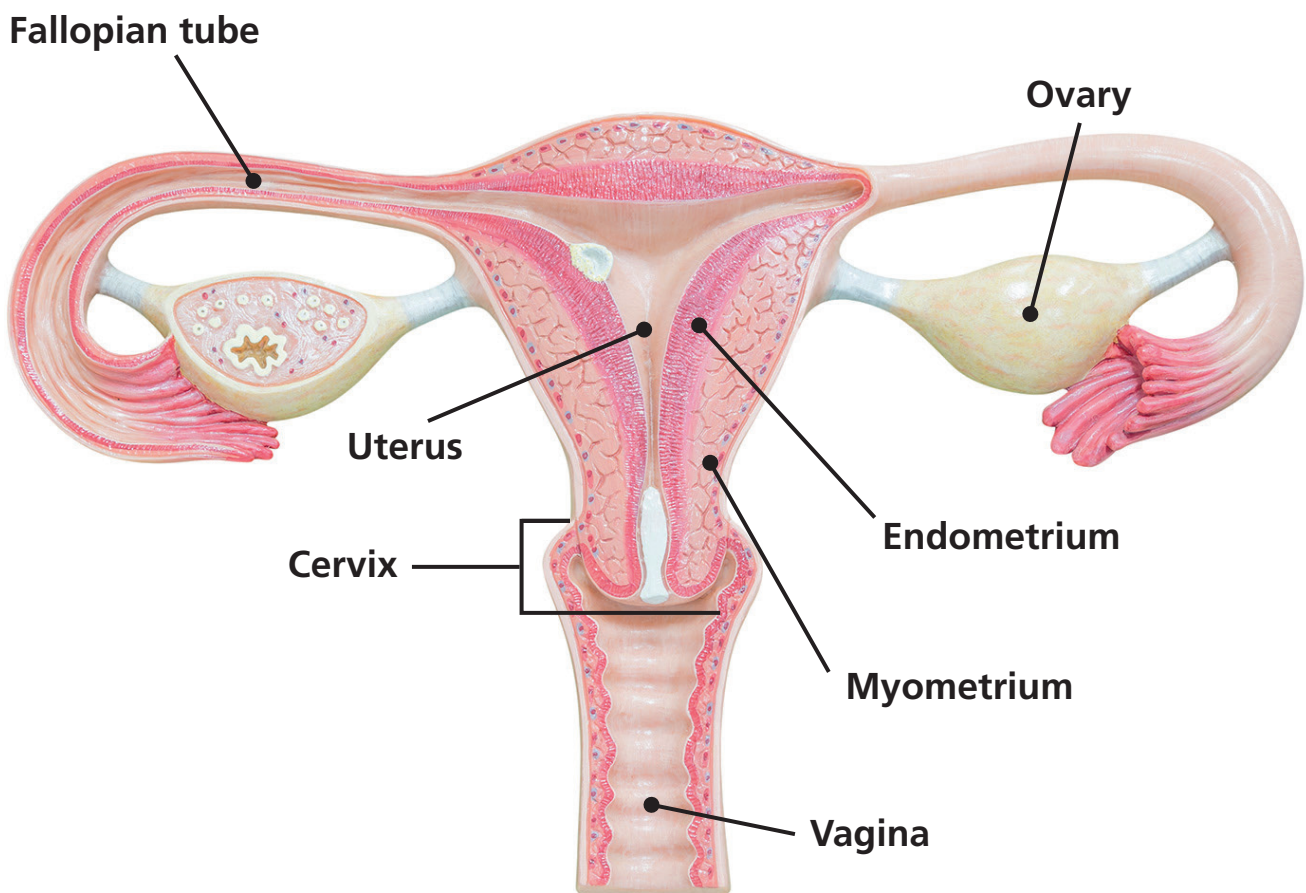
**Restricted criteria**

Policy for hysteroscopy for heavy menstrual bleeding

# Policy for hysteroscopy for heavy menstrual bleeding

## Hysteroscopy

A hysteroscopy is a procedure used to examine the inside of the womb (uterus). It is carried out using a hysteroscope, which is a narrow telescope with a light and camera at the end. It is passed into the womb through the vagina and cervix (entrance to the womb). This procedure helps to see what the problem is, make a diagnosis or even treat the problem.





## Heavy Menstrual Bleeding (HMB/heavy periods)

Heavy bleeding during a woman's menstrual cycle (period) is common and can affect everyday life. In some women heavy bleeding can happen if they have problems such as fibroids or endometriosis.

Most women know how much bleeding is normal for them during their period and can tell when this changes. A good indication that your periods are heavy is if they last longer than seven days and you are:

- having to change your sanitary products every hour or two hours
- passing blood clots larger than 2.5cm (about the size of a 10p coin)
- bleeding through to your clothes or bedding
- using two types of sanitary product together – for example, tampons and pads

Usually there is no reason for heavy bleeding during a period. However, there are some conditions which can cause heavy bleeding:

### Endometrial conditions

- **Endometriosis** is a condition that occurs when the lining (endometrium) of the womb (uterus) grows outside of the womb such as the fallopian tubes, ovaries or along the pelvis. Some women with this condition may experience extremely heavy periods with or without clots in their period blood. It can also cause painful periods.
- **Endometrial polyps** are non-cancerous growths in the lining of the womb or cervix.


### Polycystic ovary syndrome (PCOS)

Polycystic ovary syndrome affects how the ovaries work. The ovaries may become enlarged and contain many fluid-filled sacs (follicles) that surround the eggs. These follicles are underdeveloped sacs and are often unable to release an egg (ovulation). This can cause irregular periods and periods can be heavy when they start again.

### Fibroids

Fibroids are non-cancerous growths made up of muscle and tough tissue that develop in or around the womb and can vary in size.

Other reasons for heavy periods may include:

- an infection in the womb, fallopian tubes or ovaries
  - womb cancer – the most common symptom is abnormal bleeding, especially after menopause
  - blood clotting disorders
  - diabetes
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- the coil, a contraceptive device which can make periods heavier for the first three to six months
- medication to prevent blood clots
- some chemotherapy medicines
- herbal supplements such as ginseng, ginkgo and soya which can affect hormones and periods.

## Eligibility Criteria

Hysteroscopy for heavy menstrual bleeding is a restricted procedure. It will only be funded if the patient meets one or more of the following conditions:

- suspected fibroids, polyps or endometrial symptoms inside the womb and continual bleeding between periods or irregular bleeding **OR**
- irregular heavy bleeding and is obese or has polycystic ovary syndrome **OR**
- women taking tamoxifen (type of hormone (endocrine) therapy used to treat breast cancer) **OR**
- heavy menstrual bleeding after having treatment and it has not worked **OR**
- has an ultrasound which did not show clear results.

This means the patient's NHS commissioning organisation (CCG), who is responsible for buying healthcare services on behalf of patients, will only fund the treatment if the patient meets the above eligibility criteria or an Individual Funding Request (IFR) application has shown exceptional clinical need and the CCG supports this.

## Advice and further guidance:



For more information and advice, search 'heavy menstrual bleeding' at [www.nhs.uk](http://www.nhs.uk)

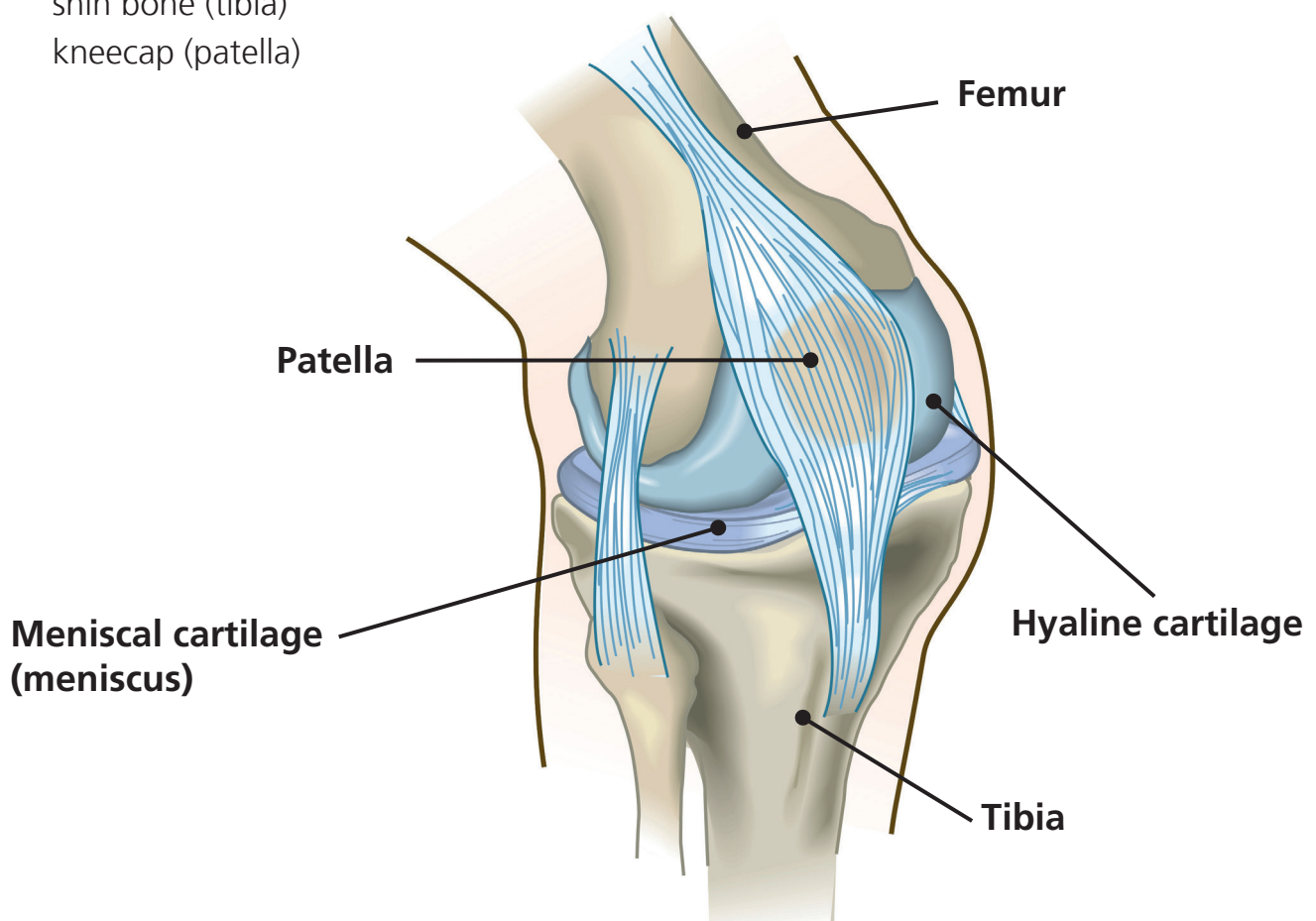
**Restricted criteria**Policy for Knee Arthroscopy for  
Acute Knee Injury

# Policy for Knee Arthroscopy for Acute Knee Injury

## The knee

The knee joint acts like a hinge to let you bend, straighten and move the leg. It is made up of three bones:

- thigh bone (femur)
- shin bone (tibia)
- kneecap (patella)



## Ligaments

Ligaments are tough bands of connective tissue in the knee which join the thigh bone to the shin bone at the knee joint. They help keep the knee steady and balanced.

## Menisci

The meniscus is a piece of cartilage - firm rubbery material. It covers the ends of the bones in the knee and helps to provide a cushion between your thighbone and shinbone. There are two menisci in each knee joint which help to:

- absorb impact from body weight
- improve movement
- support the stability of the knee.

## Acute knee injury

An acute knee injury is usually the result of a sudden twist, sprain, fall, force or direct bang to the knee. Common sports injuries can tear, damage or bruise the knee cartilage or ligaments. When they become damaged this can limit the knee's normal movement and cause pain.

### Treatment

Treatment for acute knee injuries is generally conservative management, such as the PRICE protocol, medicines and physiotherapy.

PRICE stands for Protection, Rest, Ice, Compression and Elevation which is effective pain and symptom management for most sports-related injuries.

- **Protection** – protect the affected area from further injury, for example, by using a support.
- **Rest** – avoid exercise and reduce your daily physical activity. Using crutches or a walking stick may help if you can't put weight on your knee.
- **Ice** – apply an ice pack to the affected area for 15-20 minutes every two to three hours. A bag of frozen peas, or similar, will work well. Wrap the ice pack in a towel so that it doesn't directly touch your skin and cause an ice burn.
- **Compression** – use elastic compression bandages during the day to limit swelling.
- **Elevation** – keep the injured body part raised above the level of your heart whenever possible. This may also help reduce swelling.

Non-steroidal anti-inflammatory medicines like aspirin and ibuprofen can also be taken to reduce pain and swelling.

Physiotherapy is offered to patients whose symptoms have not resolved after PRICE and taking medicines.

## Knee arthroscopy

A knee arthroscopy is a type of keyhole surgery which may be used to treat problems in the knee. A very small cut is made on the knee joint to insert a tiny camera (an arthroscope) so the inside of your knee can be seen on a monitor screen. This allows the surgeon to repair or remove any damage using small surgical tools.

### Meniscectomy

This procedure involves removing some or all of the damaged or torn tissue.

### Reconstructive ligament surgery

A torn ligament cannot be repaired by stitching it back together. However, it can be rebuilt by attaching new tissue from other areas of the leg.

### Risks

There is a small risk of infection, worse pain, stiffness and damage to the nerves and blood vessels around the shoulder. In some cases, the surgery may need to be done again.

## Eligibility Criteria

A knee arthroscopy for acute knee injury is a restricted surgical procedure. It is considered when other forms of treatment such as PRICE (Protection, Rest, Ice, Compression and Elevation), physiotherapy and painkillers after three months have not enabled knee function to be restored.

The treatment will only be funded if a patient is under 35 years old and:

- does not already have a degenerative knee disorder such as osteoarthritis  
**AND**
- continues to experience locking, clicking, popping or giving way of the knee  
**AND**
- has difficulties carrying out daily activities such as walking, sleeping or eating.

This means the patient's NHS commissioning organisation (CCG), who is responsible for buying healthcare services on behalf of patients, will only fund the treatment if the patient meets the eligibility criteria above or an Individual Funding Request (IFR) application has shown exceptional clinical need and the CCG supports this.

## Advice and further guidance:



For more information and advice, search 'knee pain' at [www.nhs.uk](http://www.nhs.uk)

**Not Routinely Commissioned**

Policy for the use of Liposuction  
for Lipoedema

# Policy for the use of Liposuction for Lipoedema

## Liposuction

Liposuction is an operation which involves a suction technique to remove fat from certain areas of the body. As liposuction is normally seen as a cosmetic procedure, it is not normally available through the NHS. However, liposuction can sometimes be used to treat certain health conditions.

## Lipoedema

Lipoedema is a long-term condition where an unusual build-up of fat in the legs, thighs, buttocks, and sometimes in the arms occurs which makes them increase in size. The condition usually affects women, although in rare cases it can also affect men.

## Causes of lipoedema

The cause of lipoedema is not known, however in some cases there's a family history of the condition and the genes inherited from your parents play a role.

Lipoedema tends to start at puberty or at other times of hormonal change, such as during pregnancy or menopause. This suggests that hormones may also have an influence, however the build-up of fat cells is often worse in obese people. Lipoedema is not caused by obesity and can affect people who are a healthy weight.

## Treatments

There's been little research into lipoedema, so there's some uncertainty about the best way to treat the condition. If you have lipoedema, it's important to avoid significant weight gain and obesity because putting on weight will make the fatty swelling worse. Compression tights are helpful for some people because they support the fatty swelling and may reduce the pain. Liposuction can be a surgical option for the removal of fat.

## Non-surgical treatments

Non-surgical treatments can sometimes help to improve pain, tenderness and prevent or reduce lipoedema by improving the shape of affected limbs – although they often have little effect on the fatty tissue.

Several different treatments are designed to improve the flow and drainage of fluid in body tissues, such as:

- **compression therapy** – wearing bandages or garments that squeeze the affected limbs
- **exercise** – usually low-impact exercises, such as swimming and cycling
- **massage** – techniques that help encourage the flow of fluid through your body

## Treatments which won't help

Some treatments used for some types of tissue swelling are generally unhelpful for lipoedema. Lipoedema doesn't respond to:

- raising the legs
- diuretics (tablets to get rid of excess fluid)
- dieting – this usually tends to result in a loss of fat from areas which are not affected by lipoedema.

## Eligibility Criteria

Due to a lack of evidence, liposuction for patients with lipoedema is Not Routinely Commissioned.

This means the patient's NHS commissioning organisation (CCG), who are responsible for purchasing healthcare services on behalf of the population, will only fund the treatment if an Individual Funding Request (IFR) application has exceptional clinical need and the CCG supports this.

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**Restricted criteria**Policy for the use of Liposuction  
for Lymphoedema

# Policy for the use of Liposuction for Lymphoedema

## Liposuction

Liposuction is an operation which involves a suction technique to remove fat from certain areas of the body. This is done by inserting a thin tube through small cuts in the skin to draw fat out from the affected limbs, which helps to reduce the size of the limb. As liposuction is normally seen as a cosmetic procedure, it is not normally available through the NHS. However, liposuction can sometimes be used to treat certain health conditions.

## Lymphoedema

Lymphoedema is a long-term (chronic) condition which causes swelling in the body's tissues. It can affect any part of the body; however, it usually develops in the arms or legs when the lymphatic system doesn't work properly.

## The lymphatic system

The lymphatic system is part of the immune system. It is made up of a network of tissues, organs and glands throughout the body which help to transport 'lymph', an infection fighting fluid around the body. It also helps to remove excess fluid and fats from our bodies. When it doesn't work properly, it can cause swelling and encourage body fat to grow.

## Treatment

Conservative treatment for lymphoedema is the first choice and the patient should be referred to a specialist lymphoedema service for assessment. Current conservative treatments for lymphoedema includes:

- **Decongestive Lymphatic Therapy (DLT)** which combines MLD massage with tight bandaging, good skin care, decongestive and exercise. Once DLT sessions are stopped, the patient is fitted with a custom-made compression garment, which is worn every day.



## Eligibility Criteria

Patients with lymphoedema will be considered for funding for liposuction if they have not responded to conservative treatments of lymphoedema. If conservative treatment fails, the patient's specialist lymphoedema multidisciplinary team may consider recommending the patient for liposuction surgery to treat lymphoedema.

This means the patient's NHS commissioning organisation (CCG), who is responsible for buying healthcare services on behalf of patients, will only fund the treatment if the patient meets the above eligibility criteria or if an Individual Funding Request (IFR) application has shown exceptional clinical need and the CCG supports this.

## Advice and further guidance:



For more information and advice, search 'lymphoedema' at [www.nhs.uk](http://www.nhs.uk)



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### **Restricted criteria**

Policy for use of non-invasive ventilation for Chronic Obstructive Pulmonary Disease at home

# Policy for use of non-invasive ventilation for Chronic Obstructive Pulmonary Disease at home

## What is Non-invasive ventilation?

Non-invasive ventilation (NIV) is an external treatment used to help people with severe problems with breathing. It involves wearing a mask connected to a machine (ventilator) which makes breathing in and out easier. It supports the muscles in the lungs to work properly, especially during the night.

## Why is it used?

Everyone breathes in oxygen from the air to stay alive. The oxygen goes into the blood through the lungs. When the body has used the oxygen, it produces carbon dioxide which is breathed out. This is called ventilation. Some people with severe lung problems are unable to breathe in enough oxygen and breathe out carbon dioxide which can lead to the lungs not working properly.

## Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is the name for a group of lung conditions that cause breathing difficulties. It includes: emphysema (damage to the air sacs in the lungs) and chronic bronchitis (long-term inflammation of the airways). Symptoms may include constant breathlessness, constant chesty cough with phlegm, frequent chest infections and constant wheeze. The breathing problems tend to get gradually worse over time and can limit the patient's normal activities.

## Causes of COPD

COPD happens when the lungs become inflamed, damaged and narrowed. The main cause of COPD is smoking. However, it can sometimes affect people who have never smoke, however have had long term exposure to harmful fumes or dust. Damage to the lungs caused by COPD is permanent; however, treatment may help to slow down the condition.

## Treatments

Treatments for COPD include:

- smoking cessation to help patient with COPD to stop smoking
- inhalers and medications
- programme of exercise and education
- surgery or a lung transplant

COPD can result in patients being admitted to hospital and needing support to breathe through non-invasive ventilation.

## Eligibility Criteria

Non-invasive ventilation for Chronic Obstructive Pulmonary Disease at home is restricted. To be considered the patient must have been reviewed by their specialist respiratory/ventilation team to confirm they meet the following criteria:

- The patient has a lowered lung capacity which has been measured by the specialist respiratory team

### **AND**

- Blood tests show the patient is not breathing out enough carbon dioxide

The patient must also have **ONE** of the following:

- A reduced quality of life identified by symptoms consistent with sleep disordered breathing problems e.g. extreme daytime sleepiness, headache, confusion, increased shortness of breath, resting tremor

### **OR**

- More than one condition affecting the level of oxygen in the blood which could lead to high blood pressure in the lungs or heart failure

### **OR**

- Two or more hospital admissions over the past 12 months needing non-invasive ventilation treatment during the admissions to which the patient has responded well.

This means the patient's NHS commissioning organisation (CCG), who is responsible for buying healthcare services on behalf of patients, will fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and the CCG supports this.

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**Restricted criteria**Policy for the use of non-invasive ventilation  
for neuro muscular patients at home

# Policy for the use of non-invasive ventilation for neuro muscular patients at home

## What is Non-invasive ventilation?

Non-invasive ventilation (NIV) is an external treatment used to help people with severe problems with breathing. It involves wearing a mask connected to a machine (ventilator) which makes breathing in and out easier.

## Why is it used?

Everyone breathes in oxygen from the air to stay alive. The oxygen goes into the blood through the lungs. When the body has used the oxygen, it produces carbon dioxide which is breathed out. This is called ventilation. Some people with severe lung problems are unable to breathe in enough oxygen and breathe out carbon dioxide which can lead to the lungs not working properly.

## Neuro-muscular disorders

Neuro-muscular disorders cause weakness of muscles which can lead to not being able to breathe properly. Patients with some of these conditions may need to use NIV during the day and night to breathe more easily.

Patients with one of the following conditions who also meet the eligibility criteria below will be considered for non-invasive ventilation treatment at home:

### Motor Neurone Disease

Motor neurone disease (MND) is a rare condition that affects the brain and nerves. It causes muscles and nerves to become weak which worsens over time.

### Muscular Dystrophy

Muscular Dystrophy, including Duchenne Muscular Dystrophy gradually causes the muscles to weaken, leading to an increasing level of disability.

## **Multiple Sclerosis**

Multiple sclerosis (MS) is a condition that can affect the brain and spinal cord, causing a wide range of potential symptoms including problems with vision, arm or leg movement, sensation or balance.

## **Post-polio syndrome**

Polio is a viral infection which most people would have fought off without even knowing they had it. Post-polio syndrome is rarely life-threatening, however some people may develop breathing and swallowing difficulties.

## **Guillain-Barré syndrome**

Guillain-Barré (pronounced ghee-yan bar-ray) syndrome is a very rare and serious condition that affects the nerves. It mainly affects the feet, hands and limbs, causing problems such as numbness, weakness and pain.

## **Syringomyelia**

Syringomyelia is where a fluid-filled cavity called a 'syrinx' develops in the spinal cord. This can damage the spinal cord and cause muscular problems.

## **Tuberculosis (with respiratory impairment)**

Tuberculosis (TB) is a bacterial infection which generally affects the lungs. If not treated it can cause the lungs to stop working properly.

## **Spinal Cord Injury**

A spinal cord injury is where damage has been done to any part of the spinal cord or nerves at the end of the spine. It can cause the muscles that help you to breathe to stop working properly.

Other neuro muscular diseases which are known to cause muscle weakness and also affect breathing may be considered.



## Eligibility Criteria

NIV for neuro muscular diseases at home is restricted. Patients with one of the neuromuscular conditions listed above must also meet the following criteria:

### Ventilation at night

The patient must meet ONE of the following criteria:

- Signs or symptoms of hypoventilation
- Blood tests show the patient is not breathing in enough oxygen
- Blood tests show the patient is not breathing out enough carbon dioxide

### Daytime Ventilation (in addition to meeting the above criteria the patient must also meet ONE of the following criteria):

- Not being able to swallow properly due to shortness of breath, which is relieved by using a ventilator
- Unable to speak in full sentences due to breathlessness
- Blood tests show the patient is not breathing in enough oxygen
- Blood tests show the patient is not breathing out enough carbon dioxide
- Symptoms of breathing difficulties whilst awake

This means **(for patients who DO NOT meet the above criteria)** patient's NHS commissioning organisation (CCG), who is responsible for buying healthcare services on behalf of patients, will only fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and the CCG supports this.



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**Restricted criteria**

Policy for the use of Non-Cosmetic  
Body Contouring Surgery

# Policy for the use of Non-Cosmetic Body Contouring Surgery

## Non-cosmetic body contouring surgery

Non-cosmetic body contouring surgery is an operation to remove loose and saggy skin folds after weight loss from certain areas of the body which are causing medical problems. This type of operation helps patients to prevent further or future illnesses.

There are a number of surgical interventions which can be described as body contouring procedures:

### **Full abdominoplasty**

Also known as a 'tummy tuck', a full abdominoplasty involves making openings from hip to hip and around the belly button to remove extra skin and fat. Some tissues and muscles are also tightened before the skin is repositioned and sewn up. This procedure will leave a circular scar around the belly button and a long scar along the bikini line.

### **Mini abdominoplasty**

A mini tummy tuck involves making a horizontal cut along the bikini line to remove a block of skin and fat from the lower tummy. Sometimes the muscles will also be tightened. This procedure will leave a smaller scar along the bikini line.

### **Extended abdominoplasty**

An extended abdominoplasty involves a full 'tummy tuck', with the additional removal of extra skin and fat from the thighs and back at the same time.

### **Endoscopic abdominoplasty**

Endoscopic abdominoplasty is a procedure carried out if only the muscles of the abdominal wall need to be tightened. A small cut near the bikini line, or around the belly button is made to insert special surgical tools to tighten the muscles. As skin is not removed during this procedure, liposuction can also be carried out at the same time.

## **Apronectomy (Panniculectomy)**

An Apronectomy removes the large excess of skin and fat hanging down over the pubic area which looks like an 'apron of skin'. This extra skin can affect normal activities such as walking and may lead to serious medical problems such as skin inflammation or infection under the flap.

## **Brachioplasty**

Brachioplasty, also known as an arm lift, removes and tightens loose skin and excess fat in the upper arm. A long cut is made between the elbow and armpit to remove sections of the skin and fat. The remaining skin and tissue are lifted and sewn up.

## **Thighplasty**

Thighplasty, also known as a bum and/or thigh lift, involves removing the 'extra' loose and saggy skin around the bottom and thighs. Liposuction may also be performed during this procedure to tighten the bottom and thighs.

## **Liposuction**

Liposuction is an operation using a suction technique to remove fat from certain areas of the body which haven't responded to exercise and diet.

## **Evidence Review**

The clinical evidence reviewed showed the benefit to patients in certain clinical circumstances where excess skin is causing problems with daily life activities or ongoing skin infections which have not improved after six months of treatment.

## **Eligibility Criteria**

Non-cosmetic body contouring is a restricted procedure and the removal of excess skin will only be funded if the patient:

- Is 18 years old or over at the time of application and has lost at least 50% of their original excess weight and maintained their weight for at least two years

### **AND**

- The patient has skin folds which are affecting their ability to carry out activities of everyday life such as sleeping, eating, walking

### **OR**

- The patient has recurrent skin infections in the skin folds which have not improved after six months of treatment.

This means the patient's NHS commissioning organisation (CCG), who is responsible for buying healthcare services on behalf of patients, will only fund the treatment if the patient meets the eligibility criteria above, or if an Individual Funding Request (IFR) application has shown exceptional clinical need and the CCG supports this.





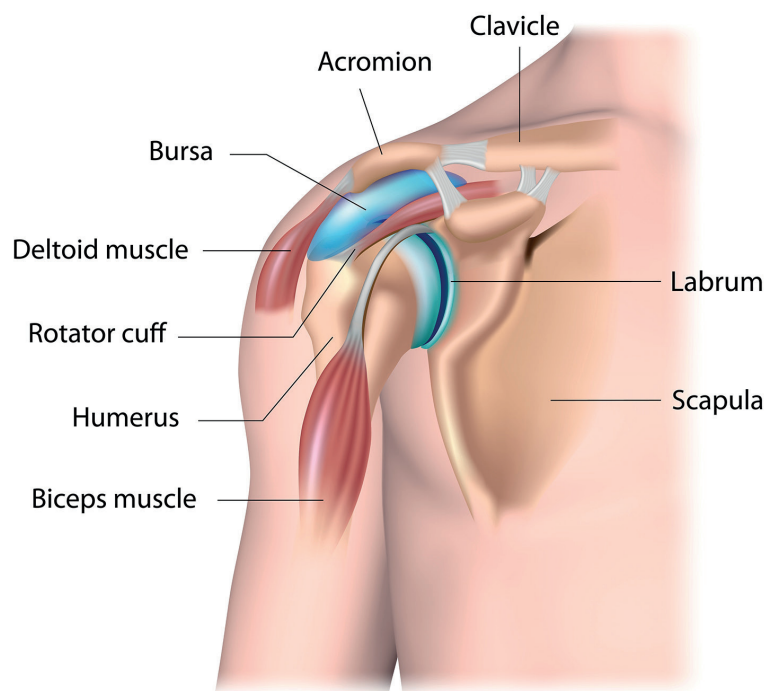
**Not Routinely Commissioned**  
Policy for Subacromial Pain Syndrome  
in Adults

# Policy for Subacromial Pain Syndrome in Adults

## What is subacromial pain in adults?

Subacromial pain in adults is one of the most common causes of non-traumatic shoulder pain and is a normal part of ageing. It can also be known as 'rotator cuff disease', which is thought to be the wear and tear of the rotator cuff tendons.

The rotator cuff tendons hold the shoulder joint in place and allow people to lift the arm and reach overhead. When the arm is lifted, the rotator cuff tendon passes through a narrow space at the top of the shoulder, known as the sub-acromial space. Most rotator cuff tears occur within the tendon or on the 'under-side' of the tendon.



Shoulder impingement (pain in the top and outer side of the shoulder) will often improve in a few weeks or months, especially with prescribed shoulder exercises.

## Treatment

Arthroscopic sub-acromial decompression is a series of surgical 'keyhole' procedures to different parts of the shoulder. It involves decompressing the subacromial space by removing bone spurs and soft tissue arthroscopically.

## Risks

There is a small risk of infection, worse pain, stiffness and damage to the nerves and blood vessels around the shoulder. In some cases, the surgery may need to be done again.

## Eligibility Criteria

Due to the limited quality of evidence of clinical effectiveness, surgery for subacromial pain syndrome is not routinely commissioned.

This means the patient's NHS commissioning organisation (CCG), who is responsible for buying healthcare services on behalf of patients, will only fund the treatment if an Individual Funding Request (IFR) application has shown exceptional clinical need and the CCG supports this.

## Advice and further guidance:



For more information, search 'shoulder pain' at [www.nhs.uk](http://www.nhs.uk)