

Policy statement:	Abdominoplasty/Apronectomy
Status:	Individual Prior Approval

M&SECCGs commission Abdominoplasty/Apronectomy on a restricted basis -

- A** For patients where it is required as part of abdominal hernia correction or other abdominal wall surgery

This could include patients with scarring resulting in skin tethering to deep tissues **and** severe functional problems* **or** severe pain, but does not include contour irregularities and moderate asymmetry which are predictable following surgery. Any post-surgical cosmetic irregularities (including dog ears or unequal fat distribution) will not be funded by M&SECCGS for revision surgery. Patients who have predictable abdominal changes due to pregnancy will not be funded.

OR

- B** Those patients from the following groups who have significant abdominal aprons as a result of weight loss **and** have severe functional problems*

- Patients with excessive abdominal folds who had an initial BMI >40 and have achieved a reduction in BMI to < 25 and have maintained the BMI < 25 for at least 2 years.

OR

- Patient with excessive abdominal folds who have an initial BMI > 50 and have achieved their maximum weight loss goal (which must be a minimum drop of 25 BMI points) and have maintained at that lowest weight for at least 2 years, without fluctuation up or down.

**Severe functional problems include:*

- Chronic and persistent skin condition (for example, intertriginous dermatitis, cellulitis or skin ulcerations) beneath the skin fold that is refractory to at least six months of consistent medical treatment. In addition to good hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids and/or local or systemic antibiotics
- Experiencing severe difficulties with daily living i.e. ambulatory restrictions. These patients will need full assessment by the appropriate professional e.g. OT prior to referral
- Abdominal wall prolapse with proven urinary symptoms
- Problems associated with poorly fitting stoma bags which cannot be resolved by specialist stoma nurses/consultant other than with surgery.

Multi-staged procedures

All funding for abdominoplasty/apronectomy will usually be for a single stage procedure. Applications for a 2 stage abdominoplasty must be reviewed internally by the trust in

advance of applications to M&SECCGs for funding. The application must clearly indicate that the procedure will occur in two stages and the cost associated with this pathway of care.

Patients not meeting the above criteria will not be funded unless there are **clinically exceptional circumstances**.

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found by clicking the link below.

Value Based Commissioning Policies

Patient Information:

<https://www.nhs.uk/conditions/cosmetic-treatments/>

References:

1. Mammoplasty and Abdominoplasty. Dafydd, Juma, Meyers, Shokrollahi (2009) The Contribution of Breast and Abdominal Pannus Weight to Body Mass Index Implications for Rationing of Reduction Annals of Plastic Surgery.