

Breast Surgery

This document sets out the scope of breast surgery that will routine be funded by the Committee for Health and Social Care (CHSC) and that which is currently excluded.

Lead Professional/Author	Corporate Commissioning Policy
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Committee for Health and Social Care Policy

Breast surgery

This is a controlled document. As a controlled document, the correct version of the document is the one available on CHSC intranet and the States of Guernsey website.

Version History

Version Number	Date	Person responsible	Prepared by (title of author/reviewer)	Status	Reason for Issue
1.0	Nov 2011	Director of Public Health	Director of Public Health	Superseded	Part of the low priority procedure policy
2.0	April 2017	Director of Public Health	Public Health Advisor	Approved	<p>Aesthetic breast surgery which was part of HSC's low priority procedures policy has been reviewed and wording changed to introduce consistency of wording.</p> <p>The policy on reconstructive breast surgery has been added to this document to provide comprehensive document relating to commonly requested breast procedures.</p>
2.1	Apr 2018	Director of Public Health	Public Health Advisor	Approved	<p>Rewording to clarify the policy.</p> <p>Removal of wording on co-funding.</p> <p>Numbering corrected.</p>

Committee for Health and Social Care Policy

Breast surgery**G1062**

- 1 This policy applies to any patient for whom the Committee for Health and Social Care has responsibility for funding defined elements of their healthcare.

Breast reconstructive surgery for breast cancer

- 2 Most breast surgery for cancer (referred to as onco-plastic breast surgery), including reconstructive surgery, can now be carried out safely on-island. In order to provide as comprehensive a service as possible to as many patients as possible, it is necessary to restrict what is and is not funded by the Committee of Health and Social Care.

This policy allows women with operable breast disease and those at significant risk of developing breast cancer to pursue breast conserving surgery if possible or mastectomy and reconstructive surgery when necessary, in order that they should be able to maintain an acceptable appearance *when clothed* and without the need for an external prosthesis, if this is surgically feasible.

Surgery related to breast cancer are operations of high resource requirement and lead to significant demands on the health services as compared to more simple forms of breast surgery. Their main value lies in allowing patients to avoid the distressing effects of breast surgery by maintaining cosmetic appearance rather than improvements in oncological outcomes.

While high levels of satisfaction are usually recorded in national audits of breast reconstruction for all approaches, it is noted that aesthetic outcomes are subjective and variable.

It is recognised that while it is technically possible (and sometimes desirable to women) to alter or improve their breast appearance at the

time of surgery for breast cancer, this is not normally funded if it requires any additional resources.

- 3 Primary breast reconstruction for breast cancer is funded. This includes delayed reconstruction. While reconstruction with autologous tissue transfer is often attractive from an aesthetic point of view, it is not funded when this is the only advantage.
- 4 If surgery cannot be safely carried out on island, patients can have their operation off-island. Patients in this group include but are not limited to:
 - 4.1 Those with bilateral disease that have opted for immediate reconstruction.
 - 4.2 Patients requiring immediate flap-based reconstruction who cannot be offered surgery on-island within an acceptable time-frame.
 - 4.3 Patients who require expertise that is not available on island.
- 5 Surgery on the unaffected breast, when needed to match the reconstructed side, is funded when this is done at the same time as the primary reconstruction or delays, as is common practice, within a reasonable time scale after the primary reconstruction in order to meet the objectives stated in paragraph 1.21.6.
- 6 Additional breast enhancement at the time of reconstruction is not routinely funded.
- 7 Nipple reconstruction and/or nipple tattooing is funded once only, following surgery.

It is very common for nipple projection to decrease over time and for tattoos to fade; revision for these reasons is not funded.

- 8 The outcomes of breast surgery are variable. Furthermore, the reconstructed breast is subject to the normal aging process. Sometimes patients are unhappy with the look or feel of their breast(s) post-operatively or over time and request revision.

Revisions after the initial reconstruction took place will not routinely be funded unless:

- 8.1 Revision of breast surgery is funded when CHSC funded breast surgery has not achieved the outcome stated in paragraph 1.2 and only if revision is likely to achieve those outcomes in the view of the operating surgeon.
- 8.2 Surgery is to treat complications (such hardening and changing shape of the implant, fluid leakage from the implant, loss of blood supply to part of the flap, abdominal hernia).

Surgery to address ageing and cosmetic changes over time, including increasing asymmetry, will not normally be funded nor will puckering of the skin at the edge of the abdominal scar following reconstruction with an abdominal flap.

Breast reconstructive surgery for developmental breast disease

- 9 Surgery to correct developmental breast disease is not routinely funded.

Aesthetic breast surgery

- 10 Breast augmentation surgery is not routinely funded.
- 11 Revision of breast augmentation surgery is not routinely funded unless the surgery was originally funded by the CHSC.
- 12 Where an individual that has been implanted with a Poly Implant Prothèse (PIP) wishes to have her implants removed, her original healthcare provider should support her in carrying out this surgery. Where her original provider is unable or unwilling to help, the CHSC will remove but not normally replace the implant. To avoid creating asymmetry the non-faulty implant may be removed at the same time.
- 13 Breast reduction is not routinely funded.
- 14 Breast lifts or mastopexy are not routinely funded
- 15 Inverted nipple correction will not routinely be funded.

- 16 Patients who have self-funded aesthetic breast surgery are expected to fund predictable non-life threatening complications (such as wound complications, collections, early contracture, the need for dressing changes).
- 17 Only short term post-operative complications in patients who have undergone self-funded breast surgery procedures on-island under a 'package' arrangement between the CHSC and the Medical Specialist Group; unless an emergency situation arises.
- 18 The removal self-funding implants is not routinely funded except in medical emergencies.