

## PA01 Abdominoplasty and Body Contouring Prior Approval Policy

<b>Pathway</b>					
	Abdominoplasty and Body Contouring.				
<b>Commissioned</b>					
	<p><b>Abdominoplasty</b> will only be funded where <b>ALL</b> of the following criteria apply:</p> <ol style="list-style-type: none"> <li>1. Sexual maturation has been reached;</li> <li>2. Body mass index in the range 18 to 25, for the last 12 months, measured and recorded by the NHS;</li> <li>3. The abdominal apron causes <i>significant functional impairment</i>;</li> <li>4. An abdominoplasty has not already been performed.</li> </ol>				
<b>Not Funded</b>					
	Body contouring cosmetic surgery to the upper and lower limbs.				
<b>Notes</b>					
	<ul style="list-style-type: none"> <li>▪ These funding criteria apply irrespective of the underlying cause of the abdominal apron.</li> <li>▪ Photographic evidence will be required and arranged by the Prior Approval Team.</li> <li>▪ <b>Significant functional impairment</b> means severe restriction in most of the following activities of daily living:             <ol style="list-style-type: none"> <li>a) Personal care (dressing, grooming, washing and toileting)</li> <li>b) Functional mobility (required to perform routine activities in the home or at work)</li> <li>c) Meeting nutritional needs (preparing and eating food)</li> </ol> </li> </ul>				
<b>Rationale</b>					
	<ul style="list-style-type: none"> <li>▪ Policy based on <i>East Midlands Commissioning Policy for Cosmetic Procedures 2014 Version 2.0</i></li> <li>▪ Weight loss in a previously obese person, irrespective of cause (bariatric surgery or dieting) can result in redundant abdominal skin folds which cause significant functional difficulty.</li> <li>▪ It is important that patients undergoing abdominoplasty should have achieved and maintained a stable normal weight so that the risk of future significant weight gain is reduced.</li> </ul>				
<b>Cohort</b>					
	Adults and children who have reached sexual maturity.				
<b>Equality</b>					
	Compliant with the Equality Act 2010.				
<b>Status</b>					
	<b>RED</b> as defined in the Prior Approval Scheme Policy.				
<b>OPCS codes</b>					
	<table border="1"> <tr> <td>Abdominoplasty</td> <td>S02.1</td> </tr> <tr> <td>Abdominolipectomy</td> <td>S02.2</td> </tr> </table>	Abdominoplasty	S02.1	Abdominolipectomy	S02.2
Abdominoplasty	S02.1				
Abdominolipectomy	S02.2				

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<b>Version History</b>	
	No significant amendments to previous version.
<b>Authorised</b>	
	April 2019
<b>Review</b>	
	April 2024 Earlier if new evidence published by NICE or other authoritative body.