

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.

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Committee for Health and Social Care Policy

Document Control

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	Status	Reason for Issue
3	June 2022	Medical Director	Public Health Advisor	Approved	Minor changes to wording. Rewording of paragraph 17 for clarification. Gynaecomastia added.
2.1	Apr 2018	Director of Public Health	Public Health Advisor	Approved	Rewording to clarify the policy. Removal of wording on co-funding. Numbering corrected.
2	April 2017	Director of Public Health	Public Health Advisor	Superseded	Aesthetic breast surgery which was part of HSC's low priority procedures policy has been reviewed and wording changed to introduce consistency of wording. The policy on reconstructive breast surgery has been added to this document to provide comprehensive document relating to commonly requested breast procedures.
1	Nov 2011	Director of Public Health	Director of Public Health	Superseded	Part of the low priority procedure policy

Committee for Health and Social Care Policy

Breast surgery

- 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 oncoplastic 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 define 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.

Reconstructive breast surgery is resource intensive. As such it places significant demands on the health services as compared to more simple forms of breast surgery. Its 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 take the opportunity to alter or improve their breast appearance at the time of surgery for breast cancer, this is not normally funded if doing so requires 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 there is a simpler feasible alternative.
- 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 who have opted for immediate reconstruction.
 - 4.2 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 delayed, as is common practice, within a reasonable time scale after the primary reconstruction in order to meet the objectives stated in paragraph 2.
- 6 Additional breast enhancement at the time of reconstruction is not routinely funded.
- 7 Nipple reconstruction and/or nipple tattooing following surgery is funded once only (tattooing funded at the discretion of the nurse carrying out the tattooing).

It is 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 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 as significant hardening and changing shape of the implant, fluid or silicone 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 aesthetic breast surgery is not routinely funded unless the surgery was originally funded by the CHSC. In these instances, surgery is funded to the extent that the outcome stated in paragraph 2 is satisfied.
- 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 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 short- and long-term non-life-threatening complications (such as wound complications, collections, early contracture, the need for dressing changes).

- 17 Patients who have undergone self-funded breast surgery procedures on-island under a 'package' arrangement between the CHSC and the Medical Specialist Group will have their short-term operative care covered under that arrangement, including early complications.
- 18 The removal of self-funded implants is not routinely funded except in medical emergencies.

Gynaecomastia

- 19 Surgery for Gynaecomastia is not normally funded.
- 20 Surgery for Pseudo Gynaecomastia due to weight loss is not normally funded.