Committee *for* Health & Social Care

Policy number	Version	Issue date	Review Date	Treatment /Condition	Key words	Policy
G1034	2	01/02/2017	Dec-20	**Abdominal loose skin removal** **PRIOR APPROVAL IS REQUIRED (CLINICIAN TO CONTACT OFF ISLAND TEAM)**	Tummy tuck, excess skin, excess fat, high BMI, Fleur-de-Lys abdominoplasty, mini abdominoplasty, apronectomy.	Criteria for accessing treatment are as follows: 1. Patient has achieved significant weight loss of the order of 20 BMI points (including patients who achieved weight loss through morbid obesity surgery or conservative methods.) AND 2. The patient has maintained their weight loss of 20 BMI points for at least 2 years. AND 3. a. The patient suffers from severe recurrent Intertrigo beneath the skin fold not responding to conservative measures. OR 3. b. The patient is experiencing significant functional impairment. Stoma Bags Patients with significant problems associated with poorly fitting stoma bags will normally be approved for funding when it is confirmed that: • this is caused by an apron of loose abdominal skin, and • this apron of loose abdominal skin is impacting on their ability to maintain hygiene standards, and • enable them to maintain use of stoma bags.

G1035	2	01/02/2017	Dec-20	**Acne scarring**	Dermabrasion, laser, punch techniques, subcision.	Dermabrasion and other treatments for acne scarring are not routinely funded.
G1068	1	14/12/2017	Dec-20	**Active middle ear implants**	Deafness, conductive hearing loss, sensorineural hearing loss	Active middle ear implants are not routinely funded.
G1132	1	26.1.2017	Dec-20	**Airway valves for the treatment of emphysema**		Airway valves (e.g. the Spiration Valve™) for the treatment of emphysema are not routinely funded.
G1134	1	26.1.2017	Dec-20	**Anti-VEGF treatments for eye conditions**		Bevacizumab (Avastin™) is funded for patients meeting the following criteria:**Age-related macular degeneration and other causes of Choroidal Neovascularisation**Avastin will be funded for wet age-related macular degeneration and other causes of Choroidal Neovascularisation if all of the following circumstances apply in the eye to be treated: • the best-corrected visual acuity is better than 6/96 (unless only or better seeing eye)• there is no permanent structural damage to the central fovea• the lesion size is less than or equal to 12 disc areas in greatest linear dimension• there is evidence of recent presumed disease progression (e.g. blood vessel growth, as indicated by fluorescein angiography or recent visual acuity changes)Treatment should only continue in individuals who maintain adequate response to therapy. Criteria for discontinuation should include persistent deterioration in visual acuity and identification of anatomical changes in the retina that indicate inadequate response to therapy.

Neovascularisation

Avastin will be funded for treatment of neovascularisation of the iris (commonly occurring after retinal vein occlusion) in conjunction with planned panretinal photocoagulation treatment unless laser treatment is not possible and treatment will be continued in individuals who maintain adequate response to therapyAvastin will be funded for neovascularisation of the retina if laser photocoagulation is not beneficial or cannot be administered or on the advice of Southampton Clinicians wishing to continue treatment beyond 3 treatments will need to make an application to HSC.

G1034 - contd	1	26.1.2017	Dec-20	**Anti-VEGF treatments for eye conditions (continued)**		**Macula oedema caused by diabetes and retinal vein occlusion** Avastin will be funded for macula oedema which is threatening vision and which: • Arises as a complications of diabetes • Follows central retinal vein occlusion • Follows branch retinal vein occlusion Treatment during this period should only continue in individuals who maintain adequate response to therapy. If there is not an adequate response, treatments should be discontinued. **Other causes of macular oedema** • 3 treatments of Avastin will be funded for rare disorders of the eye which give rise to sight threatening macular oedema. • The Medical Specialist Group is required to keep a record of these patients, courses of treatment given and benefit and produce this information on request. • Clinicians wishing to continue treatment beyond 3 treatments will need to make an application to HSC. Second line treatment with a different anti-VEGF treatment is not routinely funded.
G1084	1	04/01/2018	Dec-20	**Arthroscopic radiofrequency chondroplasty for discrete chondral defects of the knee**	Osteoarthritis, articular cartilage defects	Arthroscopic radiofrequency chondroplasty is not routinely funded

G1082	1	04/01/2018	Dec-20	**Autologous Chondrocyte Transplantation (ACI)**	Osteoarthritis, articular cartilage defects	Autologous Chondrocyte Transplantation is not routinely funded.
G1071	2	14/12/2017	Dec-20	**Bee sting anti-venom to treatment patients with a history of anaphylaxis**	Allergy, bee sting, wasp sting	Bee sting anti-venom for history of anaphylaxis is not routinely funded.
G1036	2	01/02/2017	Dec-20	**Benign skin lesions**		The removal of a benign asymptomatic skin lesion is not routinely funded. This policy statement cover: warts and plantar warts, seborrhoeic keratoses (benign skin growths, basal cell papillomas, warts), spider naevi, thread veins, benign pigmented naevi (moles), dermatofibromas (skin growths), skin tags, sebaceous cysts (pilar & epidermoid cysts), lipomata (fat deposits underneath the skin and xanthelasmas (cholesterol deposits underneath the skin), asymptomatic vascular lesions.
G1037	2	01/02/2017	Dec-20	**Blepharoplasty (eyelid surgery)**	Drooping eye lid, puffy bags below the eyes, excess tissue above the upper eyelids (dermatochalasis), ectropion, entropion.	**Criteria for accessing treatment are as follows:** **Upper lid surgery for ptosis or blepharochalasis** 1) This will only be funded if there is evidence of persistent impairment of visual fields in the relaxed, non-compensated state as established by uni-ocular full field testing. AND 2) Surgery will improve the vision of the patient. **Lower lid surgery** Surgery to correct ectropion or entropion where

					conjunctival structural changes are demonstrated or the lid/lashes are directly causes trauma to the eye.
G1124	1	26.1.2017	Dec-20	**Blood and Marrow Transplant - Adults** **PRIOR APPROVAL IS REQUIRED(Clinician to contact the Off Island Team)For all non-haematological indications HSC will need to review the evidence and come to a view as to whether or not the indication will be added to normally commissioned care.**	Adult BMT is commissioned according to the British Society of Blood and Bone Marrow Transplantation HSCT table of indications for all haematological indications. However for all other indications, HSC has not agreed a funding position, and so these will need to be considered as potential urgent in-year service developments. The BSBMT recommendations divide indications for BMT into four categories: S = standard of care CO = clinical option, can be considered after assessment of risks and benefits D = developmental, further trials are needed GNR = generally not recommended For the purposes of this commissioning policy first transplants for indications within categories S and CO (standard of care, and clinical option respectively) are routinely funded. Transplants for indications within categories D and GNR are not routinely funded.Repeat transplants for failure to engraft will be commissioned routinely. A second autogenic transplant will be funded for relapsed disease for multiple melanoma. A third transplant will be considered on a case by case basis. Second allogeneic transplants for relapsed disease will not be routinely funded (G1126)

G1123	1	26.1.2017	Dec-20	**Blood and Marrow Transplant - Children** **PRIOR APPROVAL IS REQUIRED (Clinician to contact the Off Island Team)**	Paediatric BMT is funded in line with the British Society of Blood and Bone Marrow Transplantation Paediatric BMT Group HSCT table of indications. The Paediatric BMT Group HSCT recommendations divide indications for BMT into four categories: S = standard of care CO = clinical option, can be considered after assessment of risks and benefits D = developmental, further trials are needed GNR = generally not recommended • For the purposes of this commissioning policy first transplants for indications within categories S and CO (standard of care, and clinical option respectively) are accepted as established clinical practice and will be routinely funded. • Transplants for indications within categories D and GNR are not routinely funded. • Repeat transplants for failure to engraft will also be commissioned routinely. • However repeat autologous or allogeneic transplants for relapsed disease will not be routinely funded unless explicitly recommended by the UK Paediatric BMT Group HSCT recommendations. BMT is not commissioned for any indication which is not listed within the UK Paediatric BMT Group HSCT recommendations. http://bsbmt.org/wp-content/uploads/2015/10/UK-Paed-BMT-Gp-HSCT_Indications_15Oct2015.pdf

G1038	2	01/02/2017	Dec-20	**Body contouring (skin excisions and liposuction) including buttock lift, thigh lift and arm lift**	Liposuction, lipo, body contouring, buttock lift, thigh lift, arm lift, skin excision	Liposuction is not routinely funded. Liposuction will be considered for funding for patients with lipodystrophies under the individual funding request process. Excluded from this policy is liposuction as an adjunct to surgery for other conditions (modification of flaps for reconstructive repair) which is routinely funded.
G1062	2	06/07/2017	Dec-20	**Breast surgery**		The commissioning policy is a separate document.

G1081	1	04/01/2017	Dec-20	**Carpel tunnel release**	Criteria for accessing treatment are as follows: **For patients suffering from mild symptoms:** Referral for hospital management, including surgical release is not normally funded. Patients should be advised on strategies to manage their condition conservatively. **For patients suffering from moderate symptoms**: Where patients are suffering from moderate symptoms including occasional pins and needles and interrupted sleep due to night symptoms (2 – 3 nights a week) which are caused by neurological deficit, e.g. – Sensory blunting, muscle wasting or weakness of thenar abduction, hospital assessment is funded. Surgical release is funded for patients where: • Symptoms persist despite at least 6 months of conservative therapy with treatment including local corticosteroid injection and nocturnal splinting; AND • the patient is experiencing significant functional impairment. Significant functional impairment. **For patients suffering from severe symptoms:** Secondary care management including surgical release where appropriate is commissioned for patients who are suffering from permanent sensory deficit causing symptoms including frequent pins and needles, numbness, permanent pain during the day, muscle wastage and frequent nocturnal symptoms (more than 3 nights a week). Patients with these conditions who wish to consider surgical release should be referred without delay in order to maximise the benefits from surgery. **Time Limited Episodes of Carpal Tunnel Syndrome** Carpal Tunnel is common during pregnancy; therefore applications for patients who have experienced symptoms whilst pregnant will have to wait 3 months post the birth of

						their child before they begin either of the conservative therapy requirements described above. This is because symptoms often get better within three months of their baby being born. Carpal Tunnel is also common when patients are using weight bearing crutches for a period of time. Surgery would not normally be commissioned for these patients until 3 months post the use of crutches in order to allow natural recovery from the condition.
G1089	1	04/01/2018	Dec-20	**Cell-based Cartilage Resurfacing**	Osteoarthritis, articular cartilage defects	Cell-based Cartilage Resurfacing is not routinely funded.

G1039	2	01/02/2017	Dec-20	**Chalazia (lumps on the eye lid - removal of)**	Meibomian cyst, meibomian gland duct.	Criteria for accessing treatment are as follows:Treatment will be offered for patients:1) Where the chalazia have been present for more than 4 monthsAND2) Where conservative treatment of regular heat packs and massage has failedAND 3) The lesion significantly interferes with vision;A chalazion that keeps coming back should be biopsied to rule out malignancy. Use the appropriate referral route for suspected malignancy in this case.
G1093	1	04/01/2018	Dec-20	**Cholecystectomy**	Gall bladder disease, gallstones, acute cholecystitis, biliary colic, cholelithiasis, choledocholithiasis, gallstone pancreatitis	Cholecystectomy for asymptomatic gallstones is not routinely funded. Surgery will be funded when the following criteria are met: The patient has: • had an acute symptomatic onset; or • diabetes mellitus, is a transplant recipient or has cirrhosis, and has been managed conservatively within primary care but subsequently develops symptoms which cause significant functional impairment; or • ultrasound evidence that the patient is at risk of gallbladder carcinoma; or • had a confirmed episode of gall stone induced pancreatitis; or • had confirmed recurrent episodes of abdominal pain typical of biliary colic; or • had a confirmed episode of obstructive jaundice in the presence of gallstones where the gallstones are thought to be the cause. Cholecystectomy will be funded for where this is required for the management of other disorders of the gall bladder

					which include acute cholecystitis, gallstone pancreatitis, acalculous cholecystitis
G1119	1	26.1.2017	Dec-20	**Choline PET Scanning in the management of prostate cancer**	Choline PET Scanning in the management of prostate cancer is not routinely funded.

G1040	2.1	01/02/2017	Dec-20	**Circumcision**	Paraphimosis, balanitis xerotica obliterans, foreskin.	Criteria for accessing treatment are as follows:**Male circumcision**Male circumcision will be funded for the following indications:• Recurrent paraphimosis where the patient has documented and clinically significant recurrent paraphimosis • Pathological Phimosis where:there is evidence of pathological white scarring of the foreskin secondary to balanitis xerotica obliterans in a child 4yr age or older AND the patient is suffering from pain or difficulty in passing urine or some other significant functions problem AND conservative management has failed or is inappropriate or - a patient has an abnormal urinary tract and circumcision is proposed as part of the management of this underlying condition• Balanitis or balanoposthitis where there is documented, clinically significant recurrent episodes (more than 3 in one year) of balanitis or balanoposthitis which has not responded to appropriate conservative management such as self-care, topical treatment or medication• Physiological phimosis where a patient is suffering from recurrent urinary tract infection AND is over 10 years of age AND for whom non-surgical methods have proved ineffective (a minimum of 4 weeks treatment is recommended).Male circumcision will not be funded for:• For personal, social, cultural or religious reasons.• For the prevention of sexually transmitted diseases or where a patient is suffering from pain on arousal or interference with sexual function.• For non-retractile ballooning of the foreskin and/or spraying of urine or non-significant balanitis (up to 3 episodes in one year).

G1040	2	01/02/2017	Dec-20	**Circumcision**	Female genital mutilation	**Female circumcision** Female circumcision also referred to as female genital mutilation (FGM) is prohibited by law and will therefore not be funded by the States of Guernsey. Incidences where parents seek advice on FGM must be reported to the local Children Safeguarding Team.
G1065	2	14/12/2017	Dec-20	**Cochlear Implantation**	Deafness	Unilateral cochlear implantation only is currently funded.
G1107	1	26.1.2017	Dec-20	**Column immuno-adsorption**		Column immune-adsoption will be funded for high-titre ABO antibodies before ABO-incompatible renal transplantation.All other indications are not routinely funded.

G1066	2	14/12/2017	Dec-20	**Complementary and alternative therapies**	Acupressure, Alexander technique, Apitherapy, Aromatherapy, Auriculotherapy, Autogenic Training, Autosuggestions, Ayurveda, Bach Flower Therapy, Chiropractic, Crystal healing, Cupping therapy, Ear Candling, Electromagnetic therapy, Enemas, Feldenkrais Method, Moxibustion, Music therapy, Naturopathic medicine, New Thought, Neuro-linguistic programming, Nutritional healing, Orgonomy, Orthomolecular medicine, Osteomyology, Osteopathy, Pilates, Polarity Therapy, Pranic healing, Qigong, Radionics, Rebirthing, Reflexology, Reiki, Seitei Therapy, Shiatsu, Siddha medicine, Sonopuncture, Sound therapy, Spiritual Mind	Complementary and alternative therapies are not routinely funded. Some procedures may be available through services in hospices and hospitals as part of a palliative care package; these are made available through charitable services and are not CHSC commissioned services. This policy excludes acupuncture which is funded as part of the pain management service.

					Treatment, Structural Integration, T'ai chi ch'uan, Thai massage, Traditional Chinese/Korean/Japanese/Tibetan/Mongolian medicine, Thalassotherapy, Therapeutic Touch, Trager Approach, Transcendental Meditation, Trigger point therapy, Water Cure, Yoga, Zang Fu Therapy	
G1041	2	01/02/2017	Dec-20	**Complications of ear piercing**		The surgical revision of the complications of ear piercing is not routinely funded.

G1128 - contd	1	26.1.2017	Dec-20	**Deep brain stimulation - Continued**	**If the indication is medication resistant functionally impairing tremor:** • This will have been shown by detailed assessment to be sufficiently severe to significantly impair activities of daily living to a degree that impairs quality of life as supported by PDQ39, UPDRS II scores and a clinical tremor rating scale (Fahn Tolosa Marin (FTM) tremor rating scale) • All options for best medical therapy will have been considered, tried or exhausted by a movement disorder consultant neurologist working with a functional neurosurgery team • Patient is free from clinically significant cognitive impairment measured by DRS 2 (score of 6 or below). If clinical concern has led to more detailed neuro-psychometry this has not shown evidence of clinical dementia.

G1128	1	26.1.2017	Dec-20	**Deep brain stimulation PRIOR APPROVAL IS REQUIRED(Clinician to contact the Off Island Team)**	Deep brain stimulation is funded for Parkinson's Disease. All other indications are not routinely funded.The treatment criteria for patients with Parkinson's disease are as follows: **The patient:** • has an established diagnosis of Parkinson's Disease as assessed by the UK Parkinson's Disease Society Brain Bank Criteria;• is fit to undergo DBS surgery under general anaesthesia (which is assessed by an anaesthetic opinion) with no contra-indications for surgery (e.g. sepsis/coagulopathy);• is considered to have a life expectancy of 5 or more years as assessed by a detailed medical history and post liaison with other professionals;• has symptoms of motor complications severe enough to significantly compromise function and quality of life as supported by PDQ39 and Unified Parkinson's Disease Rating Scale (UPDRS) Part II scores. These symptoms will include those who have shown to be responsive to DBS: on/off fluctuations; L-dopa induced dyskinesias or medication resistant functionally impairing tremor;**If the indication is on/off fluctuations and or L-dopa induced dyskinesias:**• Assessment will show the patient is spending more than 30% of a 24 hour period in either a disabling off state or with disabling dyskinesia. This will be supported by detailed clinical history, patient diaries UPDRS Part IV scores, and will be despite optimisation of best medical therapy as determined by a consultant neurologist in a functional neurosurgery for movement disorders team. Strategies such as adding a catechol-O-methyl transferase (COMT) inhibiter, adding a monoamine oxidase inhibitor (MAOI), switching to long acting agonists or adding amantadine for dyskinesia should have been tried and failed or be considered unsuitable.• A L-dopa response of greater than or equal to a 40% improvement in Part III Unified Parkinson's Disease Rating Scale (UPDRS) motor scale sub-scores following a practically defined period off medication has been shown.

G1060	1	06/07/2017	Dec-20	**Eculizumab**	Eculizumab is not routinely funded for paroxysmal nocturnal haemoglobinuria or atypical haemolytic uremic syndrome or transplant related complications. All other indications are currently considered experimental or unproven.
G1058	1	06/07/2017	Dec-20	**Enzyme replacement therapy for Fabry Disease**	Enzyme replacement therapy for the treatment of Fabry Disease is no routinely funded.
G1104	1	26.1.2017	Dec-20	**Extracorporeal photopheresis (ECP)** **PRIOR APPROVAL IS REQUIRED (Clinician to contact the Off Island Team)**	Extracorporeal photopheresis is funded for the following conditions: • As an option for patients who have acute graft versus host disease and who have failed to show complete response (i.e. steroid-refractory aGvHD), have developed significant adverse effects to first-line treatments or are steroid-dependent. Funding will not be provided for patients who have not responded to treatment in the past or once they are failing to respond. • ECP is a second line option for patients who have chronic graft versus host disease affecting the skin, mouth, liver and lungs. Funding will not be provided for patients who have not responded to treatment in the past or once they are failing to respond • ECP is an option in the management of cutaneous T cell lymphoma All other indications are not routinely funded.

G1043	2	01/02/2017	Dec-20	**Face lift and other aesthetic surgery to the face**	Brow lift, Cosmetic facial injections, Facelift or Rhytidectomy, Laser Surgery for sun damage, ageing and wrinkles, Lip Enhancement including lipotransfer, Reshaping of the Check including implants and lipotransfer, Reshaping of the Chin including Implants and lipotransfer.	Aesthetic surgery to the face is not routinely funded. This does not include surgery related to facial paralysis and craniofacial surgery for congenital abnormalities which is routinely funded.
G1072	2	14/12/2017	Dec-20	**Faecal transplants** **DESIGNATED PROVIDER HEARTLANDS HOSPITAL, BIRMINGHAM**		Faecal transplants will only be funded under the following conditions: • Funding will only be provided for the treatment of refractory clostridium difficile. • Decision making will be done under the auspices of Professor Peter Hawkey at the Institute of Microbiology and Infection at Birmingham University. • The local clinical team will submit to the registry held at the above institution. Faecal transplantation for all other conditions are considered experimental or unproven and as such are not

						routinely funded.
G1076	2	14/12/2017	Dec-20	**Fenestrated endovascular aortic repair**	AAA, Abdominal aortic aneurysm, supra-renal aneurysm, FEVAR	Fenestrated endovascular aortic repair is not routinely funded.
G1111	1	26.1.2017	Dec-20	**Firdapse (Amifampridine Phosphate) for the treatment of Lambert Easton Myasthenic Syndrome**	3,4DAP	Firdapse for the treatment of Lambert Easton Myasthenic Syndrome (LEMS) is not routinely commissioned. Generic base 3,4DAP, if available, is funded for LEMS.
G1113	1	26.1.2017	Dec-20	**Functional electrical stimulation for foot drop**		Functional electrical stimulation for foot drop is not routinely funded.
G1059	1	06/07/2017	Dec-20	**Funding the consequences of private funding of tests**		The commissioning policy is a separate document.

G1045	2	01/02/2017	Dec-20	**Ganglion removal**	Ganglia	The surgical removal of ganglia of the wrist is not routinely funded unless there is neurovascular compromise resulting in significant functional impairment. Significant functional impairment means that symptoms are preventing the patient fulfilling routine work or educational responsibilities, or routine domestic or carer activities The surgical removal of seed ganglia arising at the base of the digits is not routinely funded unless they are painful. The surgical removal of mucoid cysts arising at the distal interphalangeal joint is not routinely funded unless they are significantly disturbing nail growth or recurrent discharge.
G1133	1	26.1.2017	Dec-20	**Gastric pacing (gastric pacemaker) and gastric electrical stimulation for gastroparesis**		Gastric pacing (gastric pacemaker) and gastric electrical stimulation is not routinely funded.
G1031	3	06/07/2017	Dec-20	**Gender reassignment services** **PRIOR APPROVAL IS REQUIRED (CLINICIAN TO CONTRACT OFF ISLAND TEAM)**		The commissioning policy is a separate document.

G1046	2	01/02/2017	Dec-20	**Hair removal (including electrolysis & laser therapy)** **PRIOR APPROVAL IS REQUIRED (CLINICIAN TO CONTRACT OFF ISLAND TEAM)**	Hirsutism, hair removal, electrolysis, laser therapy, hair growth.	Hair removal is not routinely funded other than preparation of hair bearing skin used in reconstructive surgery (either before or after) and in instances of congenitally abnormally placed hair or where endocrine imbalances lead to marked abnormal facial hair The core services for patients undergoing gender reassignment are set out in a separate policy.
G1061	1	06/07/2017	Dec-20	**Hyperbaric oxygen therapy**		Hyperbaric Oxygen will only be funded for the following conditions: • decompression illness • gas embolism • acute carbon monoxide poisoning All other indications are considered experimental or unproven.

G1080	1	04/01/2017	Dec-20	**Insertion of Ventilation Tube through the Tympanic Membrane (Grommets)**	Glue ear, ear infection	Criteria for accessing treatment are as follows: Children • The child has had persistent hearing loss* detected on two occasions separated by 3 months or more; OR • six or more episodes of acute otitis media in the past 12 months; AND • difficulties with speech and language (expressive language delay), cognition, behaviour and education attributable to persistent hearing loss** which have lasted for 6 months from the beginning of the problem. Adults Adults will normally only be treated where there is at least a 3 month history of otitis media, which may or may not have persisted since childhood. However, elderly patients having a previous sensorineural loss with a subsequent otitis media problem which renders them completely deaf will be treated regardless of duration of otitis media. In determining eligibility for surgery consideration will be given to change in the anatomy of the ear drum that is likely to lead to long term damage or cholesteotoma, i.e. a retracted or atretic tympanic membrane. A lower threshold may be appropriate if the child has other disabilities which have clinical relevance such as impaired vision or a learning disability. * Persistent hearing loss = bilateral otitis media with effusion documented over a period of 3 months with a hearing level in the better ear of 25–30 dBHL (Decibels Hearing Level) or worse averaged at 0.5, 1, 2 and 4 kHz (or equivalent dBA where dBHL not available) ** Surgical intervention is appropriate in children with persistent bilateral otitis media with effusion with a hearing loss less than 25–30 dBHL where the impact of the hearing loss on a

					child's developmental, social or educational status is judged to be significant.
G1075	2	14/12/2017	Dec-20	**InSpace Balloon for Massive Rotator Cuff Tears**	InSpace Balloon for Massive Rotator Cuff Tears is not routinely funded. This treatment is currently considered experimental.
G1121	1	26.1.2017	Dec-20	**Intra-articular radioactive injections** **PRIOR APPROVAL IS REQUIRED (Clinician to contact the Off**	Intra-articular radioactive injections are funded for: • The management of recurrent bleeding in haemophilia • Severe recurrent pigmented villonodular synovitis All other indications are not routinely funded.

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G1073	2	14/12/2017	Dec-20	**Intra-operative radiotherapy**	Cancer	Intra-operative radiotherapy is not routinely funded. At present the treatment for any indication is considered experimental or unproven.
G1112	1	26.1.2017	Dec-20	**Intrathecal baclofen**		Intrathecal baclofen is funded for adults and children who meet all of the following clinical criteria: The patient: • has chronic, severe, diffuse spasticity and/or dystonia of spinal or cerebral origin which renders them a full time wheelchair user or bed bound. This is defined as having an Ashworth score of ≥ 4 in at least two muscle groups, and/or a Penn Spasm score of ≥ 3, or the equivalent scores using other clinically recognised standard tools e.g. Gross Motor Function Classification System (GMFCS) levels. • has failed to respond to maximum tolerated or recommended dose of oral anti spasmodic medication or has intolerable side effects • has demonstrated a positive response to a test dose of baclofen delivered via lumbar puncture, defined as a 1 point reduction • on the Ashworth and/or Penn Spasm Score 4 to 8 hours after delivery of the test dose • has no indication of renal failure, hepatic or gastrointestinal disease, uncontrolled epilepsy or severe unstable mental disease • has no active infectious problems

						• has no severe deformities which cannot be corrected by orthopaedic surgery AND the patient and their carer(s): • understand and agree treatment goals • have demonstrated an explicit commitment to the treatment due to the need for regular return visits for pump refilling • have a good understanding of potential outcomes, side effects and recognition of baclofen withdrawal • symptoms
G1086	1	04/01/2018	Dec-20	**Joint distraction for knee osteoarthritis without alignment correction**	Osteoarthritis, articular cartilage defects	*Joint distraction for knee osteoarthritis without alignment correction is not routinely funded.*
G1047	2	01/02/2017	Dec-20	**Laser Eye Surgery for Refractive Error**	Short sighted, myopia.	Laser eye surgery to correct vision is not routinely funded. Laser surgery may be indicated if cataract surgery has resulted in an imbalance in the prescription of the eyes which cannot be corrected by glasses and further lens surgery carries more risks than the laser surgery.
G1028	2	06/07/2017	Dec-20	**Left atrial appendage occlusion for stroke prevention in patients with non-valvuvar atrial**		Left Atrial Appendage occlusion devices (Watchman™ and Amplatzer™ cardiac plug) for stroke prevention in patients with non-valvular atrial fibrillation is not routinely funded.

				fibrillation		
G1115	1	26.1.2017	Dec-20	**Levodopa-Carbidopa Intestinal Gel (LCIG) – (Duodopa) for Parkinson's Disease**		Levodopa-Carbidopa Intestinal Gel for Parkinson's Disease is not routinely funded.
G1092	1	04/01/2018	Dec-20	**Limbic cell autograft for corneal burns**	Burn, Blindness,	Limbic cell autograft for corneal burns is routinely funded.
G1092	1	04/01/2018	Dec-20	**Limbic cell autograft for corneal burns**	Burn, Blindness,	Limbic cell allograft for corneal burns is not routinely funded.
G1131	1	26.1.2017	Dec-20	**Lung reduction surgery for the treatment of emphysema**		Lung reduction surgery for the treatment of emphysema is routinely funded.
G1050	2	01/02/2017	Dec-20	**Management of simple snoring**	Snoring, uvulopalatopharyngoplasty (UPPP), laser-assisted uvuloplatoplasty (LAUP), soft palate implants, radiofrequency ablation.	The assessment, investigation and treatment for simple snoring are not routinely funded.

G1090	1	04/01/2018	Dec-20	**Meniscus allograft**	Osteoarthritis, articular cartilage defects	Meniscus allograft is not routinely funded. This treatment is currently considered experimental.
G1083	1	04/01/2018	Dec-20	**Microstructural scaffold (patch) insertion without autologous cell implantation for repairing symptomatic chondral knee defects**	Osteoarthritis, articular cartilage defects	Microstructural scaffolds are not routinely funded. This treatment is currently considered experimental.
G1088	1	04/01/2018	Dec-20	**Mosaicplasty for knee cartilage defects**	Osteoarthritis, articular cartilage defects	Mosaicplasty for knee cartilage defects is not routinely funded. This treatment is currently considered experimental.
G1024	2	06/07/2017	Dec-20	**Occipital nerve stimulation**	Cluster headaches	Occipital nerve stimulation for migraine and other chronic headache disorders is not routinely funded.
G1087	1	04/01/2018	Dec-20	**Osteochondrial allograft**	Osteoarthritis, articular cartilage defects	Osteochondrial allograft is not routinely funded. This treatment is currently considered experimental.
G1085	1	04/01/2018	Dec-20	**Partial replacement of the meniscus of the knee using a biodegradable scaffold**	Osteoarthritis, articular cartilage defects	Partial replacement of the meniscus of the knee using bio-gradable scaffold is not routinely funded. This treatment is currently considered experimental.

G1116	1	26.1.2017	Dec-20	**Patch test for dermatitis**		Patch testing for dermatitis is not routinely funded.
G1049	2	01/02/2017	Dec-20	**Penile implants**	Penile prosthesis, penis, erectile dysfunction.	Penile implants are not routinely funded.
G1077	2	14/12/2017	Dec-20	**Percutaneous mitral valve leaflet repair for mitral regurgitation**	Mitraclip	Percutaneous mitral valve leaflet repair for mitral regurgitation is not routinely funded. This treatment is currently considered experimental.
G1026	2	06/07/2017	Dec-20	**Percutaneous device closure for foramen ovale**		Percutaneous patent foramen ovale closure is not routinely funded for the following indications: • The treatment of migraine. • The prevention of stroke and transient ischaemic attacks (any age). • The prevention of recurrent paradoxical embolism in divers. Percutaneous atrial septal defects, including patent foramen ovale is funded as an option for the management of paediatric and adult patients with congenital heart disease as an alternative to open heart surgery.

G1120	1	26.1.2017	Dec-20	**Pigmented villonodular synovitis (PVNS)** **PRIOR APPROVAL IS REQUIRED FOR RADIOTHERAPY AND INTRA-ARTICULAR RADIOACTIVE INJECTIONS (Clinician to contact the Off Island Team)**		The following treatments are funded for pigmented villonodular synovitis: • Arthroscopy to remove focal abnormal tissue. • Synovectomy. • Total joint replacement for end stage disease. For severe recurrent disease external beam radiotherapy may be funded (prior approval required). Intra-articular radioactive injections may also be considered in severe cases (prior approval required). The use of radiotherapy to prevent first recurrence is not routinely funded.
G1044	2	01/02/2017	Dec-20	**Pinnaplasty**	Bat ears	Criteria to access treatment are as follows: All the following criteria have to be met: 1) The prominence is of a severity that it presents as disfigurement, (there should be evidence that the antihelix of the ear has failed to form); AND 2) The patient is aged 16 years and under; AND 3) There is evidence of severe bullying and harassment arising from the appearance of their ears that prevents the child from undertaking daily living activities (e.g. the child is unable to fruitfully engage in education) and steps taken by the patient or parents and educational authorities have failed to address or resolve the bullying or harassment.

G1122	1	26.1.2017	Dec-20	**Plerixafor for Stem Cell Mobilisation**	Plerixafor for stem cell mobilisation is funded when the following criteria are met: Patients eligible for treatment with plerixafor are Hodgkin's Disease (HD) Non-Hodgkin's lymphoma (NHL) or multiple myeloma (MM) patients who meet the standard criteria and are scheduled for an autologous haematopoietic stem cell transplant but: • have failed one previous attempt at mobilisation using a standard mobilisation regimen combining chemotherapy + G-CSF or G-CSF alone (rescue treatment). These patients will be offered a second mobilisation attempt with planned use of combination high dose G-CSF and plerixafor; OR • while undergoing mobilisation with a standard chemotherapy + G-CSF or G-CSF based regimen, have a low peripheral blood CD34+ cell count on the day of expected harvest and are not considered by the transplant consultant to have a reasonable chance of collecting enough cells (pre-emptive treatment). These patients will be given plerixafor as an unplanned addition to their mobilisation regimen.

G1125 - Contd	1	26.1.2017	Dec-20	**Plerixafor for Stem Cell Mobilisation (continued)**	**Starting and Stopping Criteria** 1. Patients who have previously failed a mobilisation attempt (rescue) should receive G-CSF (10 µg/kg, or in accordance with protocol) subcutaneously each day for 4 consecutive days. (It is usually prescribed to the nearest ampoule size multiple, in accordance with transplant centre policy): • On the fourth day patients assessed as requiring plerixafor (usually if the peripheral blood CD34+ cell number are < 15 per microlitre) receive a dose of 240 µg/kg in the early evening as a subcutaneous injection into the abdomen. • On the morning of the fifth day, a full blood count and peripheral CD34 count should be performed prior to harvest. It is the responsibility of the Transplant Consultant, to decide whether the harvest should proceed on the basis of the blood CD34+ estimation (usually if above 10 CD34+ cells per microlitre). • If the count is insufficient to harvest cells that day, or if insufficient stem cells have been harvested, then patients should receive a further dose of GCSF and a repeat dose of plerixafor (240 µg/kg) that evening in an identical fashion to the day before. A second attempt at harvest should be made the following day. 2. Patients who appear to be failing a mobilisation attempt (pre-emptive) – these are patients in whom the CD34+ cell count in the blood is < 15 per microlitre on the day of predicted day of stem cell harvest. • These patients are given a dose of subcutaneous plerixafor with GCSF 10 µg/kg and an attempt at harvesting is made the following day if the repeat CD34+ is sufficient. • If the CD34 level in the blood remains < 15 per microlitre then the harvest should be delayed and a further dose of G-CSF and plerixafor may be given that evening. Stopping Criteria • A maximum of three doses of plerixafor in total may be

					used. • In general a collection totalling >2 X (106) CD34+ cells per kilogram body weight will be sufficient to adequately support a single high-dose therapy procedure. Exclusions: • Plerixafor should not be used in pregnant patients, and male and female patients should be recommended to use suitable birth control for three months during and after its use. • Plerixafor is not funded for patients undergoing a first attempt at stem cell mobilisation unless they meet the criteria for pre-emptive therapy. • Plerixafor should not be used for patients who have already received it pre-emptively during a previous attempt at mobilisation.
G1122	1	26.1.2017	Dec-20	**Pre-implantation genetic diagnosis (including IVF)**	Pre-implantation genetic diagnosis (including IVF) is not routinely funded.

G1108	1	26.1.2017	Dec-20	**Prostanoids for the treatment for pulmonary arterial hypertension** **PRIOR APPROVAL IS REQUIRED (Clinician to contact the Off Island Team)** **In emergencies funding requests should be discussed with the Chief Pharmacist**		There are a number of drugs used to treat pulmonary arterial hypertension, most of which are oral drugs which fall outside the remit of HSC. Prostanoids are routinely funded as part of triple therapy which may be necessary for patients with pulmonary arterial hypertension who have been formally assessed by a transplant centres and accepted onto the waiting list as a suitable candidate. In these instances only the following prostanoids will be considered: • Epoprostenol (intravenous): dose titrated to response • Iloprost (intravenous, unlicensed product): dose titrated to response In exceptional circumstances a fourth drug may be used in the critically ill patient. Under these circumstances the clinician should contact the Chief Pharmacist.
G1069	1	14/12/2017	Dec-20	**Radionuclide synovectomy**	Synovitis,	Radionuclide synovectomy is funding for patients with haemophilia for the treatment of recurrent intra-articular bleeds. Funding for all other indications including inflammation of joints are considered experimental or unproven and are not routinely funded.
G1070	1	14/12/2017	Dec-20	**Reimbursement of expenses for living kidney donor**	Chronic renal failure, renal transplant	Reimbursement of expenses for individuals donating kidneys will be done in line with the NHS England policy NHS England A06/P/a Reimbursement of Expenses for Living Donors July 2017 (see separate policy)

G1114	1	26.1.2017	Dec-20	**Removal of anal skin tags**		The removal of anal skin tags for cosmetic reasons or where they are associated haemorrhoids or pruritus is not routinely funded. The presence of a skin tag should not stop referral for assessment where there signs and symptoms of other pathology affecting the rectum and anus.
G1118	1	26.1.2017	Dec-20	**Removal of floaters in the eyes**		Treatment for the removal of floaters in the eye is not routinely funded.
G1094	1	04/01/2018	Dec-20	**Removal of ganglia**		Surgical removal of ganglia is not routinely funded. Surgery will be funded when the following criteria are met: • The ganglion is at the risk and symptomatic (painful) or neurovascular compromised; or • The ganglion is arising at the base of the finger and is symptomatic; or • The lesion is a mucoid cysts arising in the DIP joint disturbing nail growth or have a tendency to discharge
G1048	2	01/02/2017	Dec-20	**Rhinoplasty**	Nose, Nasal, Septorhinoplasty, Septoplasty.	Requests for corrective nasal surgery will be considered where the patient has post-traumatic nasal injury causing continuous and chronic bi-lateral nasal airway obstruction associated with septal/bony deviation of the nose which is causing significant functional impairment.
G1106	1	26.1.2017	Dec-20	**Robotic assisted surgery**	Da Vinci	Robotic assisted surgery is not routinely funded.

G1074	2	14/12/2017	Dec-20	**Sacral nerve stimulation** **PRIOR APPROVAL IS REQUIRED FOR REFERRAL (CLINICIAN TO CONTACT OFF ISLAND TEAM)** **PRIOR APPROVAL IS ALSO REQUIRED FOLLOWING TRIAL OF TREATMENT**	Sacral nerve stimulation will be funded for faecal incontinence for patients meeting the following criteria: • Sphincter surgery is deemed inappropriate for the patient, is not necessary or has failed and • The patient has undergone a trial stimulation period of at least 2 weeks, which has demonstrated a reduction of 50% in either the number of episodes of faecal incontinence or the number of days affected by faecal incontinence during the trial period. and • The patient does not have a physical or mental disability which prevents a safe level of cooperation with the technical demands of the procedure. (Formal evaluation should be performed if necessary). and • The patient does not fall into one of the contraindicated groups. Present external rectal prolapse (full thickness) Crohn's Disease and active Ulcerative Colitis Altered bowel habit associated with abdominal pain suggestive of functional bowel disease. Pregnancy Anatomical limitations preventing placement of an electrode Skin disease risking infection (e.g pilonidal sinus) Severe or uncontrolled psychiatric disease Overflow faecal incontinence secondary to constipation Congenital anorectal malformation. Sacral nerve stimulation for other indications including pelvic pain, obstructed constipation, overactive bladder, urinary incontinence.

G1126	1	26.1.2017	Dec-20	**Second allograft blood and marrow transplants for relapsed disease (adults)**		Second allografts BMTs for relapsed disease are not routinely funded.
G1077	2	14/12/2017	Dec-20	**Selective internal radiotherapy (SIRT)**	Radioembolisation, microspheres	Selective internal radiotherapy is not routinely funded.
G1127	1	26.1.2017	Dec-20	**Spinal Cord Stimulation** **PRIOR APPROVAL IS REQUIRED (Clinician to contact the Off Island Team)**		Spinal cord stimulation is funded for: • Failed back syndrome • Complex regional pain syndrome • Brachial plexopathy: traumatic (partial, not avulsion), post-irradiation All other indications are not routinely funded.
G1042	2	01/02/2017	Dec-20	**Superficial congenital vascular anomalies (does not include growing large head and neck superficial venous and lymphatic anomalies)**		Treatments for the removal of congenital vascular abnormalities are not routinely funded. This policy statement includes: infantile haemangioma, congenital haemangioma, capillary malformation and port wine stains. This policy statement does not include: venous and lymphatic lesions which can be very problematic and should be referred for assessment and if necessary treatment.

G1095	1	04/01/2018	Dec-20	**Surgery for hallux valgus**	Bunion	Surgery for the treatment of hallux valgus is not routinely funded. Surgery will be funded when the following criteria are met: 1. All appropriate conservative measures have failed [including the use of accommodative/specialist footwear; orthoses for appropriate patients; the use of analgesia for pain management; treatments for ulceration] ; AND 2. The patient suffers from: • Severe deformity (with or without lesser toe deformity) that causes significant functional impairment; OR • Severe pain or other symptoms that causes significant functional impairment.
G1056	1	06/07/2017	Dec-20	**Surgical correct for pectus (chest) deformities of the chest (all ages)**	Pigeon chest, funnel chest	Surgery for correction of pectus excavatum and pectus carinatum is not routinely funded. Consideration will be given where there is evidence that the condition is resulting in symptomatic restrictive lung capacity or where there is cardiac compression. Cardiac displacement without compression is not a functional impairment.
G1051	2	01/02/2017	Dec-20	**Surgical revision of scars**		Revision of scars will be funded if there are significant functional problems caused by the scar.

G1052	2	01/02/2017	Dec-20	**Tattoo removal**		Tattoo removal is not routinely funded.
G1130	1	26.1.2017	Dec-20	**Temporo-mandibular joint replacement**		TMJ replacement is not routinely funded.
G1057	1	06/07/2017	Dec-20	**The Calgary brace for the management of pectus carinatum**	Pigeon chest	The Calgary brace for the management of pectus carinatum is not routinely funded. This treatment is currently considered experimental.

G1105	1	26.1.2017	Dec-20	**Therapeutic plasma exchange** **PRIOR APPROVAL IS REQUIRED (Clinician to contact the Off Island Team)**	Therapeutic plasma exchange is funded for the following indications: 1. TPE as first line treatment: <u>Neurological conditions</u> • Acute Guillain–Barré syndrome • Chronic inflammatory demyelinating polyneuropathy • Myasthenia gravis • Polyneuropathy associated with paraproteinaemias • PANDAS (Paediatric autoimmune neuropsychiatric disorders associated with streptococcal infection) <u>Heamatological conditions</u> • Thrombotic thrombocytopenic purpura • Atypical haemolytic uraemic syndrome (autoantibody to factor H) • Hyperviscosity syndromes (paraproteinaemias) • Severe/symptomatic cryoglobulinaemia <u>Renal conditions</u> • Goodpasture's syndrome (anti-glomerular basement membrane antibodies) • Antineutrophil cytoplasmic antibody (ANCA)-associated rapidly progressive glomerulonephritis • Recurrent focal segmental glomerular sclerosis • Antibody-mediated renal transplant rejection <u>Metabolic conditions</u> • Familial hypercholesterolaemia (homozygous) • Fulminant Wilson's disease

G1105 - contd	1	26.1.2017	Dec-20	**Therapeutic plasma exchange (continued)**		2. TPE as second line treatment: <u>Neurological conditions</u> • Lambert–Eaton myasthenic syndrome • Acute exacerbation of multiple sclerosis • Chronic focal encephalitis • Neuromyelitis optica <u>Heamatological conditions</u> • ABO-incompatible haemopoietic stem cell transplantation • Pure red cell aplasia • Life-threatening cold agglutinin disease • Atypical haemolytic uraemic syndrome (complement factor gene mutations) • Myeloma with cast nephropathy • Red cell alloimmunisation in pregnancy <u>Immunological conditions</u> • Catastrophic antiphospholipid syndrome • Cerebral systemic lupus erythematosus (SLE) <u>Metabolic conditions</u> • Refsum's disease
G1053	2	01/02/2017	Dec-20	**Thread veins and telangectasias**		Treatment for thread veins and telangectasia is not routinely funded
G1054	2	01/02/2017	Dec-20	**Tongue-tie**	Ankyloglossia	The surgical treatment of tongue tie (or upper lip tie) will be considered where the tongue tie has been determined to be the principle cause of significant feedback difficulties (failure to thrive and other non-surgical options have failed as determined by the designated paediatrician. In normal circumstances this would only apply to children under 3 months of age.

						Funding will not be considered for cosmetic reasons or parental request alone, or concerns about potential future speech issues.
G1117	1	26.1.2017	Dec-20	**Transcatheter aortic valve implantation (TAVI) also known as percutaneous aortic valve replacement (PAVR)**		TAVI for the management of aortic stenosis is not routinely funded.
G1077	2	14/12/2017	Dec-20	**Transcutaneous vagus nerve stimulation**	gammaCore®	Transcutaneous vagus nerve stimulation for the treatment and/or prevention of primary headache (migraine, cluster headache or hemicrania continua), medication overuse headache and any other indication is not routinely funded. This treatment is currently experimental or unproven for all indications.
G1099	1	04/01/2018	Dec-20	**Transplantation - Corneal transplantation**		Corneal transplantation is routinely funded in line with UK transplant criteria and protocols.

G1097	1	04/01/2018	Dec-20	**Transplantation - Heart and lung transplantation, or either alone** **PRIOR APPROVAL IS REQUIRED (Clinician to contact the Off Island Team)**	Heart and lung transplantation, alone or combined is routinely funded in line with UK transplant criteria and protocols.
G1098	1	04/01/2018	Dec-20	**Transplantation - Liver transplantation** **PRIOR APPROVAL IS REQUIRED (Clinician to contact the Off Island Team)**	Liver transplantation is routinely funded in line with UK transplant criteria and protocols.
G1101	1	04/01/2018	Dec-20	**Transplantation - Pancreatic Islet transplantation for the management of life threatening hypoglycaemia for type 1 diabetes** **PRIOR APPROVAL IS REQUIRED (Clinician to contact the Off Island Team)**	Islet transplantation is routinely funded in line with UK transplant criteria and protocols.

G1102	1	04/01/2018	Dec-20	**Transplantation - Pancreatic Islet transplantation in association with total or partial removal of the pancreas** **APPLICATION FOR FUNDING WILL BE CONSIDERED ON A CASE BY CASE BASIS. (Clinician to contact the Off Island Team)**	Chronic pancreatitis	Islet transplantation as part of the surgical treatment for chronic pancreatitis will be considered on a case by case basis.
G1100	1	04/01/2018	Dec-20	**Transplantation - Pancreatic transplantation** **PRIOR APPROVAL IS REQUIRED (Clinician to contact the Off Island Team)**		Pancreatic transplantation is routinely funded in line with UK transplant criteria and protocols.
G1103	1	04/01/2018	Dec-20	**Transplantation - Renal transplantation (deceased, live donor, antibody incompatible)**		Renal transplantation is routinely funded in line with UK transplant criteria and protocols.

G1104	1	04/01/2018	Dec-20	**Transplantation - Small bowel transplantation** **PRIOR APPROVAL IS REQUIRED (Clinician to contact the Off Island Team)**		Small bowel transplantation is routinely funded in line with UK transplant criteria and protocols.
G1096	1	04/01/2018	Dec-20	**UK Joint Committee for Vaccines and Immunisations recommended programmes for children and young adults up to the age of 18 years**	Vaccination progammes	UK JCVI recommended childhood vaccination programmes are routinely funded. These programmes require considerable planning and so funding may not immediately be available for new programmes.

G1129	1	26.1.2017	Dec-20	**Vagal nerve stimulation** **PRIOR APPROVAL IS REQUIRED (Clinician to contact the Off Island Team)**	Vagal nerve stimulation for intractable epilepsy is routinely funded for patients who meet all the criteria in either section A or B as indicated below, as appropriate to their clinical circumstances. Patient criteria which would exclude treatment according to this policy are also listed below in section C. **A. Medically Refractory Focal-Onset Seizures** The patient has medically refractory focal-onset seizures. Medically refractory means seizures that occur in spite of therapeutic levels of anti-epileptic drugs or seizures that cannot be treated with therapeutic levels of anti-epileptic drugs because of intolerable adverse side effects; AND The patient has failed or is not eligible for resective surgery; AND - At least 2 complex partial seizures per month OR recurrent life threatening status epilepticus - 3 first line anti-epileptic drugs have been tried over a period of at least 2 years **B. Medically Refractory Generalised Seizures** The patient has medically refractory generalised seizures. Medically refractory means seizures that occur in spite of therapeutic levels of anti-epileptic drugs or seizures that cannot be treated with therapeutic levels of anti-epileptic drugs because of intolerable adverse side effects; AND The patient has failed or is not suitable for resective surgery; AND - At least 1 generalised seizure per month OR recurrent life threatening status epilepticus - 3 first line anti-epileptic drugs have been tried over a period of at least 2 years **C. Exclusion criteria** The following criteria will exclude a patient from approval for VNS • For treatment of patients with seizures other than focal-onset seizures or medically refractory generalised seizures

						• For patients who can be treated successfully with anti-epileptic drugs and / or ketogenic diet. All other indications are not routinely funded as they are considered experimental or unproven.
G1055	2	01.02.2017	Dec-20	**Varicose veins**	Venous insufficiency, venous ulcers, leg ulcers	Referral for surgical treatment should be considered where there are severe skin changes of the lower leg and ankle, including: • External bleeding from a varicosity that has eroded the skin and is at risk of recurring • Venous ulceration including a recurrent venous ulcer (i.e. two or more episodes of ulceration in a period of one year) or a first venous ulcer which persists despite a six-month trial of conservative management (compression stockings, exercise and daily elevation 2-3 times a day)