

Name of treatment or procedure

Abdominoplasty and apronectomy (tummy tuck)

Description of treatment or procedure

This procedure removes excess skin and fat, improves shape and scars, or tightens muscles. Different combinations are combined according to need.

In the standard abdominoplasty the excess skin and fat between the pubic area and the navel (tummy button) is removed leaving the navel in place. Any looseness of the muscles in the area or hernia is repaired at the same time.

The apronectomy is a modification of the mini-abdominoplasty for patients who have a large excess of skin and fat hanging down over the pubic area. In this procedure only the surplus skin and fat is removed.

An alternative procedure which should always be considered instead of many of the above is liposuction on its own. This sucks out fat and causes just a little drawing back of the skin.

Current policy

The current policy sets out some criteria which would need to be met for patients to be allowed to have this procedure, although the procedure is not routinely commissioned.

Tummy tucks are not routinely commissioned unless ALL the following criteria are met:

- The flap hangs at or below the level of the symphysis pubis (a joint in the centre of the pelvis)
- The patient's body mass index (BMI – a measurement that uses a person's height and weight to see if their weight is healthy) is less than 25 and stable for at least 12 months. (Some allowance may be made for excess skin and fat that cannot be dealt with by further weight reduction)
- If the patient has had bariatric surgery, it was at least three years previously.

AND any of the following:

- The excess skin and fat causes significant problems with activities of daily life (for example, walking)
- The excess skin and fat causes a persistent skin condition (for example cellulitis or skin ulcerations) that has not improved after at least six months of medical treatment. This should include good hygiene practices and antifungal, corticosteroid and/or antibiotic treatment
- The excess skin and fat prevents good fitting of a stoma bag.

If the patient does not fulfil all of the required criteria, an Individual Funding Request (IFR) should be submitted detailing why exception should be made.

IFR information must contain the following information:

- Date of any bariatric surgery

- Pre-operation or original weight and BMI with dates
- Series of weight and BMI readings demonstrating weight loss and stability achieved
- Date stable weight and BMI achieved
- Current weight and BMI
- Patient compliance with continuing nutritional supervision and management (if applicable)
- Details of functional problems
- Details of associated medical problems.

Proposed change(s)

No position change is proposed. The overall position would remain the same – ‘tummy tucks’ will not be routinely commissioned.

However, there is additional wording regarding IFRs and criteria which will be removed to allow for patient and clinicians clarity.

Reason for proposed change(s)

The current wording is misleading, as this is not commissioned based on criteria and is only accessible under an IFR.

Impact of proposed change(s)

This change would mainly impact those people who have undergone extreme weight loss. All patients could still apply for this procedure, with support from their doctor, through an Individual Funding Request to their local Clinical Commissioning Group (CCG). The CCG panel would consider whether the request could be funded.