*Extract from the below named document for ICS Implementation purposes;* [*Microsoft Word - EBI consultation response statutory guidance 11 Jan 2019 FINAL v2.0 CLEAN + cover sheet.docx (aomrc.org.uk)*](https://www.aomrc.org.uk/ebi/wp-content/uploads/2021/05/ebi-statutory-guidance.pdf)

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Breast reduction

Updated description of the intervention

The evidence highlights that breast reduction is only successful in specific circumstances and the procedure can lead to complications - for example not being able to breast feed permanently. However in some cases breast reduction surgery is necessary where large breasts impact on day to day life, for example ability to drive a car. Therefore, breast reduction should only be undertaken under specific criteria.

Wearing a professionally fitted bra, losing weight (if necessary), managing pain and physiotherapy often work well to help with symptoms like back pain from large breasts.

Updated clinical criteria

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| Summary of intervention |
| Breast reduction surgery is a procedure used to treat women with breast hyperplasia (enlargement), where breasts are large enough to cause problems like shoulder girdle dysfunction, intertrigo and adverse effects to quality of life. |
| Number of CCG interventions in 2017/18 |
| 2,388 |
| Recommendation |
| The NHS will only provide breast reduction for women if all the following criteria are met:The woman has received a full package of supportive care from their GP such as advice on weight loss and managing pain.In cases of thoracic/ shoulder girdle discomfort, a physiotherapy assessment has been providedBreast size results in functional symptoms that require other treatments/interventions (e.g. intractable candidal intertrigo; thoracic backache/kyphosis where a professionally fitted bra has not helped with backache, soft tissue indentations at site of bra straps).Breast reduction planned to be 500gms or more per breast or at least 4 cup sizes.Body mass index (BMI) is <27 and stable for at least twelve months.Woman must be provided with written information to allow her to balance the risks and benefits of breast surgery.Women should be informed that smoking increases complications following breast reduction surgery and should be advised to stop smoking.Women should be informed that breast surgery for hypermastia can cause permanent loss of lactation.Unilateral breast reduction is considered for asymmetric breasts as opposed to breast augmentation if there is an impact on health as per the criteria above.Surgery will not be funded for cosmetic reasons. Surgery can be approved for a difference of 150 - 200gms size as measured by a specialist. The BMI needs to be<27 and stable for at least twelve months.Resection weights, for bilateral or unilateral (both breasts or one breast) breast reduction should be recorded for audit purposes. |

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| This recommendation does not apply to therapeutic mammoplasty for breast cancer treatment or contralateral (other side) surgery following breast cancer surgery, and local policies should be adhered to. The Association of Breast Surgery support contralateral surgery to improve cosmesis as part of the reconstruction process following breast cancer treatment.Gynaecomastia: Surgery for gynaecomastia is not routinely funded by the NHS. This recommendation does not cover surgery for gynaecomastia caused by medical treatments such as treatment for prostate cancer. |
| Rationale for recommendation |
| One systematic review and three non-randomized studies regarding breast reduction surgery for hypermastia were identified and showed that surgery is beneficial in patients with specific symptoms. Physical and psychological improvements, such as reduced pain, increased quality of life and less anxiety and depression were found for women with hypermastia following breast reduction surgery.Breast reduction surgery for hypermastia can cause permanent loss of lactation function of breasts, as well as decreased areolar sensation, bleeding, bruising, and scarring and often alternative approaches (e.g. weight loss or a professionally fitted bra) work just as well as surgery to reduce symptoms. For women who are severely affected by complications of hypermastia and for whom alternative approaches have not helped, surgery can be offered. The aim of surgery is not cosmetic, it is to reduce symptoms (e.g. back ache). |
| References |
| An investigation into the relationship between breast size, bra size and mechanical back pain. British School of Osteopathy (2010). Pages 13 & 14Royal College of Surgeons – https://[www.rcseng.ac.uk/-](http://www.rcseng.ac.uk/-)/media/files/rcs/library-and-publications/non-journal-publications/breast- reduction--commissioning-guide.pdfGreenbaum, a. R., Heslop, T., Morris, J., & Dunn, K. W. (2003). An investigation of the suitability of bra fit in women referred for reduction mammaplasty. British Journal of Plastic Surgery, 56(3), 230–236.Wood, K., Cameron, M., & Fitzgerald, K. (2008). Breast size, bra fit and thoracic pain in young women: a correlational study. Chiropractic & Osteopathy, 16(1), 1-7.Singh KA, Losken A. Additional benefits of reduction mammaplasty: a systematic review of the literature. Plast Reconstr Surg. 2012 Mar;129(3):562-70. PubMed: PM22090252Strong B, Hall-Findlay EJ. How Does Volume of Resection Relate to Symptom Relief for Reduction Mammaplasty Patients? Ann Plast Surg. 2014 Apr 10. PubMed: PM24727444Valtonen JP, Setala LP, Mustonen PK, Blom M. Can the efficacy of reduction mammoplasty be predicted? The applicability and predictive value of breast-related symptoms questionnaire in measuring breast-related symptoms pre- and postoperatively. J Plast Reconstr Aesthet Surg. 2014 May;67(5):676-81. PubMed: PM24508223Foreman KB, Dibble LE, Droge J, Carson R, Rockwell WB. The impact of breast reduction surgery on low-back compressive forces and function in individuals with macromastia. Plast Reconstr Surg. 2009 Nov;124(5):1393-9. PubMed: PM20009823Shah R, Al-Ajam Y, Stott D, Kang N. Obesity in mammaplasty: a study of complications following breast reduction. J Plast Reconstr Aesthet Surg. 2011 Apr;64(4):508-14. doi: 10.1016/j.bjps.2010.07.001. Epub 2010 Aug 3. PubMed PMID: 20682461.Oo M, Wang Z, Sakakibara T, Kasai Y. Relationship Between Brassiere Cup Size and Shoulder-Neck Pain in Women. The Open Orthopaedics Journal. 2012;6:140-142. doi:10.2174/1874325001206010140.https://[www.nhs.uk/conditions/breast-reduction-on-the-nhs/](http://www.nhs.uk/conditions/breast-reduction-on-the-nhs/)Plast Reconstr Surg. 2011 Nov;128(5):395e-402e. doi:10.1097/PRS.0b013e3182284c05.The impact of obesity on breast surgery complications.Chen CL(1), Shore AD, Johns R, Clark JM, Manahan M, Makary MA |

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