



Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and
West Essex
Integrated Care Board

Evidence Based Intervention

Breast Asymmetry Surgery

(Corrective Surgery For Congenital Breast

Asymmetry)

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Version:	v1.2
Approved By:	Commissioning Committee
Date of Approval:	1 st July 2022
Date of Review:	1 st July 2024



Policy:

Breasts are considered asymmetrical when there is a noticeable difference in one breast's shape, size or where the nipple is positioned compared to the other breast. Surgery for this is not usually carried out by the NHS.

It may be done if the difference is due to something the person was born with, such as certain genetic conditions, and specific criteria are met. Studies looking at individuals who have and have not had surgery showed a variation in the criteria applied, impacting on the ability to access this surgery. The EBI programme proposed clear, evidence-based criteria for use across England. The expected outcome from the use of these criteria is consistent and fair access to corrective surgery for congenital breast asymmetry across England where individual funding requests are being considered.

Criteria

Surgery for breast asymmetry for cosmetic reasons is not routinely funded by the NHS. However, where asymmetry is a result of a congenital condition, corrective surgery may be considered, through an Individual Funding Request (IFR) if the IFR policy criteria AND the following criteria are met:

- A difference of at least 250gms size as estimated by a specialist AND
- BMI <27 and stable for at least twelve months AND
- Congenital conditions may include (but are not limited to): macromastia, Poland Syndrome, tuberous breast, unilateral or asymmetric hypoplasia, amazia (unilateral/bilateral), congenital symmastia.

Congenital symmastia is very rare and should be considered for treatment on that basis.

Corrective procedures for inverted nipples are not recommended.

This recommendation does not cover the following, where separate guidance is available:

- Gender reassignment surgery
- Surgery for breast cancer.

Expected outcome

The implementation of this proposed guidance would result in a reduction in unwarranted variation to access across England for corrective surgery for congenital breast asymmetry by standardising the criteria for the consideration of funding.



Rationale for recommendation

The GIRFT Breast Surgery report identified significant variability in the ICB's approach to funding surgery for congenital abnormalities. Findings from the GIRFT report emphasise the need for a standard set of criteria that ICB'S must consider when reviewing IFRs for corrective surgery for congenital asymmetry.

Surgery is not funded on the NHS for cosmetic purposes (personal preferences) alone. However, a recent cohort study considering the outcomes after treatment for congenital breast asymmetry found significant postoperative psychological improvements. The study included those with congenital breast asymmetry secondary to: macromastia, Poland Syndrome, tuberous breast, unilateral or asymmetric hypoplasia and amazia. When compared to age matched controls, patients undergoing corrective surgery for breast asymmetry experienced significant postoperative improvements on the Rosenberg Self-Esteem Scale, and in three Short-Form 36v2 domains: Role - Physical, Social Functioning and Mental Health. These improvements were sustained for a minimum of 5 years. Postoperatively, asymmetry participants' quality of life was comparable to controls and did not vary by age at the time of surgery, asymmetry severity, or diagnosis.

References

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Change History:

Version	Date	Reviewer(s)	Revision Description
V1.1	November 2023	M Skerry	References to CCG removed
V1.2	September 2024	J Oliver	Wording updated to clarify IFR criteria and this policy criteria must both be met

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