



Hertfordshire and
West Essex Integrated
Care System



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Integrated Care Board

Evidence Based Intervention

Abdominoplasty or Apronectomy Surgery

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



Policy: Abdominoplasty or Apronectomy

Abdominoplasty (tummy tuck) is an operation to remove excess skin and fat from the abdomen. An apronectomy is a less extensive procedure which only removes excess skin and fat from the lower abdomen. They are regarded as a form of body contouring surgery and reduce functional difficulties that can occur, for example, after substantial weight loss. The procedure should not be commissioned for purely cosmetic reasons, but it should be funded if a specific set of criteria are met looking at a patient's BMI, other health conditions and functional problems.

Evidence shows that overall, the surgery increases patient quality of life, with improvement seen in physical and psychological wellbeing. There are differences in how this procedure is commissioned and therefore who can access the procedure.

The EBI programme proposes clear, evidence-based criteria for use across England. The expected outcome from the use of these criteria is equitable access to abdominoplasty/apronectomy, across England.

Clinical overview

Abdominoplasty (tummy tuck) or apronectomy are operative procedures that aim to resect excess skin and subcutaneous fat from the abdominal wall, with or without plication of the rectus muscles and repositioning of the umbilicus. Currently, this procedure is used in patients after significant weight loss (either spontaneous or after bariatric surgery), significant scarring following trauma or previous abdominal surgery, or where it is required as part of abdominal hernia correction or other common abdominal wall surgery.

Abdominoplasty is regarded as a form of body contouring surgery and is a means to limit significant functional difficulties that may arise after massive weight loss or abdominal wall pathology.

Criteria

Abdominoplasty or apronectomy should not be commissioned for cosmetic reasons and should be offered only in exceptional cases for those patients evidencing a strong clinical need.

The following criteria should be fulfilled:

- Age 18 or over AND
- Starting BMI above 40, OR more than 35 with significant co-morbidities AND
- Current BMI less than 30 and weight stability for greater than 12 months AND
- Significant functional problems -Abdominal apron (pannus) hanging at or below level of the pubic symphysis AND
- Experience of severe difficulty with activities of daily living (including ambulatory restriction or urological issues) OR
- Recurrent intertrigo beneath the skin fold, panniculitis or skin ulceration OR
- Scarring from previous trauma or abdominal wall surgery that leads to a very poor appearance and results in disabling psychological distress or infection. OR
- When it is required as a part of abdominal hernia correction or other abdominal wall surgery.



Expected outcome.

The implementation of this proposed guidance would result in a reduction in unwarranted variation of access across England to abdominoplasty/apronectomy by standardising the criteria for referral. Overall, there would be an increase in the number of referrals for the consideration of abdominoplasty/apronectomy.

Rationale for recommendation

Regional variation exists in the commissioning of abdominoplasty. Some commissioners have commissioning guidance setting out specific criteria for surgery, such as functional difficulties, associated chronic skin conditions or infections, or where it prevents effective other surgeries (e.g., stoma formation or hernia repair), but this varies between commissioners. National guidance from the British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS) provides an approach to rationalise and outline patients who may be considered as appropriate surgical candidates. A standardised approach to commissioning is required to ensure the appropriate surgical candidates have access to surgery, therefore improving their quality of life.

Systematic reviews of abdominoplasty have revealed high levels of patient satisfaction, increased quality of life and improvement of functional status. These reviews have indicated a significant increase in both physical and psychological wellbeing.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.

Information Sources

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Change History:

Version	Date	Reviewer(s)	Revision Description
V1.1	November 2023	M Skerry	Removed reference to CCG
V1.2	February 2024	M Skerry	Changed title from References to Information Sources

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