**PRIOR APPROVAL REQUEST**

**Blepharoplasty and Brow Lift**

Hertfordshire and west Essex Evidence Based Intervention policies can be viewed at <https://www.hweclinicalguidance.nhs.uk/clinical-policies>

Blepharoplasty (upper and lower lid) and brow lift will usually only be funded when there is a medical indication and not for cosmetic reasons.

Blepharoplasty for excess lower eyelid skin as the sole procedure will not usually be funded.

**Please complete and return this form along with clinic letter/supporting evidence to:**

For west Essex patients [priorapproval.hweicb@nhs.net](mailto:priorapproval.hweicb@nhs.net) Tel: 01992 566150

For Hertfordshire patients [priorapproval.hweicb@nhs.net](mailto:hweicbwe.funding@nhs.net) Tel: 01707 685354

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| --- | --- | --- |
| Patient consent | This application has been discussed with the patient and the patient consents to relevant information being shared with the ICB. | Please tick |

|  |  |
| --- | --- |
| Date form completed |  |
| Urgency | Routine (5 working days turnaround time)  Urgent (2 working days turnaround time)  **Note: An urgent request is one in which a delay may put the patient’s life at risk.**  **Turnaround times commence the working day after receipt of the funding application** |
| Patient Name |  |
| DOB |  |
| NHS No. |  |
| Hospital No. |  |
| Patient’s GP and practice |  |

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| --- | --- | --- | --- | --- |
| Applying Clinician’s Name |  | | | |
| Job title |  | | | |
| Contact details (including email) |  | | | |
| Declaration | I declare that the information provided is, to the best of my knowledge, true and I am aware that this procedure may be subject to clinical audit. | | | |
| **Blepharoplasty for dermatochalasis (excess upper eyelid skin)** | | **Left**  **Eye** | **Right**  **Eye** |
| Patient has documented complaints of interference with vision or visual field related activities such as difficulty reading or driving due to upper eye lid skin drooping, looking through the eyelids or seeing the upper eye lid skin  **AND** | |  |  |
| There is redundant skin overhanging the upper eye lid margin and resting on the eyelashes when gazing straight ahead – with photographic evidence to support this  **AND** | |  |  |
| Visual field testing demonstrates that eyelids impinge on visual fields reducing the field to 120° laterally and/or 20° or less superiorly. | |  |  |

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| **Brow lift for brow ptosis (drooping of eyebrow)** | **Left**  **Eye** | **Right**  **Eye** |
| Patient has documented complaints of interference with vision or visual field related activities such as difficulty reading or driving due to eyebrow drooping whereby patient must constantly raise eyebrows to see  **AND** |  |  |
| In the resting position, there is significant eyebrow drooping affecting the upper eyelid position - with photographic evidence to support this  **AND** |  |  |
| Evidence from visual field testing that eyelids impinge on visual fields reducing field to 120° laterally and/or 20° or less superiorly. |  |  |

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| **For patients where the criteria are not met and it can be demonstrated that there is an exceptional healthcare need, an Exceptional Case Request Form can be submitted to the IFR team.** |

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| **Shared decision making** | Patients should be supported with their decisions. Resources that can support implementation of shared decision making can be found on the NHS England website:  <https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/> |

**HWE ICB Fitness for Elective Surgery policy criteria**

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| --- | --- |
| **Planned anaesthetic** | Local (stop here)  General or spinal / epidural (complete smoking and BMI data below) |

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| --- | --- |
| **Smoking status** | Never smoked  Current smoker  Ex-smoker – date last smoked: - - / - - / - -  For patients who currently smoke or have stopped smoking less than 8 weeks ago, please tick to show that you have made your patient aware that they will need to have stopped smoking or switched to e-cigarettes for at least 8 weeks prior to surgery |
| **Measurements** | Height: ……….cm Weight: …………kg BMI ……….. kg/m²    **BMI >40 –** Patientsare expected to reduce their weight by 15% or BMI <40 (whichever is greater).  **BMI 30-40 -** Patients are expected to lose 10% of their weight or reduce BMI to <30.  If the patient has already achieved their target weight loss in the last 9 months, please give details of previous recorded measurements and the date recorded by clinician or, attach referral coversheet from GP or community provider.  Previous Weight: ………..kg Previous BMI ………… kg/m²  Date measured - - / - - / - - - - % weight reduction = ………….  For surgery other than hip, knee or spinal, where the patient’s BMI is 30 to 40 and metabolic syndrome has been actively excluded in the last 18 months, please attach copy of evidence from GP or Community referral form.  At 9 months, if the patient has not met their target weight and/or stopped smoking, they should be reassessed for their need for- and fitness for- surgery.  See the Fitness for Elective Surgery policy at  <https://www.hweclinicalguidance.nhs.uk/clinical-policies/fitness-for-surgery/> |