



Hertfordshire and  
West Essex Integrated  
Care System



Hertfordshire and  
West Essex  
Integrated Care Board

# Evidence Based Intervention

## Cosmetic Procedures

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| <b>Version:</b>            | V2.0  |
| <b>Approved By:</b>        | Strategic Finance and Commissioning Committee |
| <b>Date of Approval:</b>   | 9 <sup>th</sup> January 2025                  |
| <b>Date of Review:</b>     | January 2028                                  |



## Policy:

This policy applies to **all** non-breast cosmetic procedures, even if a specific cosmetic procedure is not explicitly named within this, or another local EBI policy.

Cosmetic Interventions for Gender Dysphoria, Breast Surgery, Gynaecomastia and Breast Asymmetry policies can be found within local the EBI policies.

Breast Reduction and Removal and Replacement of Breast Prosthesis policies can be found within the national EBI programme. See <https://ebi.aomrc.org.uk/>

## General Principles

Cosmetic (or aesthetic) procedures in adults undertaken exclusively to improve appearance will not be funded.

Conditions resulting from major trauma or burns or significant congenital deformity, which need reconstructive surgery, will usually be funded by the NHS. Correction of pathological abnormalities causing a significant functional problem will usually be funded by the NHS.

The National Service Framework for Children (National Service Framework for Children, Young People and Maternity Services (DH October 2004) defines childhood as ending at 19 years. Funding for this age group should only be considered if there is a problem likely to impair normal emotional development. Children under the age of five rarely experience teasing and referrals may reflect concerns expressed by the parents rather than the child, which should be taken into consideration prior to referral.

Some patients are only able to seek correction surgery once they are in control of their own healthcare decisions and again this should be taken into consideration prior to referral.

Cosmetic surgery should be supported where a patient has been accepted onto an NHS waiting list prior to taking up residence locally, providing the existing clinical evidence has remained the same.

Photographic evidence and copies of clinical records may be required to effectively demonstrate that the patient meets any policy criteria.

Individual funding requests will be assessed as per the IFR policy. This includes considering whether the application demonstrates that the patient's condition (including facial disfigurement) sets them apart from the cohort of people with the same condition (e.g., facial disfigurement).



## Cosmetic Procedures For Mental Health And Psychological Issues

The WEICB Mental Health Transformational Delivery Board was consulted on cosmetic surgery to treat mental health symptoms. It does not support commissioning cosmetic surgery to treat mental health symptoms. It concluded that this would be considered a low priority mental health intervention and that there was insufficient evidence to support the clinical effectiveness of the intervention in terms of treating mental health conditions.

The Institute of Education (2013) carried out a systematic review of research into cosmetic procedures on the request of the Department of Health and found as part of their research that patients who had cosmetic surgery were found to be significantly more likely to suffer from psychological issues such as depression and in particular Body Dysmorphic Disorder (BDD). The study indicated that cosmetic surgery often did not improve the conditions and, in some cases, made it worse. Psychological and medical treatments such as anti-depressants or CPT were shown to be more effective at reducing depression and other mental health in those with BDD. A study by Tilmann von Soest (2012), focused on females, also concluded that a series of mental health problems predict cosmetic surgery, but cosmetic surgery does not in turn seem to alleviate such mental health problems.

The NICE clinical guideline CG31: Obsessive-compulsive disorder and body dysmorphic disorder: treatment (2005, updated 2022) states that for people known to be at higher risk of BDD or people with mild disfigurements or blemishes who are seeking a cosmetic procedure, ALL healthcare professionals should routinely consider and explore the possibility of BDD.

Therefore, clinicians seeing a patient who requests cosmetic surgery should perform a BDD triage as per NICE guidance (Clinical Guideline 31: obsessive compulsive disorder and body dysmorphic disorder. Full guideline section 10.4.2.2; page 230) and those with suspected or diagnosed BDD seeking cosmetic surgery or dermatological treatment should be assessed by a mental health professional with specific expertise in the management of BDD (section 10.4.2.3).

Patients' whose desire for surgery reflects serious psychopathological disorders (such as Body Dysmorphic Disorder (BDD), or irredeemable relationship problems would not normally be suitable for surgery but should receive appropriate alternative treatment and support.

## Policy Position on Specific Cosmetic Procedures

### Repair of earlobes

Primary suture in A&E at the time of the trauma is outside the scope of this policy.

Non-emergency repair of earlobes is **not routinely funded**.

### Surgical treatment for rhinophyma with no functional impairment

Surgical treatment to correct functional impairment due to rhinophyma is outside the scope of this policy.



Surgical treatment for rhinophyma with no functional impairment, including excision and laser treatment, has been assessed as low clinical priority and is **not routinely funded**.

#### Removal of abnormally placed hair and hirsutism

Hair removal for patients with gender dysphoria is outside the scope of this policy and is covered in the local EBI policy: Cosmetic Procedures for Individuals with Gender Dysphoria.

Laser hair removal or electrolysis are considered low priority treatments and are **not routinely funded**.

In clinically exceptional circumstances, where individual funding has been approved, only one course of treatment will be funded.

**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.**

#### References:

Brunton G et al (2013) Psychosocial predictors, assessment and outcomes of cosmetic interventions, Institute of Education London.

Soest, Tilmann M. von; Kvaem, I. Lundin. (2012) Predictors of cosmetic surgery and its effects on psychological factors and mental health: a population-based follow-up study among Norwegian females

NICE (2005) CG31: Obsessive-compulsive disorder and body dysmorphic disorder: treatment.  
<https://www.nice.org.uk/guidance/cg31> Full guideline available at:  
<https://www.nice.org.uk/guidance/cg31/evidence/full-guideline-pdf-194883373>




## Change History:

| Version | Date          | Reviewer(s) | Revision Description  |
|---------|---------------|-------------|---|
| V1.1    | November 2023 | M Skerry    | Reference to CCG removed<br>Inactive web links removed  |
| V2.0    | January 2025  | S Chepkin   | Addition of cosmetic interventions not routinely funded: repair of earlobes; removal of abnormally placed hair and hirsutism; and surgical treatment for rhinophyma with no functional impairment.<br>(Previously separate policies – each reviewed Oct 24. The individual policies have been retired now these procedures are included in this policy. Whilst wording has changed, the policy position has not).<br>Addition of statement regarding IFR if clinical exceptionalty. |
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