



Intervention	011. Abdominoplasty (including repair of Diastasis Recti) and Apronectomy
For the treatment of:	Obesity or abdominal wall abnormality relating to abdominal wall surgery or trauma
Commissioning position	<p>Abdominoplasty is commissioned if a person:</p> <ul style="list-style-type: none"> • Is age 16 or over AND • Had a previous BMI above 40 (or above 35 with comorbidities) AND • Has a current BMI less than 30 and stable weight for at least 12 months AND • Has significant functional problems e.g.: <ul style="list-style-type: none"> ○ Experience of severe difficulty with activities of daily living (including ambulatory restriction or urological issues) OR ○ Severe recurrent intertrigo beneath the skin fold, panniculitis or skin ulceration <p>OR</p> <ul style="list-style-type: none"> • Has scarring from previous trauma or abdominal wall surgery which results in disabling psychological distress or recurrent infection <p>OR</p> <ul style="list-style-type: none"> • Has a clinical need: <ul style="list-style-type: none"> ○ as a part of abdominal hernia correction or other abdominal wall surgery ○ due to a poorly fitting stoma bag <p>Apronectomy alone is commissioned if a person:</p> <ul style="list-style-type: none"> • Is age 16 or over AND • Had a previous BMI above 40 (or above 35 with comorbidities) AND • Has been unable to reduce BMI to below 30 but has lost at least 75% of their starting excess weight AND • Has a current BMI less than 40 and stable weight for at least 12 months AND • Has significant functional problems e.g.: <ul style="list-style-type: none"> ○ Experience of severe difficulty with activities of daily living (including ambulatory restriction or urological issues) OR ○ Severe recurrent intertrigo beneath the skin fold, panniculitis or skin ulceration <p>NB Stable weight is defined as remaining within a range of 10kg.</p> <p>Treatment with abdominoplasty and/or apronectomy is not otherwise commissioned for personal preference on cosmetic grounds.</p>
Summary of Rationale	<p>Excessive abdominal skin folds may occur following weight loss in the previously obese patient and can cause significant functional difficulty. There are many obese patients who do not meet the definition of morbid obesity but whose weight loss is significant enough to create these difficulties. These types of procedures can be used to correct scarring and other abnormalities of the anterior abdominal wall and skin. It is important that patients undergoing such procedures have achieved and maintained a stable weight so that the risks of recurrent obesity are reduced. In this policy, repair of Diastasis Recti is regarded as one form of abdominoplasty.</p>



	Research demonstrates significant improvements in patients' physical function, emotional wellbeing, stability in mood, body image satisfaction, identity shifts and identity transformation, sexual vitality, greater wellbeing and quality of life once they have undergone body contouring surgery following massive weight loss.
References	information-for-commissioners-of-plastic-surgery-services.pdf (bapras.org.uk) UK Commissioning guide: Massive Weight Loss Body Contouring (bapras.org.uk)
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