



Intervention	Surgical correction of Congenital Breast Asymmetry
For the treatment of	Congenital Breast Asymmetry
Commissioning Position	<p>This intervention is commissioned when breast asymmetry is the result of a congenital condition, and the following criteria are met:</p> <ul style="list-style-type: none"> • 18 years of age or older <p>AND</p> <ul style="list-style-type: none"> • BMI is within the range 18-25 <p>AND</p> <ul style="list-style-type: none"> • there is a sternal notch to nipple difference between breasts of 4cm or more OR • an infra-mammary fold to nipple difference of 30% or more OR • a difference in overall size of breast of at least 250g, as estimated by a specialist* OR • a nipple areola diameter difference of 50% or more <p>*Infra-Red Scanning may be used to obtain measurements to confirm compliance with the above.</p> <p>Corrective procedures for inverted nipples are not commissioned.</p> <p>Treatment is not otherwise commissioned for personal preference on cosmetic grounds.</p> <p>This recommendation does not cover the following, where separate guidance is available:</p> <ul style="list-style-type: none"> - Gender reassignment surgery - Surgery for breast cancer.
Summary of Rationale	<p>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.</p> <p>The GIRFT Breast Surgery report identified significant variability in CCGs' approach to funding surgery for congenital abnormalities. Findings from the GIRFT report emphasise the need for a standard set of criteria that CCGs must consider when reviewing IFRs for corrective surgery for congenital asymmetry.</p> <p>Surgery is not funded on the NHS for cosmetic purposes (personal preferences) alone. However, breast procedures to support recovery from or reduce risk of a medical condition should be considered as being for aesthetic purposes and are likely to have a therapeutic benefit. Evidence from a cohort study considering the outcomes after treatment for congenital breast asymmetry found significant</p>



	<p>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.</p>
References	<p>Breast enlargement (implants) - NHS (www.nhs.uk) Breast Asymmetry: Classification and Management Aesthetic Surgery Journal Oxford Academic (oup.com) Breast surgery report (gettingitrightfirsttime.co.uk) The Effect of Surgical Treatment on the Quality of Life of Y... : Plastic and Reconstructive Surgery (lww.com) Oncoplastic breast surgery: A guide to good practice (associationofbreastsurgery.org.uk) NHS-England-Service-Specification-for-Specialised-Gender-Dysphoria-Services-Surgical-v4.pdf</p>
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