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| Intervention | **105. Breast Reduction Surgery** |
| For the treatment of | Hypermastia |
| Commissioning Position | This intervention is commissioned if:   * the woman has received a full package of supportive care from their GP such as advice on weight loss and managing pain AND * in cases of thoracic/ shoulder girdle discomfort, symptoms have persisted after physiotherapy assessment has been undertaken and advice followed AND * BMI has been maintained for at least the previous 12 months <30 or <35 with waist:height ratio <0.5 AND * breast size results in functional symptoms that require other treatments/interventions (e.g. intractable candidal intertrigo, thoracic backache/kyphosis where a professionally fitted bra has not helped with backache, soft tissue indentations at site of bra straps) AND * breast reduction is planned to be 500gms or more per breast or at least 4 cup sizes.     The woman must be provided with written information to allow her to balance the risks and benefits of breast surgery including that smoking increases complications following breast reduction surgery and that breast surgery for hypermastia can cause permanent loss of lactation.  Unilateral breast reduction, as opposed to breast augmentation, is commissioned for asymmetric breasts, in accordance with the criteria in the Breast asymmetry correction policy (044).  This policy does not cover the following, where separate guidance is available:   * Gender reassignment surgery * Surgery for breast cancer. |
| Summary of Rationale | Breast reduction places considerable demand on NHS resources (volume of cases and length of surgery) and yet has been shown to be a highly effective health intervention.  There is evidence to suggest there is no difference in outcome of surgery on patients with a BMI greater than 25 than those less than 25.  One systematic review and three non-randomized studies regarding breast reduction surgery for hypermastia were identified and showed that surgery is beneficial in patients with specific symptoms. Physical and psychological improvements, such as reduced pain, increased quality of life and less anxiety and depression were found for women with hypermastia following breast reduction surgery. There are also physiological benefits, including reducing the need for primary care physical treatment and allowing the patient to take part in physical activity.  Breast reduction surgery for hypermastia can cause permanent loss of lactation function of breasts, as well as decreased areolar sensation, bleeding, bruising, and scarring and often alternative approaches (e.g. weight loss or a professionally fitted bra) work just as well as surgery to reduce symptoms. For women who are severely affected by complications of hypermastia and for whom alternative approaches have not helped, surgery can be offered. The aim of surgery is not cosmetic, it is to reduce symptoms. |
| References | [Breast Reducation - Commissioning Guide (RCSEng)](https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/breast-reduction-guide/)  [Information for commissioners of plastic surgery services (BAPRAS)](https://bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=ba572cc3_2)  [Additional benefits of Reduction Mammoplasty - Systematic Review](https://journals.lww.com/plasreconsurg/citation/2012/03000/additional_benefits_of_reduction_mammaplasty__a.2.aspx)  [Breast reduction on the NHS (www.nhs.uk)](https://www.nhs.uk/conditions/breast-reduction-on-the-nhs/) |
| Effective from | January 2025 |
| Policy Review Date | January 2028 |