

**Aesthetic surgery is not routinely offered by the NHS and can only be provided on an exceptional case basis in line with the guidelines contained in this protocol.**

#### **Please Note**

- Patients should only be referred following a **clinical assessment** where there is a **symptomatic or functional requirement** for surgery.
- All cases will be judged against **agreed criteria on an individual basis**.
- Referral for consideration **does not necessarily mean that surgery will be offered**. This must be communicated to the patient.

# The Adult Exceptional Aesthetic Referral Protocol (AEARP)

September 2011



Referrer must first assess the following before taking the decision to make a referral under the AEARP.

Patient's Age

If patient is younger than 16 years of age.

AEARP is not applicable. The patient should be managed according to clinical need.

Body Mass Index (BMI)

BMI is a pre-requisite for a number of the procedures covered by the protocol.

Check the specific assessment criteria under the protocol.

Impairment of Function

Where there is a significant functional impairment which can be improved by surgery.

AEARP may not be applicable. Make a referral to a specialty appropriate to symptoms but check relevant section within this document for details.

Psychological Distress

Referral under the protocol may be indicated where the patient has significant and prolonged psychological distress and associated impairment in functioning related to the perceived problem and likely to benefit from aesthetic surgery.

Check the specific assessment criteria under the protocol. Psychology assessment must be by the specialist Clinical Psychologists working with a regional centre.

## Contraindications

Significant Major Life Event

If a patient has had a major life event in the previous 12 months e.g. birth, relationship breakdown or a significant bereavement.

Aesthetic Surgery is contra indicated. Consider Significant Major Life Event deferring referral until recovery.

Referral for aesthetic surgery is contra indicated where:

- a patient has had an episode of self harm within the last two years;
- there is a previous diagnosis of body dysmorphic disorder;
- the patient has a disproportionate view of the problem following your examination;
- the patient currently has:
  - a major depressive illness;
  - an active delusional or schizophrenic illness;
  - an eating disorder;
  - obsessive compulsive disorder;
  - substance abuse problem.

## Treatment

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## Body Contouring

### Procedures not routinely provided by the NHS

Abdominoplasty, Apronectomy, Liposuction, Thigh/Arm Lift, Excision of Redundant Skin/Fat.

Generally any procedures after significant change in body shape—e.g. massive weight loss, post-bariatric surgery.

### Clinical Psychology

All referrals will be seen by a specialist Clinical Psychologist prior to assessment by a surgeon except HIV lipodystrophy cases.

Patients with HIV associated lipodystrophy may be referred for specialist Clinical Psychology assessment if required after surgical assessment.

### BMI

BMI  $\leq 27$  maintained for one year must be achieved.

In a few, unique cases with significant functional impairment a higher BMI may be considered if this represents a documented weight loss of 50% starting BMI, again sustained for one year.

## Special Considerations

### Inclusion

Significant psychological impairment (as confirmed by specialist Clinical Psychologist).

Significant physical limitations (significant impaired mobility).

Significant physical signs despite medical intervention (severe, intractable intertrigo).

HIV associated lipodystrophy.

### Exclusion

Simple cosmetic requests.

### Waiting Times

These procedures are not subject to the 18 Weeks Referral to Treatment Standard.

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## Benign Skin Lesion

### Procedures not routinely provided by the NHS

Excision of clearly benign skin lesions.

Where there is diagnostic doubt or suspicion of malignancy this should be made clear in the referral. In this case referrals are not made under AEARP.

Pre-malignant lesions (e.g. sebaceous naevus) should be referred outside AEARP.

### Clinical Psychology

Referral to a specialist Clinical Psychologist is not required.

### BMI

There are no specific BMI restrictions.

If BMI significantly raised consider carefully whether patient is appropriate for this type of surgery.

## Special Considerations

### Inclusions

Issues which may allow consideration of surgical removal include recurrent trauma (e.g. shaving) and recurrent/risk of infection. Please make this clear if this is the reason for referral.

Massive lesions causing functional impairment or disfigurement.

### Exclusions

Benign lesions causing no functional impairment or disfigurement will not be removed by NHSScotland as this is purely cosmetic.

### Waiting Times

These procedures are not subject to the 18 Weeks Referral to Treatment Standard.

**Referrals for suspicion of malignancy or pre-malignant lesions should be made via the appropriate cancer pathway.**

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## Blepharoplasty

### Procedures not routinely provided by the NHS

Upper and Lower blepharoplasty—surgery for removal of excess skin and/or ‘eye-bags’.

### Clinical Psychology

Referral to a specialist Clinical Psychologist may be made at the discretion of the surgical team.

### BMI

There are no specific BMI restrictions.

If BMI significantly raised consider carefully whether patient is appropriate for this type of surgery.

## Special Considerations

### Inclusions

Surgery may be considered where there is restriction of the visual field by the excess skin. Visual field tests to be carried out prior to referral.

### Exclusions

Surgery will not be considered where a perception of tiredness or ageing is the primary concern.

### Waiting Times

Blepharoplasty for restricted visual fields is subject to 18 Weeks Referral to Treatment Standard.

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## Breast Surgery

### Procedures not routinely provided by the NHS

All procedures to change the appearance of the breast in size, shape or position.  
Patients undergoing surgery for breast cancer should be considered under the appropriate pathway.

### Clinical Psychology

All referrals will be seen by a specialist Clinical Psychologist prior to assessment by a surgeon.  
Patients undergoing reconstructive surgery may not require psychological assessment. This decision will be at the discretion of the surgical team.

### BMI

> 20 and  $\leq 27$ .  
BMI  $\leq 33$  may be considered in patients undergoing a planned programme of reconstructive breast surgery.

### Special Considerations

Specific to individual procedures, see 'specific procedures' list below for links to relevant sections.  
Patients with asymmetry may require one or more of procedures described below.  
Photography can be invaluable in assessing referrals. Please include photographs where possible.  
Surgery to reverse the normal ageing or post-involucional changes will not be supported.

### Specific Procedures

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[Mastopexy](#)

[Breast Reduction](#)

[Breast Implant Complications](#)

[Gynaecomastia](#)

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## Breast Augmentation

### Procedures not routinely provided by the NHS

Breast Augmentation using implants or other techniques e.g. fat transfer.

### Clinical Psychology

All referrals will be seen by a specialist Clinical Psychologist prior to assessment by a surgeon.

Patients undergoing reconstructive surgery may not require psychological assessment. This decision will be at the discretion of the surgical team.

### BMI

>20 -≤27.

BMI ≤ 33 may be considered in patients undergoing a planned programme of reconstructive surgery.

## Special Considerations

### Inclusions

Significant psychological distress combined with physical symptoms (as confirmed by a specialist Clinical Psychologist).

Congenital asymmetry > 1 cup size.

Congenital aplasia/hypoplasia (inc tuberous breast).

Congenital chest wall deformity (e.g. Poland's Syndrome).

Implant surgery may be appropriate for asymmetry following breast cancer treatment.

### Exclusions

Simple cosmetic augmentation.

Surgery to reverse the normal ageing or post-involucional changes will not be supported.

### Waiting Times

These patients are not subject to the 18 Weeks Referral to Treatment Standard.

Some patients may be subject to guarantee times within other pathways.

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## Mastopexy

### Procedures not routinely provided by the NHS

Surgery performed primarily for breast uplift (with small elements of reduction).

### Clinical Psychology

All referrals will be seen by a specialist Clinical Psychologist prior to assessment by a surgeon.

Patients undergoing reconstructive surgery may not require psychological assessment. This decision will be at the discretion of the surgical team.

### BMI

>20–≤27.

BMI ≤ 33 may be considered in patients undergoing a planned programme of reconstructive surgery.

## Special Considerations

### Inclusions

Congenital asymmetry > 1 cup size.

Congenital aplasia/hypoplasia.

Chest wall deformity e.g. Poland's Syndrome.

Asymmetry following Breast Cancer treatment.

### Exclusions

Simple cosmetic uplift.

Surgery to reverse the normal ageing or post-involitional changes will not be supported.

### Waiting Times

These patients are not subject to the 18 Weeks Referral to Treatment Standard.

Some patients may be subject to guarantee times within other pathways.

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## Breast Reduction

### Procedures not routinely provided by the NHS

Surgery to reduce breast size

### Clinical Psychology

All referrals will be seen by a specialist Clinical Psychologist prior to assessment by a surgeon.

Patients undergoing reconstructive surgery may not require psychological assessment. This decision will be at the discretion of the surgical team.

### BMI

$>20$ – $\leq 27$ .

BMI  $\leq 33$  may be considered in patients undergoing a planned programme of reconstructive surgery.

## Special Considerations

### Inclusions

Massive disproportion to body habitus.

Intractable intertrigo.

Asymmetry  $> 1$  cup size.

Breast reduction may be appropriate for asymmetry following breast cancer treatment.

### Exclusions

Simple cosmetic reduction.

Breast reduction is not a useful primary treatment for breast, back, neck or shoulder pain.

Surgery to reverse the normal ageing or post-involitional changes will not be supported.

Generally inadvisable in patients  $< 18$  years old.

### Waiting Times

These patients are not subject to the 18 Weeks Referral to Treatment Standard.

Some patients may be subject to guarantee times within other pathways.

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## Breast Implant Complications

### Procedures not routinely provided by the NHS

Surgery to correct change in the appearance, size or shape of a breast with a prior history of implant surgery.

Replacement of breast implants will only be performed where the original implant surgery was performed by the NHS.

Patients who have had implant surgery performed privately for reconstruction after breast cancer will be treated as if their implants have been provided by the NHS.

Patients who have had implant surgery performed for cosmetic reasons and present with implant related complications should initially be referred back to the organisation which performed their surgery.

Where this is not possible, investigation and treatment up to the removal of the implant may be performed.

### Clinical Psychology

Referral to a specialist Clinical Psychologist may be made at the discretion of the surgical team.

### BMI

There are no specific BMI restrictions.

If BMI significantly raised consider carefully whether patient is appropriate for this type of surgery.

## Special Considerations

### Inclusions

Change in the appearance, size or shape of a breast with a prior history of implant surgery.

Pain related to capsular contracture.

### Exclusions

Implants placed privately for cosmetic reasons will not be replaced by NHSScotland. This would establish an ongoing duty of care for the replacement implants.

### Waiting Times

These patients are subject to the 18 Weeks Referral to Treatment Standard.

Patients do not require routine follow-up.

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## Gynaecomastia

### Procedures not routinely provided by the NHS

Surgery to change the shape/volume of the male breast.  
May include subcutaneous mastectomy or liposuction.

### Clinical Psychology

All referrals will be seen by specialist Clinical Psychologist prior to an assessment by a surgeon.

### BMI

$> 20 \leq 27$ .

### Special Considerations

Screening for hormone levels should be done prior to referral.  
Where indicated referral to Endocrinology should precede referral for surgery.

### Inclusions

Clinically significant breast prominence.  
Feminised nipple areola complex.  
Significant breast asymmetry.  
Significant psychological distress.

### Exclusions

Where clinical appearance does not match patient perception.

### Waiting Times

These patients are not subject to the 18 Weeks Referral to Treatment Standard.

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## Inverted Nipple Correction

### Procedures not routinely provided by the NHS

Surgery to correct inversion of a congenital nipple.

Acquired nipple inversion may be a sign of serious underlying disease and must be investigated and referred via the appropriate protocol.

### Clinical Psychology

Referral to a specialist Clinical Psychologist may be made at the discretion of the surgical team, following use of a nipple device for a period of 6 months.

### BMI

There are no specific BMI restrictions.

If BMI significantly raised consider carefully whether patient is appropriate for this type of surgery.

### Special Considerations

Acquired nipple inversion may be a sign of serious underlying disease and initial referral should be directed to a general surgical breast clinic.

In the absence of significant disease conservative treatment with proprietary suction devices for at least six months should be tried prior to considering referral.

Patients should be made aware prior to referral that surgical correction is likely to render subsequent breast feeding impossible.

### Inclusions

Nipple inversion not responsive to conservative treatment in the absence of significant breast pathology.

### Exclusions

Patients not compliant with conservative measures.

### Waiting Times

These patients are not subject to the 18 Weeks Referral to Treatment Standard.

**Referrals for suspicion of malignancy should be made via the appropriate cancer pathway.**

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## Aesthetic Facial Surgery

### Procedures not routinely provided by the NHS

Surgery for lifting one or both sides of the neck, face and brow.

May include all types facelift, brow lift, neck lift.

Indications may include patients with collagen diseases (e.g. cutis laxa) or facial palsy.

### Clinical psychology

All referrals for simple age related changes with no underlying cause will be returned.

Referral to a specialist Clinical Psychologist may be made at the discretion of the surgical team.

### BMI

There are no specific BMI restrictions.

If BMI significantly raised consider carefully whether patient is appropriate for this type of surgery.

## Special Considerations

### Inclusions

Where there is a specific, relevant underlying cause, please make this clear in any referral.

Referrals for brow lift may be considered where there is a demonstrable visual field defect. Visual field tests to be carried out prior to referral.

### Exclusions

Surgery simply to reverse the normal ageing process will not be supported.

### Waiting times

These patients are not subject to the 18 Weeks Referral to Treatment however brow lift for restricted visual fields is subject to the 18 weeks Referral to Treatment Standard.

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## Hair Transplantation

### Procedures not usually provided by the NHS

Grafting or other techniques to restore hair growth to an area of alopecia.

### Clinical Psychology

Referral to specialist Clinical Psychologist may be made at the discretion of the surgical team.

### BMI

There are no specific BMI restrictions.

If BMI significantly raised consider carefully whether patient is appropriate for this type of surgery.

## Special Considerations

### Inclusions

Following trauma (including surgery), burns, or rare congenital conditions.

### Exclusions

Referrals for normal male pattern baldness will not be considered.

### Waiting Times

These patients are not subject to the 18 Weeks Referral to Treatment Standard.

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## Pinnaplasty

### Procedures not usually provided by the NHS

Surgery to alter the form of the external ear.

### Clinical Psychology

All referrals will be seen by a specialist Clinical Psychologist prior to assessment by a surgeon.

### BMI

There are no specific BMI restrictions.

If BMI significantly raised consider carefully whether patient is appropriate for this type of surgery.

## Special Considerations

### Inclusions

There should be clinically evident significant prominence of the ear(s) and this should be made clear in the referral.

Congenital anomalies will usually have been dealt with in childhood, before the onset of this protocol.

### Exclusions

Simple cosmetic pinnaplasty will not be supported.

### Waiting Times

These patients are not subject to the 18 Weeks Referral to Treatment Standard.

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## Rhinoplasty

### Procedures not usually provided by the NHS

All procedures to alter the form and appearance of the nose.  
May include procedures for nasal obstruction.

### Clinical Psychology

All referrals where alteration of the form and appearance of the nose is the primary aim will be seen by specialist Clinical Psychologist.  
Referrals for nasal obstruction with alteration of the external appearance of the nose will be seen by Clinical Psychology.  
Referrals only for nasal obstruction do not require initial specialist Clinical Psychology assessment.  
Post-trauma referrals do not need specialist Clinical Psychology assessment if within one year of injury.  
Congenital anomalies (e.g. nasal deformity associated with cleft lip) will usually be in a continuing programme of treatment and are not subject to AEARP.

### BMI

There are no specific BMI restrictions.  
If BMI significantly raised consider carefully whether patient is appropriate for this type of surgery.

### Special Considerations

As a general principle, any procedure performed purely for nasal obstruction does not require psychology assessment and is subject to 18 Weeks Referral to Treatment Standard.  
Other procedures will require psychology assessment and will not be subject to 18 Weeks Referral to Treatment Standard.

### Inclusions

Procedures to alter the appearance of the nose after trauma within one year will usually be supported.  
After one year, post trauma specialist clinical psychology assessment is required.

### Exclusions

Procedures performed only for nasal obstruction fall outside this protocol.  
Simple cosmetic rhinoplasty will not be supported.

### Waiting Times

Procedures for nasal obstruction are subject to the 18 Weeks Referral to Treatment Standard.  
Procedures for nasal trauma within 12 months of injury fall are subject to the 18 Weeks Referral to Treatment Standard.  
All other indications for rhinoplasty are not subject to the 18 Weeks Referral to Treatment Standard.

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## Tattoo Removal

### Procedures not usually provided by the NHS

Any procedure (surgical or laser) for the purpose of removing or reducing a tattoo.

### Clinical Psychology

Referral to a specialist Clinical Psychologist will be at the discretion of the surgical team.

### BMI

There are no specific BMI restrictions.

If BMI significantly raised consider carefully whether patient is appropriate for this type of surgery.

### Special Considerations

Professional tattoos are usually incompletely removed by laser treatment.

Treatment for post traumatic tattooing will be supported.

Tattoo removal is not usually supported unless the tattoo was gained in the absence of consent.

Tattoo removal other than of face, neck or hands is most unlikely to be supported.

### Waiting Times

These patients are not subject to the 18 Weeks Referral to Treatment Standard.

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## Thread Veins

### Procedures not usually provided by the NHS

Laser and microsclerotherapy.

### Clinical Psychology

Referral to a specialist Clinical Psychologist will be may at the discretion of the surgical team.

### BMI

There are no specific BMI restrictions.

If BMI significantly raised consider carefully whether patient is appropriate for this type of surgery.

### Special Considerations

Treatment is only supported for severe thread veins on the face.

Photographs accompanying referrals are invaluable.

### Waiting Times

These patients are not subject to the 18 Weeks Referral to Treatment Standard.

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## Genital Surgery for Functional Indications

### Procedures not routinely provided by the NHS

Procedures performed to alter the appearance of the external genitalia.

In the presence of physical dysfunction referral should be made to Gynaecology.

In the presence of psychological/psychosexual dysfunction non-surgical treatment may be more appropriate.

### Clinical Psychology

All referrals will be seen by a specialist Clinical Psychologist prior to assessment by a surgeon.

### BMI

>20–≤27.

## Special Considerations

### Inclusion

Functional impairment which must be confirmed by an appropriate specialist. This must be a tertiary referral.

### Exclusion

Cosmetic genital surgery is not supported by NHSScotland.

### Waiting Times

These patients are not subject to the 18 Weeks Referral to Treatment Standard.

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