NHS NWL CCGs will only fund abdominoplasty or apronectomy surgery where there are functional problems present. Abdominoplasty and apronectomy procedures will not be funded for cosmetic reasons. The following criteria must be met for funding:

The patient is 18 or over at the time of application

AND

The patient has BMI of 18-27 kg/m² and stable for at least two years

OR

The patient has lost at least 50% of their original excess weight and maintained their weight for at least two years

AND

At least one of the following severe functional problems:

3a) Difficulties with activities of daily living; (e.g. Walking & Dressing). Please give details in the supporting information section below.

OR

3b) Recurrent skin infections in the skin folds that fail to respond despite appropriate medical therapy for at least 6 months.

Supporting evidence will be required.

Where the criteria are not met, funding may be considered via the IFR route if there are any exceptional reasons.

This policy does not apply to belt lipectomy. Funding for this procedure is not routinely available and will be considered via IFR only. See the cosmetics policy.

This policy does not apply where the abdominoplasty/abdominal wall repair is required in conjunction with other medically necessary procedures such as complex hernia repair.

Note: Patients who smoke should have attempted to stop smoking 8 to 12 weeks before referral to reduce the risk of surgery and the risk of post-surgery complications. Patients should be routinely offered referral to smoking cessation services to reduce these surgical risks.

These polices have been approved by the eight Clinical Commissioning Groups in North West London (NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith and Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG and NHS West London CCG).
An abdominoplasty involves the removal of excess skin and fat from the middle and lower abdomen in order to tighten the muscle and fascia of the abdominal wall. An Apronectomy or mini tummy tuck is less radical than the abdominoplasty.

This type of surgery is usually sought by patients with loose tissues after pregnancy or individuals with sagging after major weight loss particularly following bariatric surgery. Excessive abdominal skin folds may occur following weight loss in obese patients and these can cause significant functional difficulties for patients – difficulties walking, dressing, and problems with skin infections. Abdominoplasty is a beneficial procedure for these patients. It is important that patients undergoing abdominoplasty/apronectomy have achieved and maintained a stable weight so that the risks of obesity recurring are reduced.

**References:**