

Greater Manchester Procedures of Low Clinical Value Commissioning Statements

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Commissioning statements

Aesthetic surgery (other)

The <u>aesthetic surgery (other)</u> commissioning statement covers all aesthetic procedures (also referred to as plastic surgery procedures) not covered by the following individual GM commissioning statements:

- Aesthetic Breast Surgery;
- Body Contouring;
- Dermatochalasis (Correction of)
- Electrolysis & Laser Hair Removal;
- Eyelid Lesions (common benign)
- Hair Replacement Technologies;
- Labiaplasty;
- Pinnaplasty;
- Rhinoplasty / Septoplasty / Septo-Rhinoplasty;
- Scarring (surgical revision of);
- Skin Lesions (common benign);
- Skin Resurfacing Techniques;
- Split / Torn Earlobes (repair of);
- Strabismus (squint surgery);
- Tattoo Removal;

This commissioning statement covers all remaining surgery carried out for aesthetic reasons; it includes but is not limited to:

- Vaginoplasty
- Rhytidectomy (Face Lift / Brow Lift)
- · Botox for the ageing face
- Liposuction
- Limb lengthening
- Vitiligo
- Revision of cosmetic procedures

Assisted conception

The <u>assisted conception commissioning statement</u> covers what is commissioned with regards to assisted conception across Greater Manchester.

- In vitro fertilisation (IVF)
- Intracytoplasmic Sperm Injection (ICSI)

- Intra-Uterine Insemination (IUI)
- Number of IVF cycles funded
- Definitions of IVF cycles
- Use of donor oocytes
- Access to donor eggs
- Transfer of frozen material
- Storage of viable embryos
- HFEA guidance on the welfare of the child
- Switching providers
- Reversal of sterilisation
- Surrogacy
- Pre-implantation Genetic Diagnosis (PGD)
- Genetic counselling
- Recurrent miscarriage
- Sperm, oocyte or embryo storage to retain fertility

Back pain (low) and sciatica

The <u>assessment and management of low back pain and sciatica commissioning</u> <u>statement</u> is around the assessment and management of low back pain and sciatica in the over 16s.

Note: This replaces the Low back pain and sciatica (Assessment and management of in over 16s) commissioning statement v3.2

Body contouring

This <u>body contouring commissioning statement</u> covers a variety of requests to remove redundant skin usually following major weight loss, the most commonly requested are:

- Arm reduction and lift (Brachioplasty)
- Thigh lift.
- Surgery to improve the appearance of the abdomen

Breast Surgery (Aesthetic)

This covers a variety of requests for breast surgery where the reason is more aesthetic than clinical. Aesthetic breast surgery covers those requests where there is no underlying breast disease that is being treated by the surgery.

The following procedures can be found in the <u>aesthetic breast surgery</u> <u>commissioning statement</u>

- Breast augmentation
- Female breast reduction
- Breast asymmetry
- Removal and replacement of breast implants

The following procedures however have separate individual commissioning statements:

Mastopexy (Breast Lift) Commissioning Statement

Nipple inversion commissioning statement

<u>Supernumerary nipples commissioning statement</u>

Surgery for gynaecomastia commissioning statement

Bunion surgery

This <u>bunion surgery commissioning statement</u> covers surgical removal of symptomatic bunions (hallux valgus). The bunion is the prominent and often inflamed metatarsal head overlying the bursa. Bunions can be asymptomatic or symptomatic. Symptomatic bunions cause pain, functional impairment and problems wearing normal shoes.

Caesarean Section

This <u>caesarean section commissioning statement</u> covers caesarean sections where the women are most likely to benefit from a caesarean section in a situation where the mother or child could be put at risk if a normal delivery was attempted.

Carpal Tunnel (surgical interventions for)

This <u>GM Carpal Tunnel Syndrome</u> (<u>surgical interventions for</u>) <u>Commissioning</u> Statement covers requests for surgical intervention for carpal tunnel syndrome.

Carpal tunnel syndrome is caused by elevated pressure in the carpal tunnel resulting in ischaemia of the median nerve and consequent impaired nerve conduction, paraesthesia and pain

Cataract surgery

This <u>cataract surgery commissioning statement</u> covers surgery to remove cataracts. Surgical treatment involves removing the patient's cloudy lens and implanting an artificial lens. The presence of a cataract does not in itself indicate a need for surgery.

Circumcision (Penile)

This <u>circumcision (Penile) commissioning statement</u> covers surgical removal of the foreskin (the hood of skin covering the end of the penis). Penile circumcision is often undertaken for cultural or religious reasons (non-therapeutic) or where there is a physical clinical need (therapeutic).

Note: This replaces the Circumcision (surgical procedures on the prepuce) commissioning statement v2.6

Communication Aids

This <u>communication aids commissioning statement</u> covers non-specialised devices including those devices that require message formulation by spelling and through direct access with the device. They are main stream and may be used for a limited range of communication production. Simple or text-based devices are often termed 'lite tech' and generally include some or all of the following features:

- they are used to produce a relatively small number of utterances
- are used to produce only single-concept utterances
- have overlays or physical interfaces
- are battery powered
- use recorded speech

Complementary and alternative therapies

This <u>complementary and alternative therapies commissioning statement</u> covers complementary and alternative therapies which are those therapies not considered to be part of mainstream 'western' or 'scientific' medicine.: It includes, but is not exclusive to the following:

Acupuncture; Aromatherapy; Alexander Technique; Applied Kinesiology; Aromatherapy; Autogenic Training; Ayurveda; Chiropractic; Craniosacral therapy; Environmental Medicine; Healing; all forms of Herbal Medicine; Hypnosis /

hypnotherapy; Homeopathy; Massage; Meditation; Naturopathy; Nutritional Therapy; Osteopathy; Reflexology; Reiki; Shiatsu; & Yoga therapy

Continuous Glucose Monitoring

This <u>Continuous Glucose Monitoring commissioning statement</u> covers real-time continuous glucose monitoring (CGM) systems which monitor how well the individual's insulin regimen is controlling their blood sugar levels. The aim is to support avoidance of hypo and hyperglycaemia. Real-time CGM isn't blood glucose monitoring as the sensors with a real-time CGM machine are placed into the body but not into the bloodstream. Real-time CGM can be integrated into an insulin pump or can be standalone devices.

Note: This commissioning statement is based on the NICE NG17 & NG18 (2015) guidance. As NICE published reviewed guidance in March 2022, **this commissioning statement is currently under review.**

Cough Assist

This <u>cough assist commissioning statement</u> covers requests for the mechanical insufflator/exsufflator (MI-E) which assists with the clearance of bronchopulmonary secretions in those patients with an ineffective cough by the use of both positive and negative pressure. Cough Assist is a non-invasive therapy that safely and consistently removes secretions in patients with an ineffective ability to cough (peak cough flow <270 l/m).

Typical Cough Assist patients include those with the following conditions:

- Amyotrophic lateral sclerosis
- Spinal muscular atrophy
- Muscular dystrophy
- Myasthenia gravis
- Spinal cord injuries
- Reduced Peak Cough Flow (PCF) of 160l/pm or 270 l/pm or < 270 l/pm and have clinical symptoms or a weak cough and therefor require intervention necessary to clear bronchial secretions or infection
- PCF can be measured by coughing into a peak flow meter attached to a mask MI-E Guidelines 2013.

Dilation and Curettage and Hysterectomy for heavy menstrual bleeding

This <u>dilation and curettage and hysterectomy for heavy menstrual bleeding</u> <u>commissioning statement</u> covers treatment for heavy menstrual bleeding (HMB, also known as menorrhagia). HMB is excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life, and which can occur alone or in combination with other symptoms. Treatments covered in the commissioning statement are:

- D&C dilation and curettage
- Hysterectomy surgical removal of the uterus

Dermatochalasis (correction of excess skin of the eyelids)

This <u>dermatochalasis</u> (correction of excess skin of the eyelids) commissioning <u>statement</u> covers the surgical correction of dermatochalasis. Dermatochalasis is a term applied to drooping of the eyelid. It is characterised by excess laxity of the skin and subcutaneous tissues of the upper eyelid. The skin of the upper lid may hang down over the lid margin causing a variety of symptoms, both cosmetic and functional. Dermatochalasis is frequently associated with brow ptosis, and blepharoptosis, and occasionally with lacrimal gland prolapse.

Drainage of the Middle Ear (with or without grommets)

This <u>drainage of the Middle Ear (with or without grommets) commissioning statement</u> covers drainage of the middle ear or Myringotomy, which is a surgical procedure used in the treatment of Otis Media in which a small incision is made in the eardrum (the tympanic membrane), usually in both ears. It can also be called myringocentesis, tympanotomy, tympanostomy, or paracentesis of the tympanic membrane. Fluid in the middle ear can be drawn out through the incision.

Grommets or tympanostomy tubes are small tubes open at both ends that are inserted into the incisions in the eardrums during myringotomy. They come in various shapes and sizes and are made of plastic, metal, or both. They are left in place until they fall out by themselves or occasionally they may need to be removed by a clinician.

Concurrent Adenoidectomy for the management of otitis media is not routinely commissioned but can be performed at the same time as OME surgery if it is indicated for a co-morbidity.

Dupuytren's Contracture

This <u>Dupuytren's Contracture Commissioning Statement</u> covers treatment for Dupuytren's contracture. Dupuytren's contracture is a progressive disorder that affects the palmar fascia, causing the fibrous tissue to shorten and thicken. Treatments include injection, needle fasciotomy and open surgery.

Most commonly, it affects the ring finger, followed by the little finger and then the middle finger. However, other areas of the body may be affected.

Electrolysis and Laser Hair Removal for Hirsutism

This <u>Electrolysis and Laser Hair Removal for Hirsutism commissioning statement</u> covers the following procedures for the treatment of hirsutism:

- Laser Hair removal A medical procedure that uses a laser an intense, pulsating beam of light - to remove unwanted hair
- Electrolysis The destruction of hair roots through the use of a mild electric current

Hirsutism is the abnormal growth of hair on a woman's face and body. This can be measured using the Ferriman Gallwey scoring system.

Electrolysis and laser hair removal are considered predominantly cosmetic therapies and are not without the risk of side effects, e.g. scarring.

Endoscopic thoracic sympathectomy (ETS) for Facial Blushing

This Endoscopic thoracic sympathectomy (ETS) for Facial Blushing commissioning statement covers endoscopic thoracic sympathectomy (ETS), which is a procedure usually done with the patient under general anaesthesia. It can be used to treat facial blushing and severe facial blushing (also known as Idiopathic Faciocranial Erythema – IFE).

ETS is a procedure with a relatively high risk of complications.

Experimental and Unproven Treatments

This <u>Experimental and Unproven Treatments commissioning statement</u> covers procedures / interventions that are either still in the development phase in relation to

the evidence base for their effectiveness, or whose proposed use is for a condition not covered by that that evidence base.

May consider certain unlicensed uses of drugs where there is concern that the evidence base is lacking and this has not previously been considered by NICE evidence summary or Greater Manchester Medicines Management Group (GMMMG) New Therapies sub-group.

Eyelid Lesions (removal of common benign)

This <u>Eyelid Lesions</u> (removal of common benign) commissioning statement covers the surgical removal of benign lesions of the eyelid. These lesions are those which do not affect the functioning of the eye or eyelids and will not develop into malignant disease.

These include but are not limited to:

- Chalazion (meibomian) cyst,
- Dermatochalasis
- Xanthelasma.

Facet Joint Injections

Note: This commissioning statement has been withdrawn and facet joint injections are now incorporated with the <u>Spinal injections for low back pain</u> commissioning statement

Functional Electrical Stimulation (FES) for foot drop

This <u>Functional Electrical Stimulation (FES) for foot drop commissioning statement</u> covers Functional Electrical Stimulation (FES), which is a treatment using small electrical charges to improve mobility in a number of conditions.

The commissioning statement is for treatment of foot drop of central neurological and of upper motor neurone origin – it is used mostly for foot drop following stroke or in Multiple Sclerosis.

There are 3 types of FES devices:

- Cuffed devices
- Cuffed wireless
- Wireless devices

Gallstones (Asymptomatic)

This <u>Gallstones (Asymptomatic) commissioning statement</u> covers treatment for asymptomatic gallstones. Gallstones are small stones, usually made of cholesterol, that form in the gallbladder. In most cases, they don't cause any symptoms and don't need to be treated. Asymptomatic gallstones are very common. No treatment is required unless symptoms or signs develop such as abdominal pains, abdominal discomfort, or jaundice.

Ganglia of the hand and wrist

This <u>Ganglia of the hand and wrist commissioning statement</u> covers treatment for ganglion cysts of the hand and wrist. Ganglion cysts look and feel like a smooth, soft lump under the skin. Ganglia are the commonest soft tissue tumours of the hand and wrist. No treatment is required unless there is cyst recurrence where aspiration and or surgical procedures may be required. Aspiration is a minimally invasive procedure used to remove fluid from a ganglion cyst, often providing relief from pain and discomfort.

Haemorrhoids and Anal Skin Tags

This <u>Haemorrhoids and Anal Skin Tags commissioning statement</u> covers treatment for haemorrhoids and anal skin tags. Haemorrhoids, also known as piles, are swellings containing enlarged blood vessels found inside or around the rectum and anus. In many cases, haemorrhoids don't cause symptoms and some people don't even realise they have them. Anal skin tags, also called rectal skin tags, are growths that hang off the skin around the outside of the anus - and are usually harmless.

Hair Replacement Technologies

This <u>hair replacement technologies commissioning statement</u> covers treatment for hair replacement. Hair replacement systems are considered to be aesthetic treatments.

Headache Disorders

This <u>Headache Disorders commissioning statement</u> covers treatment for headache disorders. Treatment for headache disorders depends on the nature and type of the headaches being treated.

Hernias (surgical repair of)

This <u>Hernias</u> (surgical repair of) commissioning statement covers treatment for hernias. A hernia occurs when an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall.

A hernia usually develops in the area of the body between the chest and the hips. In many cases, it causes no or very few symptoms, although patients may notice a swelling or lump in the abdomen or groin.

The lump can often be pushed back in or disappears when they lie down. Coughing or straining may make the lump appear.

Hip Replacement

This <u>Hip Replacement commissioning statement</u> covers total hip replacement treatment. In a total hip replacement (also called total hip arthroplasty), the damaged bone and cartilage is removed and replaced with prosthetic components. The damaged femoral head is removed and replaced with a metal stem that is placed into the hollow centre of the femur.

Hyaluronan intra-articular injections for osteoarthritis

This <u>Hyaluronan intra-articular injections for osteoarthritis commissioning statement</u> covers hyaluronan intra-articular injections for osteoarthritis. These injections are offered for the relief of joint pain but are not considered to be effective in the management of osteoarthritis.

Note: This replaces the Hyaluronic Acid Injections for Osteoarthritis commissioning statement v3.5

Hyperhidrosis

This <u>Hyperhidrosis commissioning statement</u> covers the secondary care aspects of the treatment of hyperhidrosis (a medical condition in which a person sweats excessively and unpredictably). People with hyperhidrosis may sweat even when the temperature is cool or when they are at rest.

Knee Arthroscopy

This <u>Knee Arthroscopy commissioning statement</u> covers knee arthroscopy, which is surgery that uses a tiny camera to look inside the knee. Small cuts are made to insert the camera and small surgical tools into the knee for the procedure. Lavage (also referred to as "wash out") is a procedure in which intra-articular fluid is aspirated and the joint is washed out, removing inflammatory mediators, debris, or small loose bodies (also referred to as debridement).

Knee Replacement

This <u>Knee Replacement commissioning statement</u> covers total knee replacement (also known as TKR), which involves replacing the joint surfaces at the end of the femur and at the top of the tibia. Sometimes patellar resurfacing is undertaken at the same time. Previous patellectomy may affect the type of prosthesis the surgeon uses.

Labiaplasty

This <u>Labiaplasty commissioning statement</u> covers labiaplasty procedure. Labiaplasty is a surgical procedure that removes excess tissue from the labia, usually the labia minora, although both can be reduced. The idea is to make the labia smaller and it is performed in hospital, usually under general anaesthetic and is done in one of two ways, either by reducing the edges of the labia, or by snipping out a 'V' shape wedge of tissue.

Laser Eye Surgery

This <u>Laser Eye Surgery commissioning statement</u> covers Photorefractive (laser) surgery for the treatments of defects of the cornea – including defects in shape leading to reduced vision.

The commonest types of laser correction are: photorefractive keratectomy (PRK), laser epithelial keratomileusis (LASEK) and laser in situ keratomileusis (LASIK), all performed with the patient under local anaesthesia.

Lycra Body Suits

This <u>Lycra Body Suits commissioning statement</u> covers Lycra body suits (sometime referred to as lycra orthoses). Lycra body suits are a type of orthoses (a brace or other such device) that have been designed to correct deformity, provide joint

stability and tone inhibition and re-educate targeted impairments towards more normal function.

These body suits are marketed as suitable for a range of neurological and musculoskeletal conditions as well as some skeletal issues, e.g. scoliosis where they are offered as an alternative to a fixed brace. The most common conditions where these suits are requested are Cerebral Palsy, Multiple Sclerosis and Muscular Dystrophies.

MRI Scanning

This <u>MRI Scanning commissioning statement</u> covers (non-standard) MRI scanning for patients where it is required for clinical reason and standard scanning is contraindicated. This could be for a number of reasons:

- Claustrophobia (Open scanning)
- Obesity (wide bore scanning)
- Clinically indicated upright scanning (upright open)

Orthoses and 24hr Posture Management

This Orthoses and 24hr Posture Management commissioning statement covers orthoses and 24-hour posture management systems/devices.

'Orthoses' is the term used to describe these external devices which includes, but is no limited to, insoles, braces, splints, calipers, footwear, spinal jackets and helmets. Compression hosiery can sometimes be provided as part of the orthotics service.

24-hour postural management helps to prevent or manage complications such as contracture, structural changes in the skeletal system, and to improve an individual's quality of life. These can include specialised mattresses and sleep systems, wheelchair adaptations, standing frames and other postural management inserts for seating etc. Most of these are available through local equipment stores.

Pelvic Vein Embolisation

This <u>Pelvic Vein Embolisation commissioning statement</u> covers surgical treatment to cause artificial thrombosis of the pelvic vein. This procedure is still considered experimental and should only be undertaken as part of a clinical trial.

Pinnaplasty

This <u>Pinnaplasty commissioning statement</u> covers Pinnaplasty (otoplasty), which is a procedure designed to realign the normal anatomical features of the ear (pinna) into a more aesthetically pleasing form.

Pinnaplasty (otoplasty) surgery and cartilage moulding techniques are methods of correction of prominent ears. Ear prominence is very common and can lead to low self-esteem, bullying and significant psychological morbidity, particularly in childhood and adolescence. However, the condition itself does not cause any physical ill health.

Radiofrequency Denervation for chronic low back pain

This <u>Radiofrequency Denervation for chronic low back pain commissioning</u> <u>statement</u> The commissioning statement applies to those aged 16 years and over. Radiofrequency denervation is also known as radiofrequency neurotomy or radiofrequency ablation. Radiofrequency denervation uses radiofrequency waves to block the nerves around the facet joints in your back which send pain signals to your brain if your facet joints are inflamed.

Note: Radiofrequency denervation was previously within the Spinal Injections and related therapies for low back pain commissioning statement v1.3

Rhinoplasty / Septoplasty / Septo-rhinoplasty

This Rhinoplasty / Septoplasty / Septo-rhinoplasty commissioning statement covers surgery to reshape the nose using the following procedures:

- Rhinoplasty a nose reshaping operation is either performed from inside the nostrils – this is referred to as a closed rhinoplasty; or else by making a small cut on the nose and elevating the skin – known as an open rhinoplasty
- Septoplasty a surgical procedure to correct a deviated nasal septum, i.e. a
 displacement of the bone and cartilage that divides the two nostrils. During
 septoplasty, the nasal septum is straightened and repositioned in the middle
 of your nose.
- Septo-Rhinoplasty is related to rhinoplasty but is carried out for patients who
 also have nasal obstruction. Septo-rhinoplasty not only improves the
 appearance of the nose, but it removes any internal obstructions that may be
 blocking breathing through the nose.

Rhinosinusitis / Rhinitis / Sinusitis

This <u>Rhinosinusitis / Rhinitis / Sinusitis commissioning statement</u> covers treatment for the following conditions:

- Rhinosinusitis this is defined as inflammation of the nose and paranasal sinuses.
- Allergic (Chronic) Rhinitis Allergic rhinitis is diagnosed by history and examination, supported by specific allergy tests. Topical nasal corticosteroids are the treatment of choice for moderate to severe disease
- Chronic Sinusitis is inflammation of the paranasal sinuses lasting more than 12 weeks. Symptoms include: facial pressure, rhinorrhoea, postnasal drainage, congestion, and general malaise. Chronic sinusitis is divided into 2 groups, with and without polyps, which have slightly different treatment regimens.

Sacroneuromodulation to treat urinary retention and constipation

This <u>Sacroneuromodulation to treat urinary retention and constipation commissioning</u> <u>statement</u> covers sacroneuromodulation, which is currently used to treat urge incontinence of the bladder, urinary retention, constipation and faecal incontinence.

Sacral nerve stimulation involves applying an electric current to one of the sacral nerves via an electrode placed through the corresponding sacral foramen. The electrode leads are attached to an implantable pulse generator, which stimulates nerves associated with the lower urinary tract or bowel.

Scarring (surgical revision of)

This <u>Scarring (surgical revision of) commissioning statement</u> covers surgical treatment for revision of scars. Most procedures are carried out for aesthetic reasons and are not curative. In the case of keloid scars, these may recur and in some cases be worse than before the revision.

Surgical revision of scarring is rarely indicated for clinical reasons unless it is a necessary part of the pathway of care following an initial injury /operation e.g. reconstruction following trauma, cancer etc.

Shoulder Impingement (sub-acromial decompression)

This <u>Shoulder Impingement (sub-acromial decompression)</u> commissioning statement covers sub-acromial decompression in the shoulder. Shoulder impingement is a very common cause of shoulder pain, where a tendon (band of tissue) inside the shoulder rubs or catches on nearby tissue and bone as the arm is lifted. It affects the rotator cuff tendon, which is the rubbery tissue that connects the muscles around the shoulder joint to the top of the arm. Shoulder impingement can start suddenly or come on gradually.

Skin Lesions (common benign)

This <u>Skin Lesions</u> (common benign) commissioning statement covers surgical removal of common benign (not harmful) skin lesions. The vast majority of skin tumours are benign. There are a few very common benign skin tumours including: benign pigmented moles, comedones, corn/callous, lipoma, milia, molluscum contagiosum, sebaceous cysts (epidermoid or pilar cysts), seborrhoeic keratoses (basal cell papillomata), skin tags, keloid scars, spider naevus (telangiectasia), warts and neurofibromata.

Skin Resurfacing

This <u>Skin Resurfacing commissioning statement</u> covers skin resurfacing, which is essentially a controlled injury to the skin with the aim that, as the skin heals, it forms 'good' scar tissue to replace the previous 'scarring' however, the risk is that the skin forms 'bad' scar tissue again.

Skin resurfacing techniques range from topical creams to laser therapy.

Snoring (surgery to correct)

This <u>Snoring (surgery to correct) commissioning statement</u> covers surgical techniques to correct snoring. Several surgical techniques can be used to correct snoring. Surgery for snoring is usually regarded as a last resort, when all other treatment options have been tried and proven ineffective. Surgery is also not suitable for most cases of snoring.

There are four main types of surgery used in treating snoring, although these types of surgery are not usually available on the NHS. These are:

- uvulopalatopharyngoplasty (UPPP)
- uvulopalatoplasty (UP)

- palate implants
- radiofrequency ablation (RFA) of the soft palate.

Spinal Injections for low back pain

This <u>Spinal injections for low back pain commissioning statement</u> covers procedures involving spinal injections. In line with NICE NG59, spinal injections for managing low back pain are not commissioned. The commissioning statement applies to those aged 16 years and over.

The procedures covered by this commissioning statement are:

- Facet joint injections
- Therapeutic medial branch block
- Intradiscal therapy together with prolotherapy
- Trigger point injections
- Epidural injections for acute severe sciatica.
- Epidural injections for neurogenic claudication with central spinal stenosis

The commissioning statement also includes recommendations on cauda equina syndrome.

Note: This replaces the Spinal Injections and related therapies for low back pain commissioning statement v1.3. Radiofrequency Denervation now has its own commissioning statement.

Split Torn Ear Lobes (repair of)

This <u>Split Torn Ear Lobes (repair of) commissioning statement</u> covers treatment to repair split/torn earlobes. The repair of split earlobes is considered to be an aesthetic procedure and is normally only available where the ear lobes have split as a result of direct trauma. Repair should be carried out in the period immediately following the trauma unless clinically contraindicated. When repaired in this time frame the repair will be considered to be an integral part of the standard care pathway for trauma aftercare.

Strabismus (squint surgery)

This <u>Strabismus</u> (<u>squint surgery</u>) <u>commissioning statement</u> covers surgical correction of adult strabismus (squint).

Strabismus, or squint, is defined as a misalignment of the two eyes. It may be present from birth or arise at any time in life. In many cases, no clear cause is

identified. However, it is more common in those with a family history of the condition, refractive errors and some syndromic or neurological conditions.

Surgery for low back pain and sciatica

This <u>Surgery for low back pain commissioning statement</u> covers spinal procedures for low back pain and sciatica. NHS England routinely commissions emergency spinal surgery, complex spinal surgery, most disc replacement surgery, cancer related surgery and surgery for spinal deformity (this list is not exhaustive).

The procedures covered by this commissioning statement are:-

- Lumbar spinal decompression (laminectomy, facetectomy, foraminotomy or discectomy)
- Spinal fusion, disc replacement and decompression surgery for non-specific low back pain.
- Experimental lumbar spinal decompression procedures, including cryoneurolysis, endoscopic laser foraminoplasty, percutaneous endoscopic laser discectomy and percutaneous intradiscal laser ablation.

This commissioning statement applies to those aged 16 years and over.

Note: This commissioning statement replaces the Spinal Procedures (Out of Contract) commissioning statement v2.8

Tattoo Removal

This <u>Tattoo Removal commissioning statement</u> covers surgical removal of tattoos. A tattoo is a form of body modification, made by inserting indelible ink into the dermis layer of the skin to change the pigment. There are very few clinical reasons for removing a tattoo and this procedure is therefore considered predominantly aesthetic.

Trophic Electrical Stimulation (TES) for facial palsy

This <u>Trophic Electrical Stimulation (TES)</u> for facial palsy commissioning statement covers Trophic Electrical Stimulation (TES), which is a treatment aimed at restoring the function of the muscles of the face through mimicking the stimulation provided from the normal nerve functioning.

TES is used to treat chronic idiopathic facial palsy (Bell's palsy). Facial palsy refers to weakness of the facial muscles, resulting from temporary or permanent damage to

the facial nerve. The majority of facial palsies that are idiopathic or infective will resolve spontaneously – usually within 3 months.

Tongue Tie (Ankyloglossia)

This <u>Tongue Tie (Ankyloglossia) commissioning statement</u> covers surgical treatment for Ankyloglossia. Ankyloglossia, also known as tongue-tie, is a congenital anomaly characterised by an abnormally short lingual frenulum, which may restrict mobility of the tongue. It varies in degree, from a mild form in which the tongue is bound only by a thin mucous membrane to a severe form in which the tongue is completely fused to the floor of the mouth.

Tonsillectomy

This <u>Tonsillectomy Commissioning Statement</u> covers Tonsillectomy, which is a surgical procedure during which the tonsils are removed from either side of the throat. It is carried out for the management of recurrent tonsillitis in adults and children who meet the current commissioning statement criteria.

Trigger Finger (surgical correction of)

This <u>Trigger Finger Commissioning Statement</u> covers surgical correction of trigger finger. Trigger finger is a painful condition in which a finger or thumb clicks or locks as it is bent towards the palm. Whilst trigger finger is not a serious condition it can cause significant pain and functional issues.

Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing

This <u>Ultrasound and Pulsed Electromagnetic Systems (PES)</u> for bone healing <u>commissioning statement</u> covers Ultrasound and pulsed electromagnetic systems for bone healing. They are both external systems that stimulate the body's natural repair process and encourage bone growth at fracture sites.

Varicose Veins

This <u>Varicose Veins commissioning statement</u> covers varicose vein treatment. In some people, varicose veins are asymptomatic or cause only mild symptoms, but in others they cause pain, aching or itching and can have a significant effect on their

quality of life. Varicose veins can cause skin changes, varicose eczema and varicose ulceration. Bleeding or thrombophlebitis may also occur.