	Policy Statement	What is covered	Key Words
1	Aesthetic Surgery (Other)	This policy covers all aesthetic procedures (also referred to as plastic surgery procedures) not covered by the following individual GM policy 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 policy 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	• Aesthetic procedures • Ageing face • Botox • Brow lift • Cosmetic procedures • Face lift • Limb lengthening • Liposuction • Rhytidectomy • Vaginoplasty • Vitiligo
2	Assisted Conception Policy (all areas)	This policy covers what is commissioned with regards to assisted conception across Greater Manchester.	• In vitro fertilisation (IVF) • Intracytoplasmic Sperm Injection (ICSI) • Intra-Uterine Insemination (IUI)

	Policy Statement	What is covered	Key Words
2	Back Pain (Low)	This policy is around the assessment and management of low back pain in sciatica in the over 16s.	• Alexander Technique • Back pain • Botulinum toxin • Epidural injections • Facet Joint Injections • Intradiscal therapy / electrothermal therapy (IDET) • Joint fusion • Lumbar • Massage • Medial Branch Block Neuroreflexive therapy • Percutaneous intradiscal thermocoagulation (PIRFT) • radiofrequency Prolotherapy • Radiofrequency Denervation • Sacroiliac joint pain • Sciatica • Spinal injections • Trigger point injections
3	Body Contouring	This policy 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:	• Abdominoplasty • Apronectomy • Arm reduction and lift • Buttock lift • Brachioplasty • Excess skin • Excess fat • Intertrigo • Liposuction • Panniculectomy • Thigh lift • Tummy tuck

	Policy Statement	What is covered	Key Words
4	Aesthetic Breast Policy	This policy 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 procedures requested include: • Breast Augmentation • Breast Reduction both female and male (for Gynaecomastia) • Breast Lift / Mastopexy • Inverted nipple correction • A combination of the above to address asymmetry	• Accessory breasts • Amastia • Amazia • Asymmetry • Augmentation • Gynaecomastia • Intertrigo • Inverted nipple correction • Large breasts • Mastopexy • Poland's syndrome • Reduction • Small breasts
5	Bunion Surgery	This policy 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.	• Bunion • Hammer toe • Hallux • Hallux rigidus • Osteotomy • Ulceration
6	Caesarean Section	This policy 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.	• Caesarean • C-section • Elective caesarean • Emergency caesarean • Placenta praevia • Planned caesarean • Singleton breech (presentation) • Uterine rupture

	Policy Statement	What is covered	Key Words
7	Carpal Tunnel	This policy 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.	• Carpal tunnel • Corticosteroid • Dorsal • Electromyography • Median nerve • Motor • Nerve conduction studies • Parasthesiae • Sensory disturbance • Tendon • Thenar eminence
8	Cataract Surgery	This policy 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.	• Anisometropia • Binocular • Cataract • Glaucoma • Lens • Visual acuity • Visual impairment
9	Circumcision	This policy covers surgical removal of the foreskin (the hood of skin covering the end of the penis). Circumcision is often undertaken for cultural or religious reasons (non-therapeutic) or where there is a physical clinical need (therapeutic).	• Balanitis Xerotica Obliterans (BXO) • Balanoposthis • Circumcision • Female genital mutilation • Foreskin • Paraphimosis • Phimosis • Therapeutic • Non-therapeutic

	Policy Statement	What is covered	Key Words
10	Communication Aids	This policy 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	• Acquired disabilities • Augmentative and Alternative Communication (ACC) Aids • Autism or autism spectrum disorder (ASD) • Congenital disabilities • Utterance
11	Complementary and Alternative Therapies	This policy covers complementary and alternative therapies which are those therapies not considered to be part of mainstream 'western' or 'scientific' medicine. The evidence base for most therapies is limited and good quality research is required before these can be fully evaluated.	• Acupuncture • Alexander Technique • Applied Kinesiology • Aromatherapy • Autogenic Training • Ayurveda • Chiropractic • Craniosacral therapy • Environmental Medicine • Healing • Herbal Medicine • Homeopathy • Hypnosis • Hypnotherapy • Massage • Meditation • Naturopathy • Nutritional Therapy • Osteopathy • Reflexology • Reiki • Shiatsu • Yoga therapy

	Policy Statement	What is covered	Key Words
12	Continuous Glucose Monitoring	This policy 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.	• Blood sugar • Continuous glucose monitoring • Diabetes • Diabetic ketoacidosis (DKA) • Glucose • Hyperglycaemia • Hypoglycaemia • Insulin • Interstitial fluid • Real-Time CGM
13	Cough Assist	This policy 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 3	• Amyotrophic lateral sclerosis (ALS) • Bronchial • Guillain-Barré Syndrome • Kypho-scoliosis • Muscular atrophy • Muscular dystrophy • Myasthenia gravis • Peak Cough Flow • Pleural effusion • Post polio syndrome • Spinal cord injuries • Vital capacity

	Policy Statement	What is covered	Key Words
14	Dilation & Curettage and Hysterectomy for heavy menstrual bleeding	This policy 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 policy are; • D&C – dilation and curettage • Hysterectomy – surgical removal of the uterus	• Cervix • Dilation and curettage • Dilatation • Fibroids • Heavy bleeding • Hysterectomy • Hysteroscopy • Menorrhagia
15	Dermatochalasis (correction of excess skin of the eyelids)	This policy 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.	• Blepharoplasty • Brow lift • Dermatochalasis • Epiphora • Frontalis overaction • Ocular surface disease • Ptosis • Upper lid entropion • Visual field • Wick syndrome
16	Drainage of the Middle Ear (with or without grommets)	This policy 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.	• Adenoidectomy • Acute Otitis Media • Cholesteatoma • Drainage of the middle ear • Grommets • Myringotomy • Otitis Media with effusion

	Policy Statement	What is covered	Key Words
17	Dupuytren's Contracture	This policy 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 faciotomy 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.	• Collagen Matrix • Collagenese • Dermofasciectomy • Dupuytren's • Fascia • Fasciectomy • Flexion • Joint contracture • Nodule • Palmar • Peyronie's disease • Tendon • Total flexion deformity • Web contracture
18	Electrolysis and Laser Hair Removal for Hirsutism	This policy 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	• Androgenism • Electrolysis • Hirsutism • Hypertrichosis • Laser hair removal • Pilonoidal Sinus • Polycystic ovary syndrome (PCOS)
19	Endoscopic thoracic sympathectomy (ETS) for Facial Blushing	This policy 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 (aka Idiopathic Faciocranial Erythema – ICE). ETS is a procedure with a relatively high risk of complications.	• Blushing • Endoscopic • Idiopathic Faciocranial Erythema • Thoracic • Sympathectomy

	Policy Statement	What is covered	Key Words
20	Experimental and Unproven Treatments	This policy 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 GMMMG New Therapies sub-group	• Experimental • GMMMG • NICE • Treatment • Unlicensed • Unproven
21	Eyelid Lesions (removal of common benign)	This policy 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.	• Astigmatism • Benign • Chalazion • Cyst • Dermatochalasis • Dermatitis • Lesion • Malignant • Meibomian • Orbital septum • Xanthelasma
22	Facet Joint Injections	This policy covers facet joint injections for cervical, thoracic and lumber back pain not included within NICE NG59	• Cervical • Facet joints • Lumbar • Medial branch block • Radiofrequency Denervation • Sacroiliac • Thoracic

	Policy Statement	What is covered	Key Words
23	Functional Electrical Stimulation (FES) for foot drop	This policy covers Functional Electrical Stimulation (FES), which is a treatment using small electrical charges to improve mobility in a number of conditions. The policy is 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	• Central neurological • Cerebral Palsy • Cuffed • Electrical • Familial hereditary spastic paraparisis • Foot drop • Multiple Sclerosis • Parkinson's Disease • Spinal cord injury • Stroke • Upper motor neurone • Wireless
24	Gallstones (Asymptomatic)	This policy 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.	• Asymptomatic gallstones • Cholelithiasis • Common bile duct • Cystic duct • Hepatic • Laparoscopic cholecystectomy • Laparotomy
25	Ganglion Cyst Removal	This policy covers treatment for ganglion cysts. 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. Ganglia may also be found on the dorsal of the foot.	• Dorsal • Flexor sheath • Ganglion Cyst • Mucous cysts • Palmar • Radial • Tendon • Volar

	Policy Statement	What is covered	Key Words
26	Haemorrhoids & Anal Skin Tags	This policy 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.	• Anal skin tags • Banding • Colonoscopy • Haemorrhoids • Haemorrhoidectomy • Perianal haematoma • Prolapse
27	Hair Replacement Technologies	This policy covers treatment for hair replacement. Hair replacement systems are considered to be aesthetic treatments.	• Alopecia • Anagen effluvium • Hair loss • Hair transplant • Hair weaves • Tattooing • Trichotillomania • Wigs
28	Headaches Disorders	This policy covers treatment for headache disorders. Treatment for headache disorders depends on the nature and type of the headaches being treated.	• Acupuncture • Botulinum Toxin • Gamma Core external vagal nerve stimulator • Headache • Inflammatory • Migraine • Neurostimulator • Optical nerve stimulation • TENS • Transcranial magnetic stimulation

	Policy Statement	What is covered	Key Words
29	Hernias (surgical repair of)	This policy 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.	• Divarification rectii • Epigastric • Hernia • Hiatus • Incisional • Femoral • Inguinal • Spigelian • Strangulation • Umbilical
30	Hip Replacement	The policy 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.	• Bespoke joint replacement • Cartilage • Femur • Hip • Nickel joints • Non-nickel • Osteoarthritis • Total hip replacement
31	Hyaluronic Acid Injections	This policy covers hyaluronic acid injections for osteoarthritis. These injections are offered for the relief of joint pain but are not considered to be effective in osteoarthritis, particularly of the knee.	Hyaluronic Acid derivatives: • Durolane; • Euflexxa; • Fermathron; • Orthovisc; • Ostenil; • Reneha Vis; • SportVis; • Synocom; • Synopsis; • Synvisc

	Policy Statement	What is covered	Key Words
32	Hyperhidrosis	This policy 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.	• Axillary • Hyperhidrosis • Iontophoresis • Palmar • Plantar • Thoracic Sympathectomy
33	Knee Arthroscopy	This policy 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).	• Compartment damage • Debridement • Degenerative joint disease • High tibial osteotomy • Knee arthroscopy • Lavage • Loose bodies • Meniscal tear • Osteoarthritis • Pseudo-locking • True locking
34	Knee Replacement	This policy covers total knee replacement (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.	• Bespoke joint replacement • Cartilage • Femur • Inflammatory joint disease • Nickel joints • Non-nickel • Osteoarthritis • Total knee replacement

	Policy Statement	What is covered	Key Words
35	Labiaplasty	This policy 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.	• Gender realignment • Genital • Labia • Labiaplasty • Obstetric trauma • Vulval
36	Laser Eye Surgery	This policy 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.	• Astigmatism • Cornea • Hyperopia • Laser • Myopia • Ocular surface • Photorefractive • Visual acuity
36	Lycra Body Suits	This policy 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 musculo-skeletal 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.	• Cerebral Palsy • Lycra body suit • Multiple Sclerosis • Muscular Dystrophy • Orthoses • Scoliosis
37	MRI Scanning	This policy 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)	• Claustrophobia • Dynamic imaging • Magnetic resonance imaging (MRI) • Obesity • Open • Upright • Wide bore

	Policy Statement	What is covered	Key Words
38	Orthoses & 24hr Posture Management	This policy 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.	• Ankle foot orthoses (AFOs) • Biomechanical • Braces • Calipers • Knee ankle foot orthoses (KAFOs) • Orthoses • Postural management
39	Pelvic Vein Embolisation	This policy 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.	• Congestion • Embolisation • Pelvic • Varicose veins
40	Pinnaplasty	This policy 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.	• Cartilage • Helix • H-M distance • Mastoid process • Otoplasty • Pinnaplasty

	Policy Statement	What is covered	Key Words
41	Rhinoplasty / Septoplasty / Septo-rhinoplasty	This policy 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.	• Cartilage • Deformity • Deviated nasal septum • Nasal obstruction • Obstruction • Rhinoplasty • Septal deviation • Septoplasty • Septo-Rhinoplasty • Trauma
42	Rhinosinusitis / Rhinitis / Sinusitis	This policy 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.	• Asomnia • Anterior nasal cavity • Atopy • Chronic • Endoscopy • Intranasal • Nasal • Rhinitis • Rhinosinusitis • Septal deviation • Sinusitis • Visual Analogue Scale

	Policy Statement	What is covered	Key Words
43	Sacroneuromodulation to treat urinary retention and constipation	This policy 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	• Constipation • Fowler's syndrome • Hydronephrosis • Renal impairment • Sacral nerve stimulation • Sacroneuromodulation • Renal • Urinary retention
44	Scarring (surgical revision of)	This policy 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.	• Hypertrophic • Keloid • Revision • Scar/scarring
45	Shoulder Impingement (sub-acromial decompression)	This policy 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.	• Arthroscope • Arthroscopic sub-acromial decompression • Cuff tear • Degenerative • Ligament • Rotator cuff • Shoulder impingement • Steroid • Sub-acromial • Tendon

	Policy Statement	What is covered	Key Words
46	Skin Lesions (common benign)	This policy 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.	• Benign • Common • Cyst • Keratosis • Lesion • Lipoma • Revision • Scar • Skin • Verrucas • Warts
47	Skin Resurfacing	This policy 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.	• Acne • Chemical peel • Dermabrasion • Glycolic peel • Laser skin resurfacing • Phenol peel • Rhinophyoma • Scar/scarring • TCA peel
48	Snoring (surgery to correct)	This policy 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	• Obstructive sleep apnoea syndrome • Palate implants • Radiofrequency ablation • Snoring • uvulopalatopharyngoplasty (UPPP) • uvulopalatoplasty (UP)

	Policy Statement	What is covered	Key Words
49	Spinal Injections & related therapies for back pain	This policy covers procedures involving spinal injections. In line with NICE NG59, spinal injections for managing low back pain are not commissioned. The procedures covered by this policy are: • Diagnostic medial branch block • Epidural injections for acute severe sciatica. (It excludes epidurals for childbirth). • Radiofrequency denervation • Sacroiliac joint injections • Trigger point injections NOTE: There is a separate policy for Facet Joint Injections	• Diagnostic • Epidural • Injection • Medial branch block • Radiofrequency denervation • Sacroiliac joint pain • Trigger point injections
50	Spinal Procedures (out of contract)	This policy covers 'out of contract' spinal procedures. Spinal surgery is mostly covered by current commissioning arrangements. NHS England routinely commissions complex spinal surgery, most disc replacement surgery, most cancer related surgery (except palliative) and surgery for spinal deformity. The procedures covered by this policy are: • Endoscopic laser foraminoplasty • Lower back surgery for chronic pain • Percutaneous endoscopic lase discectomy and percutaneous intradiscal laser ablation • Discectomy for lumbar prolapse • Cryoneurolysis • Any other new or experimental procedure on the spine	• Cervical • Cryoneurolysis • Disectomy • Endoscopic • Lumbar • Percutaneous intradiscal ablation • Prolapse
51	Split Torn Ear Lobes (repair of)	This policy 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.	• Ear lobe/lobule • Hypertrophic scarring • Keloid • Piercing • Split • Tear/torn • Trauma

	Policy Statement	What is covered	Key Words
52	Strabismus (squint surgery)	This policy 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.	• Amblyopia • Asthenopia • Botulinum toxin • Convergent • Diplopia • Divergent • Hypertropia • Hypotropia • Prism • Refractive • Squint • Strabismus
53	Tattoo Removal	This policy 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.	• Fraser Ruling • Gillick Competent • Laser • Tattoo
54	Trophic Electrical Stimulation (TES) for facial palsy	This policy 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.	• Bell's Palsy • Contracture • Idiopathic • Nerve • Sequelae • Synkinesis • Trophic Electrical Stimulation
55	Tongue Tie (Ankyglossia)	This policy covers surgical treatment for Ankyglossia. 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.	• Ankyglossia • Frenectomy • Frenotomy • Frenuloplasty • Hazelbaker Assessment Tool • Kotlow classification • Tongue Tie

	Policy Statement	What is covered	Key Words
56	Tonsillectomy	This policy 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 policy criteria.	• Obstructive Sleep Apnoea • Quinsy • Sore throat • Tonsillectomy • Tonsillitis • Tonsillar stones
57	Trigger Finger	This policy 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.	• Bilateral • Fascia • Flexion • Nodule • Splint • Steroid injection • Tendon • Trigger finger/thumb
58	Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing	This policy 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.	• Bones • Exogen • Femur • Fibula • Fracture • Humerus • Pulsed Electrical Field (PEF) • Radius • Scapula • Tibia • Ulnar • Union
59	Varicose Veins	This policy 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.	• Atrophie blanche • Bleeding • Endothermal ablation • Foam sclerotherapy • Phlebitis • Ulcer • Varicose veins • Varicosity