NHS
Cheshire and Merseyside

# Clinical Commissioning Policy

## CMICB_Clin096
Blepharoplasty and Ptosis Surgery

### Category 2 Intervention - Only routinely commissioned when specific criteria are met

Contents



**Last Reviewed:** May 2025

*This policy statement will be reviewed 5 years from the date of the last review unless new evidence or technology is available sooner.*

# 1. Policy statement

1.1 Blepharoplasty is a surgical procedure performed to reduce dermatochalasis, which is excess skin on the upper or lower eyelids.

1.2 Ptosis surgery is a procedure performed to treat blepharoptosis, or "ptosis", which is drooping of the upper eyelid caused by the eyelid margin being displaced downwards

1.3 Blepharoplasty, both upper and lower eyelid, and ptosis surgery are not commissioned if they are being carried out for cosmetic purposes.

1.4 Upper eyelid blepharoplasty and ptosis surgery are commissioned to correct functional impairment, if the following criteria are met:

1.4.1 The patient has restricted visual field – quantified as:

1.4.1.1 Margin to reflex distance (MRD) of ≤3 mm measured in primary gaze
**OR**
1.4.1.2 Superior visual field loss over 12° or 24% demonstrated before and after manual elevation of the eyelids
**OR**
1.4.1.3 Margin to reflect distance (MRD) of ≤2mm measured in down gaze, in cases where down gaze ptosis is impairing reading.

**OR**

1.4.2 Diagnosis of upper eyelid wick syndrome

1.5 Lower eyelid blepharoplasty is commissioned for treatment in specific circumstances if the following criteria are met:

1.5.1 There is an ectropion or entropion of the lower eyelid which threatens the health of the affected eye.
**OR**
1.5.2 There is a lesion of the eyelid skin or eyelid margin which threatens the health of the affected eye.

1.6 This guidance applies to adults aged 18 and over.

# 2. Exclusions

2.1 The management and treatment of thyroid eye disease is commissioned nationally through NHS England Specialised Ophthalmology services for adults (1).

2.2 The management of eyelid position abnormalities, including complex entropion/ectropion, is commissioned nationally through NHS England Specialised Ophthalmology services for adults (1).

2.3 This policy applies to adults only and does not cover the referral and management of children and young adults aged 17 and under. For information, except for minor eyelid surgery, paediatric oculoplastic surgery is commissioned nationally through NHS England Specialised Ophthalmology services for paediatrics (2).

# 3. Core Eligibility Criteria

3.1 There are several circumstances where a patient may meet a 'core eligibility criterion' which means they are eligible to be referred for this procedure or treatment, regardless of whether they meet the criteria; or the procedure or treatment is not routinely commissioned.

3.2 These core clinical eligibility criteria are as follows:

- 3.2.1 Any patient who needs 'urgent' treatment will always be treated.
- 3.2.2 All NICE Technology Appraisals Guidance (TAG), for patients that meet all the eligible criteria listed in a NICE TAG will receive treatment.
- 3.2.3 In cancer care (including but not limited to skin, head and neck, breast and sarcoma) any lesion that has features suspicious of malignancy, must be referred to an appropriate specialist for urgent assessment under the 2-week rule.
  NOTE: Funding for all solid and haematological cancers are now the responsibility of NHS England.
- 3.2.4 Reconstructive surgery post cancer or trauma including burns.
- 3.2.5 Congenital deformities: Operations on congenital anomalies of the face and skull are usually routinely commissioned by the NHS. Some conditions are considered highly specialised and are commissioned in the UK through the National Specialised Commissioning Advisory Group (NSCAG). As the incidence of some cranio-facial congenital anomalies is small and the treatment complex, specialised teams, working in designated centres and subject to national audit, should carry out such procedures.
- 3.2.6 Tissue degenerative conditions requiring reconstruction and/or restoring function e.g. leg ulcers, dehisced surgical wounds, necrotising fasciitis.
- 3.2.7 For patients expressing gender incongruence, further information can be also be found in the current ICB gender incongruence policy and within the NHS England gender services programme.
  https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/

# 4. Rationale behind the policy statement

4.1 Dermatochalasis, which is the development of excess skin on the eyelids, is a common occurrence as part of the normal aging process. It may also involve the development of excessive tissue underlying the skin of the eyelids, such as fat or muscle. Although most commonly attributable to aging, any factors or conditions that can lead to stretching of the eyelid skin can cause dermatochalasis. Examples can include trauma, thyroid eye disease, blepharochalasis syndrome and floppy eyelid syndrome (3).

4.2 Surgery to treat dermatochalasis is called blepharoplasty, also known as an eyelid reduction. It can be performed on both the upper and lower eyelids and involves the removal of excess skin. In some cases, fat may also be removed as part of the procedure. It can be performed under either a local or a general anaesthetic (4).

4.3 Upper eyelid dermatochalasis may lead to impairment of vision, ocular irritation, epiphoria and headaches (3; 5). In some cases, blepharoplasty may therefore be indicated for the improvement of functional problems.

4.4 Blepharoplasty is commonly performed on both the upper and lower eyelids for aesthetic reasons, either in isolation or in combination with other cosmetic procedures. Any such procedure performed for cosmetic reasons would not be commissioned.

4.5 Dermatochalasis of the lower eyelid can cause excess skin, often termed “eye bags”; as these do not lead to functional impairment this is not an indication for lower eyelid blepharoplasty. However, blepharoplasty type procedures on the lower eyelid may be used in the treatment of certain eyelid conditions (such as ectropion or entropion, where the eyelid turns outwards or inwards respectively), or for the removal of skin lesions that affect the eyelid. In these circumstances, surgery would be commissioned if the health of the affected eye was threatened (6).

4.6 Drooping of the upper eyelids can also be caused by a condition known as blepharoptosis (or ‘ptosis’). This can be due to a variety of mechanisms which cause the margin of the upper eyelid to be displaced downwards. Although both ptosis and dermatochalasis can co-exist in an individual, they are separate conditions and are managed by different surgical approaches. Ptosis surgery can involve a range of surgical approaches depending on the specific anatomical cause of the eyelid margin displacement. As with blepharoplasty, this policy does not cover any ptosis surgery performed for cosmetic reasons, but where the condition causes functional limitations, the relevant surgery would be commissioned (3).

# 5. Summary of evidence review and references

5.1 There is currently no agreed national guidance in England relating to the commissioning of blepharoplasty for functional indications.

5.2 To support the development of this policy a literature review was undertaken, and international policy and guidance documents were also considered.

5.3 Both upper eyelid blepharoplasty and ptosis surgery have functional benefit for patients with superior visual field loss and with reduced MRD. Different accepted thresholds for the MRD have been reported in varying papers (3; 7; 8). There is reported evidence of effectiveness for MRD up to ≤3mm in primary gaze (7). According to Jacobsen et al., in their review of the Danish Visitation Guidelines for upper eyelid blepharoplasty, the criteria require only an MRD measurement, which is compared with the American Academy of Ophthalmology report by Cahill et al. that utilises both MRD and visual field measurements (7).

5.4 Jacobsen et al. also highlight that the Danish guidelines include within the symptom criteria the presence of irritation, itching and headache due to constant forehead tension to lift the eyelid skin (7). There are studies indicating improvement in headache symptoms for patients undergoing blepharoplasty, although headache was not the main indication for the procedure in either of the referenced studies (9; 10).

5.5 Cahill et al. reported that upper eyelid blepharoplasty and ptosis surgery have functional benefits for patients with self-reported functional impairment, including impairment of occupational duties and roles associated with visual impairment, as well as symptoms of “discomfort, eye strain, or visual interference due to the upper eyelid position” (3).

5.6 A case series of 9 patients described the presence of epiphoria (excessive watering of the eyes) associated with tear misdirection either laterally or along the upper eyelid skin crease in patients who all had upper eyelid dermatochalasis. This was given the name “upper eyelid wick-syndrome” and all patients were reported to show improvement or resolution of symptoms following upper eyelid blepharoplasty (although for some patients this was performed in combination with other procedures including treatment for ptosis) (5).

5.7 Lower eyelid blepharoplasty for dermatochalasis is often performed as a cosmetic procedure, and in these circumstances would not be commissioned. However, NHS guidance for commissioners of plastic surgery services identified that surgery on the lower eyelid was available for the treatment of ectropion, entropion, or the removal of lesions affected the eyelid skin or eyelid margin. It was suggested that "blepharoplasty type procedures" could be utilised to treat such conditions (6).

## REFERENCES


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3. **Cahill, K V, et al.** *Functional indications for upper eyelid ptosis and blepharoplasty surgery: A report by the American Academy of ophthalmology.* 2011, Ophthalmology, Vol. 118(12), pp. 2510-2517.

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6. **NHS Modernisation Agency Action on Plastic Surgery.** Information for Commissioners of Plastic Surgery Services. *British Association of Plastic Reconstructive and Aesthetic Surgeons.* [Online] [Cited: 27 June 2023.] https://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=2.

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8. **Perry, J D.** *Blepharoptosis-Blepharoplasty Bundle Bungle.* 2018:187, American Journal of Ophthalmology, pp. xiv-xvii.

9. **Bahceci Simsek, I.** *Association of Upper Eyelid Ptosis Repair and Blepharoplasty with Headache-Related Quality of Life.* 2017, JAMA Facial Plastic Surgery, Vol. 19(4), pp. 293-297.

10. **Hollander, M H J, et al.** *Effects of Upper Blepharoplasty Techniques on Headaches, Eyebrow Position, and Electromyographic Outcomes.* 2023, International Journal of Environmental Research and Public Health, Vol. 20(2), p. 1559.


# 6. Advice and Guidance

### 6.1 **Aim and Objectives**

6.1.1 This policy aims to ensure a common set of criteria for treatments and procedures across the region. This is intended to reduce variation of access to NHS services in different areas and allow fair and equitable treatment for all patients.

6.1.2 This policy relates to the commissioning of interventions which optimise clinical effectiveness and represent value for money.

6.1.3 This document is part of a suite of policies which the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy is a separate public document in its own right but should be considered alongside all the other policies in the suite as well as the core principles outlined.

6.1.4 At the time of publication, the evidence presented per procedure/treatment was the most current available.

6.1.5 The main objective for having healthcare commissioning policies is to ensure that:
- Patients receive appropriate health treatments
- Treatments with no or a very limited evidence base are not used; and
- Treatments with minimal health gain are restricted.

6.1.6 Owing to the nature of clinical commissioning policies, it is necessary to refer to the biological sex of patients on occasion. When the terms ‘men’ and ‘women’ are used in this document (unless otherwise specified), this refers to biological sex. It is acknowledged that this may not necessarily be the gender to which individual patients identify.

## 6.2 Core Principles

6.2.1 Commissioning decisions by ICB Commissioners are made in accordance with the commissioning principles set out as follows:
- Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment.
- Commissioners require clear evidence of cost effectiveness before NHS resources are invested in the treatment.
- Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment.
- Commissioners will balance the needs of an individual patient against the benefit which could be gained by alternative investment possibilities to meet the needs of the community.
- Commissioners will consider all relevant national standards and consider all proper and authoritative guidance.
- Where a treatment is approved Commissioners will respect patient choice as to where a treatment is delivered, in accordance with the ‘NHS Choice’ framework.
- Commissioning decisions will give ‘due regard’ to promote equality and uphold human rights. Decision making will follow robust procedures to ensure that decisions are fair and are made within legislative frameworks.

## 6.3 Individual Funding Requests (Clinical Exceptionality Funding)

6.3.1 If any patients are excluded from this policy, for whatever reason, the clinician has the option to make an application for clinical exceptionality. However, the clinician must make a robust case to the Panel to confirm their patient is distinct from all the other patients who might be excluded from the designated policy.

6.3.2 The ICB will consider clinical exceptions to this policy in accordance with the Individual Funding Request (IFR) Governance Framework consisting of: IFR Decision Making Policy; and IFR Management Policy available on the C&M ICB

website: https://www.cheshireandmerseyside.nhs.uk/your-health/individual-funding-requests-ifr/

6.4 **Cosmetic Surgery**

6.4.1 Cosmetic surgery is often carried out to change a person's appearance to achieve what a person perceives to be a more desirable look.

6.4.2 Cosmetic surgery/treatments are regarded as procedures of low clinical priority and therefore not routinely commissioned by the ICB Commissioner.

6.4.3 A summary of Cosmetic Surgery is provided by NHS Choices. Weblink: Cosmetic procedures - NHS

**Diagnostic Procedures**

6.4.4 Diagnostic procedures to be performed with the sole purpose of determining whether or not a restricted procedure is feasible should not be carried out unless the eligibility criteria are met, or approval has been given by the ICB or GP (as set out in the approval process of the patients responsible ICB) or as agreed by the IFR Panel as a clinically exceptional case.

6.4.5 Where a General Practitioner/Optometrist/Dentist requests only an opinion the patient should not be placed on a waiting list or treated, but the opinion given and the patient returned to the care of the General Practitioner/Optometrist/Dentist, in order for them to make a decision on future treatment.

6.5 **Clinical Trials**

6.5.1 The ICB will not fund continuation of treatment commenced as part of a clinical trial. This is in line with the Medicines for Human Use (Clinical Trials) Regulations 2004 and the Declaration of Helsinki which stipulates that the responsibility for ensuring a clear exit strategy from a trial, and that those benefiting from treatment will have ongoing access to it, lies with those conducting the trial. This responsibility lies with the trial initiators indefinitely.

# 7. Monitoring and Review

7.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance or other national directive relating to this intervention, or to alternative treatments for the same condition.

7.2 This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.

7.3 This policy may be subject to continued monitoring using a mix of the following approaches:
- Prior approval process
- Post activity monitoring through routine data
- Post activity monitoring through case note audits

7.4 This policy will be kept under regular review, to ensure that it reflects developments in the evidence base regarding effectiveness and value.

# 8. Quality and Equality Analysis

8.1 Quality and Equality Impact Analyses have been undertaken for this policy at the time of its review.

# 9. Clinical Coding

## 9.1 Office of Population Censuses and Surveys (OPCS)

C13 Excision of redundant skin of eyelid
C131 Blepharoplasty of both eyelids
C132 Blepharoplasty of upper eyelid
C134 Blepharoplasty NEC
C138 Other specified excision of redundant skin of eyelid
C139 Unspecified excision of redundant skin of eyelid

## 9.2 International classification of diseases (ICD-10)

No specific code for dermatochalasis.

# Document Control

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| **Version History** |
|---|
| Version 0.1 - Draft |
| Version 0.2 - Redraft |
| Version 0.3 – May 2025 – This policy was part of a public engagement exercise, there was no feedback received. |