GM Policy: **Correction of Dermatochalasis (Excess skin of the eyelids)**

GM Ref: GM048  
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**Policy exclusions** (Alternative commissioning arrangements apply)

Thyroid eye disease resulting in significant disfigurement.

Surgery such as levator aponeurosis advancement may be required in cases where there is significant aponeurotic blepharoptosis these cases are excluded from this policy and should be referred via the normal route, the surgical intervention(s) needed for this group of patients is at the discretion of the surgeon. Prior funding approval is not required as this is commissioned but is subject to audit under monitored approval.

This policy excludes children under the age of 18 years, who should be managed clinically as appropriate.

Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy, i.e. locally agreed pathways take precedent over this policy (the EUR Team should be informed of any local pathway for this exclusion to take effect).

**Policy inclusion criteria**

Upper lid blepharoplasty will only be commissioned if the request comes from a specialist in secondary care.

Blepharoplasty procedures will not be commissioned for aesthetic reasons.

Lower lid or fat blepharoplasty is not commissioned.

**Prior to referral**

All possible underlying causes of visual field loss need to have been excluded or treated prior to requesting surgical intervention. Evidence should be provided to show that this has been done.

Conservative management appropriate to the condition should have been tried and failed, this may include:

- Eyelid hygiene
- Warm compress with massage
- Tear replacement therapy
- Omega 3 oil

**Applications for referral to an oculoo-ophthalmic opinion**

Patients may be referred for an oculoo-ophthalmic opinion if they meet the following criteria:

- the condition is symptomatic
  
  AND
  
- conservative management has failed
  
  AND
  
- it is likely that the symptoms experienced are attributable to the presence of dermatochalasis

**Funding Mechanism**

Individual prior approval provided the patient meets the above criteria. Requests must be submitted with
The following information must be included in the application:

- A timeline of the conservative measures tried with length of treatment and reason for stopping.

AND

- If present, all relevant details of the ocular surface disease, periocular dermatitis, upper lid entropion or symptomatic frontalis overaction (which can be attributable to the dermatochalasis and which has not responded to conservative treatment).

Consideration for Upper Lid Blepharoplasty

Skin only, or skin–muscle blepharoplasty may be performed in the presence of a symptomatic visual field defect, if other causes of field defect have been excluded. In some instances, there may be a clear history of reduction of vision in specific circumstances (e.g. when driving, reading or when tired), even in the absence of a formally demonstrated visual field defect where there is a clear description of visual signs and symptoms and their relation to the diagnosis. Other issues such as frontalis overaction should also be included in the application.

When symptoms of ocular surface disease or other symptoms persist despite conservative measures, a skin (+/- muscle) blepharoplasty may be undertaken, if it is likely that they are attributable to the presence of dermatochalasis.

Pre-operative clinical photos should be taken.

Upper lid blepharoplasty is only commissioned for adults (over the age of 18 years) where there is:

- Evidence of the presence of Wick Syndrome - the misdirection of tears laterally or along the upper eyelid skin crease causing epiphora.

OR

- Evidence on examination, or through formal visual field testing, of impairment of vision showing that the eyelids impinge on the individual’s visual fields reducing that field to 120° laterally and/or 20° or less superiorly.

OR

- Ocular surface disease, periocular dermatitis, upper lid entropion or symptomatic frontalis overaction which can be attributable to the dermatochalasis and which has not responded to conservative treatment.

Funding Mechanism

Individual prior approval provided the patient meets the above criteria. Requests must be submitted with all relevant supporting evidence. Applications for surgery must come from a specialist in Secondary Care.

The following information must be included in the application:

- A description of symptoms and findings on examination as well as, for cases where conservative management was indicated, a timeline showing which conservative measures were tried, when and for how long.

AND

- Either a monocular field test showing the degree of obstruction to vision or a description from the clinician of the impact on vision relevant to the diagnosis, including any effect of the visual disruption on the individual's ability to function in their day to day life, e.g. risk of falls, impact on driving.

NOTE: If the proposed surgery involves an excision into the septum orbitale: an individual funding request can be made if there is a good case for clinical exceptionality. Requests must be submitted with all relevant supporting evidence, including the information listed above, and clearly demonstrate why this
Consideration of brow lift to correct the visual loss or associated symptoms

If a brow lift is also required to correct the visual loss or associated symptoms, then the following should be included in the application:

- a clear description of the extent of the brow ptosis and its impact on vision (accompanied by photographs if possible)
- a statement as to whether or not the surgery could be done without the brow lift
- a view as to the expected additional benefit the brow lift would bring to the outcome for this individual
- a statement that the likely scarring as a result of the surgery has been fully explained to the patient and they have consented to this
- if applicable, a statement to the effect that eye closure may not be fully achievable for the individual if blepharoplasty is done without brow lift

NOTE: Endoscopic brow lift is considered to be an aesthetic procedure and is not commissioned.

Funding Mechanism

In all cases, other than those indicated in the policy exclusions: Individual prior approval provided the patient meets the above criteria. Requests must be submitted with all relevant supporting evidence. Applications for surgery must come from a specialist in Secondary Care.

Clinicians can submit an individual funding request outside of this guidance if they feel there is a good case for clinical exceptionality. Requests must be submitted with all relevant supporting evidence.

Clinical Exceptionality: Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester (GM) Effective Use of Resources (EUR) Operational Policy. Link to GM EUR Operational Policy.

Fitness for Surgery: The clinician making the request must confirm that in their opinion the patient is fit for the surgery requested.

Best Practice Guidelines: All providers are expected to follow best practice guidelines (where available) in the management of these conditions.

Smoking and weight management: Where appropriate patients should be referred to smoking cessation and / or weight management services prior to the intervention requested.

Funding request form: Dermatochalasis (Correction of)