

Greater Manchester Aesthetic Breast Surgery Commissioning Statements and Clinical Recommendations

Also described as 'Procedures of Low Clinical Value'

Background and Purpose

The Greater Manchester Aesthetic Breast Surgery Clinical Recommendations have been developed to support the consistent and equitable delivery of the Greater Manchester ICB commissioning statements for 'Procedures of Low Clinical Value'. The recommendations address key considerations relating to patient eligibility and modifiable risk factors, with the aim of reducing complications for patients and optimising outcomes for Greater Manchester breast services.

Rationale for Development

- To support the delivery of equitable aesthetic breast services across the region.
- To support equity between different aesthetic procedures, particularly in relation to age and BMI eligibility.
- To ensure equity of access between cancer and non-cancer breast reconstruction (with respect to smoking status and comorbidities) in line with the regional autologous breast reconstruction eligibility criteria and local guidelines for cancer-associated reconstruction and oncoplastic procedures.
- To reduce complications for patients and NHS breast services, with particular consideration given to modifiable risk factors.

Approval status

Approved by all breast surgical services in Greater Manchester and East Cheshire and ratified at the Breast Cancer Alliance Pathway Board (there is no benign breast pan-Greater Manchester board).

Access to commissioning statements

To read the full commissioning statements please use the following link:

[Greater Manchester Individual Funding Request Service | Greater Manchester Integrated Care Partnership](#)



Procedure	Routine commissioning	Greater Manchester Commissioning statement eligibility criteria (1 st August 2026)	Greater Manchester clinical recommendations
Breast Augmentation	Yes	• Patient has amazia/amastia caused by a proven congenital condition AND • The condition is bilateral (both sides) • See 'Breast Symmetrisation' criteria for unilateral symptoms	• The women is aged at least 18 • BMI is <27 • Patients should be non-smokers or ex-smokers >3 months • Diabetes should be stable with a HbA1C <69mmol/mol • Patient comorbidities have been clinically assessed and the benefit of surgery outweighs the risk
Breast Symmetrisation	Yes	• The woman is aged at least 18 years AND • BMI is <27 and stable for at least 12 months AND • Breast asymmetry (with an estimated difference of at least 3 cup sizes*, (approximately 300g in weight)) has been confirmed by a breast specialist • If there are less than 3 cups sizes difference between the breasts, symmetrising breast surgery will only be offered if there is a clear tubular deformity of one breast. In these cases, the breast base diameter of the tubular breast must measure less than 50% of the contralateral breast	• Patients should be non-smokers or ex-smokers >3 months • Diabetes should be stable with a HbA1C <69mmol/mol • Patient comorbidities have been clinically assessed and the benefit of surgery outweighs the risk

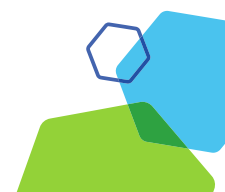
*For further detail on methods to accurately measure breast size, please see full commissioning statement (link on page 1)



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Breast Reduction	Yes	- The woman has received a full package of supportive care from their GP such as advice on weight loss and managing pain AND - In cases of thoracic/ shoulder girdle discomfort, a physiotherapy assessment has been provided prior to referral to secondary care AND - Breast size results in functional symptoms that require other treatments/interventions (e.g. intractable candidal intertrigo; thoracic backache/kyphosis where a professionally fitted bra (where physically possible) has not helped with backache, soft tissue indentations at site of bra straps) AND - Breast reduction planned to be 500gms or more per breast or at least 4 cup sizes AND - Body mass index (BMI) is <27 kg/m² and stable for at least twelve months AND - The woman must be provided with written information to allow her to balance the risks and benefits of breast surgery AND - Women should be informed that breast	- The women is aged at least 18 - Patients should be non-smokers or ex-smokers >3 months - Diabetes should be stable with a HbA1C <69mmol/mol - Patient comorbidities have been clinically assessed and the benefit of surgery outweighs the risk



		reduction surgery can cause permanent loss of lactation	
Removal and/or replacement of silicone implants	Yes	• When the original procedure was performed by the NHS, removal of silicone implants is routinely commissioned for medical indications such as recurrent infection, capsular contracture, or suspected rupture or leakage. The NHS will subsequently replace the existing implant if requested • Refer to the original provider, if this wasn't the NHS • If the original, non-NHS provider is unable or unwilling to help, the NHS will remove but not replace the existing implant. In order to avoid creating asymmetry, the non-faulty implant may be removed at the same time because no revision surgery will be undertaken by the NHS for resulting cosmetic issues	• Diabetes should be stable with a HbA1C <69mmol/mol • Patient comorbidities have been clinically assessed and the benefit of surgery outweighs the risk
Mastopexy	No	• Individual funding request only for clinical exceptionality	
Surgical correction of nipple inversion	No	• Individual funding request only for clinical exceptionality	



Procedure	Routine commissioning	Greater Manchester Commissioning statement eligibility criteria (1 st August 2026)	Greater Manchester clinical recommendations
Excision of supernumerary nipples	No	Individual funding request only for clinical exceptionality	
Gynaecomastia surgery	No	Individual funding request only for clinical exceptionality	

