

## Clinical Criteria for Removal of Redundant Skin of Eyelids (Blepharoplasty)

### Section A:

This procedure will be funded on a restricted basis for patients who meet the following criteria:

#### Upper Lid

- Documented patient complaints of interference with vision or visual field related activities such as difficulty reading or driving due to upper eyelid skin drooping, looking through the eyelids or seeing the upper eyelid skin

#### AND

- There is redundant skin overhanging the upper eye lid margin and resting on the eyelashes when gazing straight ahead

#### NOTE:

Patients will also need to demonstrate that the eyelids impinge on visual fields reducing field to either 120 degrees laterally and/or by 40 degrees **vertically in the relaxed, non-compensated state.**

This will be undertaken via visual field test by secondary care provider. Fields should be assessed with the lid in its normal position and again with the lid taped up in order to demonstrate that it is the droopy lid causing the field defect.

#### Lower Lid

- Correction of ectropion / entropion, for the removal of lesions of the eyelid skin or lid margin.

**Exemptions** - upper eyelid blepharoplasty is considered medically necessary for the following indications:

- To repair defects predisposing to corneal or conjunctival irritation such as entropion or pseudotrachiasis.
- To treat periorbital sequelae of thyroid disease, nerve palsy, blepharochalasis, floppy eyelid syndrome and chronic inflammatory skin conditions.
- To relieve symptoms of blepharospasm or significant dermatitis on the upper eyelid caused by redundant tissue.
- Following skin grafting for eyelid reconstruction.

I confirm that this patient meets the criteria as indicated above

## Section B: Extenuating circumstances

- If the patient does not fulfil the above criteria, an application may still be submitted on the grounds of extenuating clinical circumstances. Please provide details in the box below.

Please note that non-compliant referrals will be clinically reviewed by a CCG clinician, in the first instance, who will make a recommendation as to whether the referral has demonstrated sufficient evidence of extenuating circumstances, or not. For those referrals where sufficient evidence of extenuating circumstances has **not** been demonstrated, the referral will be rejected.

If the GP remains dissatisfied with this decision an application may be submitted to the Individual Funding Request panel. The GP will need to complete an IFR form providing evidence of exceptionality. The form may be found at [North Norfolk IFR](#)

Clinicians are reminded that appointments for treatment or assessment for which approval is being sought should not be made until approval has been received from the IFR panel.

**Patient Name:**

**Date of Birth:**

**NHS Number:**

**Referrer:**

**Practice name:**

**Date:**