



# Abdominoplasty/Apronectomy

**BEFORE** providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		Patient Surname		Hospital	
NHS No.		Date of Birth		Consultant	
GP Name		GP Surgery			
GP F-code		CCG		UBRN	
Hospital No.		Referrer			

## Additional information

Please submit completed forms to the following email addresses:

- For South Essex patients: [fundingrequests.south@nhs.net](mailto:fundingrequests.south@nhs.net)
- For Mid Essex patients: if you are the referring GP/Nurse please send to [central.referral@nhs.net](mailto:central.referral@nhs.net)  
If you are the referring consultant please send to [MECCG.IFR@nhs.net](mailto:MECCG.IFR@nhs.net)

A decision will be made and an outcome letter will be sent within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

Patients can only be referred for funding if they meet <b>ONE</b> of the following sets of criteria. Please indicate which set of criteria the patient meets:		Please Tick ✓
<b>A</b>	<ul style="list-style-type: none"> <li>• For patients where the procedure is required as part of abdominal hernia correction or other abdominal wall surgery.</li> </ul>	
<b>OR</b> <b>B</b>	<p>Those patients from the following groups who have significant abdominal aprons as a result of weight loss and have severe functional problems*</p> <ul style="list-style-type: none"> <li>• Patients with excessive abdominal folds who had an initial BMI &gt;40 and have achieved a reduction in BMI to &lt; 25 and have maintained the BMI &lt; 25 for at least 2 years. (and have severe functional problems)</li> </ul>	
<b>OR</b>	<ul style="list-style-type: none"> <li>• Patient with excessive abdominal folds who have an initial BMI &gt; 50 and have achieved their maximum weight loss goal (which must be a minimum drop of 25 BMI points) and have maintained at that lowest weight for at least 2 years, without fluctuation up or down. (and have severe functional problems)</li> </ul>	



	<p><b>*Severe functional problems include:</b></p> <ul style="list-style-type: none"> <li>• Chronic and persistent skin condition (for example, intertriginous dermatitis, cellulitis or skin ulcerations) beneath the skin fold that is refractory to at least six months of consistent medical treatment. In addition to good hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids and/or local or systemic antibiotics</li> <li>• Experiencing severe difficulties with daily living i.e. ambulatory restrictions. These patients will need full assessment by the appropriate professional e.g. OT prior to referral</li> <li>• Abdominal wall prolapse with proven urinary symptoms</li> <li>• Problems associated with poorly fitting stoma bags which cannot be resolved by specialist stoma nurses/consultant other than with surgery</li> </ul>	
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**Please supply full supporting information clearly evidencing how the patient meets policy criteria**

<b>CCG USE:</b>	<b>Invoice ref:</b>	<b>Prior Authorisation requested by:</b>	
<b>Is the procedure approved or declined?</b>		<b>Name of Clinician</b>	
Please indicate:			
<b>Name</b>		<b>Contact number</b>	
<b>Signature</b>		<b>Date</b>	
<b>Date</b>			