

Policy statement:	Blepharoplasty
Status:	Individual Prior Approval

MECCG commissions blepharoplasty on a restricted basis for functional reasons only for patients who meet the criteria below. MECCG does not fund blepharoplasty for cosmetic reasons.

Individual prior approval for funding is required.

In all cases photography will be required for the individual prior approval

Photographs must be taken from the front with the camera at eye level and the individual looking straight ahead (primary gaze).

Upper Lid

A

- Excess eyelid tissue (Dermatochalasis) causing functional visual impairment
AND
- Documented 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 eyelashes or seeing the upper eyelid skin.
AND
- Photographic evidence must show redundant skin overhanging the upper eyelid margin and resting on the upper eyelashes when gazing straight ahead.

NOTE: excess tissue below the eye rarely causes functional visual impairment and therefore lower lid blepharoplasty is not funded for this indication.

B

- Rehabilitation of eyelids affected by the pathological processes of thyroid eye disease, nerve palsy or blepharochalasis
AND
- Causing either functional visual impairment (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 eyelashes or seeing the upper eyelid skin) or corneal exposure/irritation.

C

- To correct prosthesis difficulties in an ophthalmic socket

Visual field testing is not necessary to determine the presence of excess upper eyelid skin; a patient could cause a visual field defect by lowering their lids during the test. Photographs that document redundant skin overhanging the upper eyelid margin and resting on the upper eyelashes when gazing straight ahead provide a practical indication of the need for surgery. If visual field tests are performed, the tests should show that eyelids impinge on visual fields reducing field to 120° laterally and 40° vertically.

Lower Lid

This will be funded for correction of ectropion or entropion or for the removal of lesions of the eyelid skin or lid margin which impair function.

Also see related policy Dysthyroid eye disease.

Funding for patients not meeting the above criteria will only be granted in clinically exceptional circumstances.

Applications for funding in such circumstances should be made to the Exceptional Case Team but should only be made where the patient demonstrates true clinical exceptionality. Please refer to the cosmetic surgery general principles before submitting an exceptional funding request.

Further information on applying for funding in exceptional clinical circumstances can be found by clicking the link below and opening the relevant document on the page.

[Service Restriction Policies](#)

References:

Cahill,K.V., Bradley,E.A., Meyer,D.R., et al. (2011) Functional Indications for Upper Eyelid Ptosis and Blepharoplasty Surgery : A Report by the American Academy of Ophthalmology. **Ophthalmology**. 118(12): 2510-2517

Ho,S.F., Morawski,A., Sampath,R., Burns,J. (2011) Modified visual field test for ptosis surgery (Leicester Peripheral Field Test). **Eye**. 25:365–369

Rahman,I. and Sadiq,S. (2007) Ophthalmic management of facial nerve palsy: A review. **Survey of Ophthalmology**. 52(2): 121-144.

Nerad,J. (2009) **Techniques in ophthalmic plastic surgery**. Elsevier: London

Koursh,D., Modjtahedi,S., Selva,D. and Leibovitch I. (2009) The blepharochalasis syndrome. **Survey of ophthalmology**. 54(2):235-44

ICD10 codes	
OPCS codes	C13.1 – C13.9 C151, C152, C154, C155, (correction of deformity of eyelid) C18.1 - C18.9 (correction of ptosis of eyelid)