

Evidence Based Intervention

Cosmetic Breast Surgery

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Policy: Cosmetic Breast Surgery

This policy covers breast asymmetry, breast augmentation, gynaecomastia, mastopexy, removal of accessory (supernumerary) nipple or breast tissue, and surgery for benign nipple inversion.

The following procedures are included in separate criteria based policies which can be found at <https://www.hweclinicalguidance.nhs.uk/clinical-policies>

- Breast Prosthesis Removal
- Breast Reduction Surgery
- Breast surgery (Reconstruction)

Breast Asymmetry Surgery

Correction of breast asymmetry is not funded.

Breast augmentation

Insertion of breast implants or autologous* breast augmentation for cosmetic reasons is considered low priority and therefore not routinely funded.

Augmentation may be performed to correct congenital or acquired chest cavity wall deformity as part of the chest reconstruction.

*An autologous breast augmentation involves using a patient's fat and tissue from another part of their body and transferring it to the breast.

Gynaecomastia Surgery

Correction of gynaecomastia is not routinely funded.

Mastopexy (breast lift)

Mastopexy is not routinely funded.

Removal of accessory (supernumerary) nipple or breast tissue

Removal of supernumerary nipples or accessory breast tissue is not routinely funded.

Supernumerary nipples or breast tissue are a minor congenital malformation of mammary tissue resulting in extra nipple(s) and/or associated breast tissue. They are common and are found in up to 6% of the population. Depending on what type of breast tissue is present and the site, they may also be known as accessory breast tissue, axillary breast tissue, polymastia, polythelia, accessory nipple, third nipple, ectopic nipple, or extra nipple. They may be solitary or multiple, and whilst most develop along the two lines from the axilla (armpit) to groin, they may occur at other sites such as the skin of the neck, back, vulva or thigh. They can occur in males and females.



Supernumerary nipples and breast tissue can be affected by hormonal changes, in particular if there is glandular tissue. There may be tenderness and swelling during adolescence or associated with the menstrual cycle. During pregnancy, swelling and lactation may occur. Some clothing can rub against axillary breast tissue causing discomfort.

However, supernumerary nipples and breast tissue are generally not considered to be a health issue.

Benign nipple inversion

Surgical correction of nipple inversion for cosmetic purposes is not funded.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy. Photographic evidence may be requested.

See <https://www.hweclinicalguidance.nhs.uk/clinical-policies-group-evidence-based-interventions>


Change History:

Version	Date	Reviewer(s)	Revision Description
2.0	March 2025	S Chepkin J Oliver	Removed criteria-based policies to be kept separate Addition of section on removal of accessory nipples and/or breast tissue, gynaecomastia and breast asymmetry. All not funded, IFR only so criteria removed.

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