Berkshire West Clinical Commissioning Group

Procedure that requires prior approval

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC 14 **Biological Mesh**

Recommendation made by the Priorities Committee: **March 2015; Updated May 2019**[1]

Date of issue: **October 2019**

Mesh materials have been used for a number of years in surgery as reinforcement, to form a patch under or over the weakness, or in the form of a plug that goes inside a cavity.

The Thames Valley Priorities Committee has considered the evidence of clinical and cost-effectiveness for use of Biological Mesh in breast reconstructive surgery. Biological mesh can be used as an option for suitable patients in post cancer breast reconstruction where:

- an autologous dermal flap in single-stage immediate breast reconstruction is not appropriate
- the benefits and risks of the procedure have been discussed with the patient, including the uncertainty over long-term outcomes in women having radiotherapy[2]

It is strongly recommended that clinicians participate in national audits or research studies, such as those undertaken by the The Breast Reconstruction Evaluation Network (iBRA-NET), or collect data for locally agreed audits.

Biologic mesh is not normally funded for indications outside of the above.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- Thames Valley clinical policies can be viewed at http://www.fundingrequests.cscsu.nhs.uk/

[1] The previous contraindication (anticipation of radiotherapy) and section on national audits have been reworded.
[2] https://www.nice.org.uk/guidance/ng101