

## Thames Valley Priorities Committee Commissioning Policy Statement

**Policy No. TVPC 14                      Biological Mesh**

**Recommendation made by  
the Priorities Committee:              March 2015; Updated May 2019; Updated December  
2021**

**Date of issue:                              February 2022**

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<sup>1</sup>

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.ccsu.nhs.uk/>

<b>Version</b>	<b>Date</b>	<b>Reason for change</b>
Version 1.0	March 2015	
Version 2.0	May 2019	The previous contraindication (anticipation of radiotherapy) and section on national audits have been reworded
Version 3.0	December 2021	Use of biological mesh for other indications reviewed, no changes made.

<sup>1</sup> <https://www.nice.org.uk/guidance/ng101>