Trust/GP address

Date

IFR team

South, Central & West CSU

Omega House

112 Southampton Road

Eastleigh SO50 5PB

**scwcsu.ship.ifrrequests@nhs.net**

Dear team

Prior Approval– Skin reduction surgery after massive weight loss

|  |  |
| --- | --- |
| Patient Name/ DoB |  |
| NHS Number |  |
| Referring GP/ practice |  |
| Consultant/ Providing Trust |  |
| Date of clinic |  |

Skin reduction surgery after massive weight loss (normally to remove abdominal skin aprons though may also include mammoplasty or reduction from inner thighs) is only funded when all the following criteria are met. Cosmetic procedures (e.g brachioplasty) will not be considered.

|  |  |
| --- | --- |
| Please confirm that the patients starting BMI was >45 | [ ]  |
| BMI: Date: |

**AND**

|  |  |
| --- | --- |
| Confirm current BMI of patient is <30 **or** that this is unachievable and that they have lost 50% of their excess weight | [ ]  |
| Current BMI (required) |

**AND**

|  |  |
| --- | --- |
| That the patient’s weight has been stable for at least two years or, at the surgeon’s discretion, the underlying tissue is suitable for surgery **AND** there is documented clinical pathology (e.g recurrent intertrigo/infection, cellulitis or inability to exercise due to the excess skin) | [ ]  |
| Please detail here with a statement or by attaching referral letter or clinical correspondence (supportive evidence is required). |

**To the best of my knowledge I have given the most accurate and up to date information regarding this patient’s clinical condition.  I have ensured that I have obtained consent from my patient or their legal representative /guardian to share their information with SCW CSU for the purposes of enabling full consideration of this funding request. All applications for Prior Approval are recorded and applicants may be held accountable for the information they submit.**

Yours sincerely

Referring/Treating clinician GMC Number