



Skin surgery after massive weight loss

Clinical Policy ID: CCP.1514

Recent review date: 6/2024

Next review date: 10/2025

Policy contains: Body contouring; brachioplasty; massive weight loss; obesity; rhytidectomy; thighplasty.

AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered, on a case by case basis, by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

Coverage policy

Surgical excision of redundant skin of body areas (e.g., brachioplasty and thighplasty) following massive weight loss is clinically proven and, therefore, may be medically necessary when all of the following criteria are met (American Society of Plastic Surgeons, 2017; Mechanick, 2013):

- A plastic surgeon performs the surgical procedure to modify the skin envelope, subcutaneous layer, and/or investing fascia.
- Surgery will correct functional impairment caused by excessive skin and subcutaneous tissue redundancy.
- A functional impairment is defined as a direct and measurable reduction in physical performance of an organ or body part, resulting in difficulties in physical and motor tasks, independent movement, or performing basic life functions.
- There is photographic documentation of any of the following chronic or recurring conditions related to excess tissue and skin folds:
 - Intertrigo (bacterial or fungal infections).

- Cellulitis.
- Folliculitis.
- Skin ulceration.
- Skin or subcutaneous abscesses.
- Monilial infection or fungal dermatitis.
- Skin necrosis.
- Documentation of failure of at least three months of conservative nonsurgical management by a physician other than the operating physician.
- Maintenance of a stable body weight during the most recent six months or longer.
- If massive weight loss occurs as a result of bariatric surgery, the procedure should not be performed for at least 12 to 18 months after the bariatric surgery.

Note: This policy does not apply to abdominoplasty or panniculectomy.

Limitations

All other indications for excising redundant or excessive skin after massive weight loss are not medically necessary, including, but not limited to:

- Improving cosmesis in the absence of a functional impairment.
- Relieving neck or back pain, as there is no evidence that reduction of redundant skin and tissue results in less spinal stress or improved posture or alignment.
- Repairing a diastasis recti.
- Minimizing the risk of hernia formation or recurrence.

Alternative covered services

- Analgesics.
- Antibiotics.
- Cortisone ointments.
- Drying agents.
- Topically applied skin barriers and supportive garments.

A functional impairment is defined as a direct and measurable reduction in physical performance of an organ or body part, resulting in difficulties in physical and motor tasks, independent movement, or performing basic life functions.

Background

Obesity and its associated medical morbidities carry substantial health risk. Treatments for obesity, including bariatric surgery, often result in massive weight loss. Definitions of massive weight loss vary and include loss of 100 pounds (approximately 45.45 kilograms) or more, 50% or greater loss of excess weight, or loss of an amount greater than 100% of the person's ideal body weight (Constantine, 2014; Michaels, 2011). Complications after bariatric surgery are common, ranging from 23% to 70%, mostly wound-related (Macarawung, 2022).

A sudden change in body mass index can lead to redundant skin and soft tissue with poor tone. Surplus skin and malpositioned adipose deposits result in musculoskeletal strain from increased tissue weight and can cause functional limitation with walking, maintaining adequate hygiene, bowel and bladder habits, and sexual activity,

as well as psychological issues associated with poor body image (Giordano, 2015). Bariatric surgery is associated with various metabolic complications and deficiencies that can disturb wound healing and are not typically found in other causes of massive weight loss, such as diet and exercise or post-pregnancy (Giordano, 2015). Reshaping procedures may relieve these symptoms.

The term “body contouring” refers to any surgical procedure used to modify the skin envelope, subcutaneous layer, and/or investing fascia to rid the functional and esthetic impairment from skin after massive weight loss (Giordano, 2015). Several surgical techniques, each with its own modifications, may be used to address the needs of these patients, including (Giordano, 2015):

- Rhytidectomy (face and neck lift)
- Brachioplasty (arm lift) with or without liposuction
- Mastopexy (breast lift) with or without mammoplasty
- Body lift:
- Belt lipectomy (or lower body lift in which the lower body is treated front and back in its entirety)
- Upper body lift that treats excess skin folds in the back
- Thighplasty

Skin redundancy and quality, lipodystrophy, and adherent folds, as well as the presence of varicose veins, lymphedema, and overall scar evaluation must be considered with these complex and extensive procedures. The extent of the procedures and the patient’s health and comorbidities will determine the facility setting, the type of anesthesia needed, recovery time, and physician follow-up visits. Patients may be seen intermittently for one to two years as final body contour continues to mature (American Society of Plastic Surgeons, 2017).

Findings

Guidelines support surgery for functional impairments of excess skin 12 to 18 months after bariatric surgery, with a stable weight close to normal for at least two to six months, or at the 25 kg/mg^2 (kilograms of body weight divided by height in meters squared) to 30 kg/mg^2 weight range (American Society of Plastic Surgeons, 2017).

In a broad analysis of post-bariatric surgery body contouring, systematic reviews and meta-analyses have indicated varying degrees of health improvements and complications. A systematic review/meta-analysis encompassing 29 studies ($n = 1,578$) highlighted that 9.9% of brachioplasty patients experienced abnormal scarring with re-intervention rates for aesthetic and nonaesthetic purposes at 7.46% and 1.62%, respectively (Aljerian, 2022). Other reviews showed significant enhancements in health-related quality of life, including improvements in body image, physical, psychological, and social functioning (Jiang, 2021; Toma, 2018; Gilmartin, 2016). Notably, a systematic review/meta-analysis of 25 studies disclosed a 31.5% rate of surgical complications, particularly in individuals with a BMI over 30 kg/m^2 , with seroma being the most frequent issue (Marouf, 2021).

Complications following body contouring in post-bariatric patients are notably higher compared to non-bariatric cases. A substantial meta-analysis involving 253 studies identified a 1.60 risk ratio of developing complications post-surgery (Hasanbegovic, 2014). Specific procedures such as circumferential contouring of the lower trunk reported a 37% complication rate, with wound dehiscence and hematomas as common issues, although the reliability of evidence was mostly low (Carlioni, 2016). Additionally, augmentation-mastopexy revealed a 13.1% overall complication rate with a reoperation rate of 10.7% (Khavanin, 2014), and a mixed review documented 6.3% minor and 6.8% major wound complications (Fischer, 2013).

Weight management outcomes and desire for body contouring surgeries also reflect varied patient experiences post-bariatric procedures. A study showed superior weight loss outcomes in patients who underwent post-operative body contouring compared to controls, with metrics like body mass index, total body weight loss, or excess weight loss being significantly better (ElAbd, 2021). Conversely, patients who desired but did not receive contouring surgeries reported lower body satisfaction and more depressive symptoms, even five years post-bariatric surgery (Buer, 2022).

In 2024, the findings section was reorganized. Researchers found no new relevant studies to add to the policy.

References

On May 11, 2024, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were [ccp.11_policy_search_terms] We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

Aljerian A, Abi-Rafeh J, Ramirez-GarciaLuna, Hemmerling T, Gilardino MS. Complications in brachioplasty: A systematic review and meta-analysis. *Plast Reconstr Surg*. 2022;149(1):83-95. Doi: 10.1097/PRS.00000000000008652.

American Society of Plastic Surgeons practice parameter for surgical treatment of skin redundancy for obese and massive weight loss patients. <https://www.plasticsurgery.org/documents/Health-Policy/Guidelines/guideline-2017-skin-redundancy.pdf>. Last updated June 2017.

Buer L, Kvaalem IL, Bardstu S, Mala T. Comparing bariatric surgery patients who desire, have undergone, or have no desire for body contouring surgery: A 5-year prospective study of body image and mental health. *Obes Surg*. 2022;32(9):2952-2959. Doi: 10.1007/s11695-022-06117-6.

Carlioni R, Naudet F, Chaput B, et al. Are there factors predictive of postoperative complications in circumferential contouring of the lower trunk? A meta-analysis. *Aesthet Surg J*. 2016;36(10):1143-1154. Doi: 10.1093/asj/sjw117.

Constantine RS, Davis KE, Kenkel JM. The effect of massive weight loss status, amount of weight loss, and method of weight loss on body contouring outcomes. *Aesthet Surg J*. 2014;34(4):578-583. Doi: 10.1177/1090820x14528208.

ElAbd R, Samargandi OA, AlGhanim K, et al. Body contouring surgery improves weight loss after bariatric surgery: A systematic review and meta-analysis. *Aesthetic Plast Surg*. 2021;45(3):1064-1075. Doi: 10.1007/s00266-020-02016-2.

Fischer JP, Wes AM, Serletti JM, Kovach SJ. Complications in body contouring procedures: An analysis of 1797 patients from the 2005 to 2010 American College of Surgeons National Surgical Quality Improvement Program databases. *Plast Reconstr Surg*. 2013;132(6):1411-1420. Doi: 10.1097/PRS.0b013e3182a806b3.

Gilmartin J, Bath-Hextall F, Maclean J, Standon W, Soldin M. Quality of life among adults following bariatric and body and body contouring surgery: A systematic review. *JBI Database System Rev Implement Rep*. 2016;14(11):240-270. Doi: 10.11124/JBISIRIR-2016-003182.

Giordano S. Removal of excess skin after massive weight loss: challenges and solutions. *Open Access Surgery*. 2015;8:51-60. <https://www.dovepress.com/removal-of-excess-skin-after-massive-weight-loss-challenges-and-soluti-peer-reviewed-fulltext-article-OAS>.

Hasanbegovic E, Sorensen JA. Complications following body contouring surgery after massive weight loss: A meta-analysis. *J Plast Reconstr Aesthet Surg*. 2014;67(3):295-301. Doi: 10.1016/j.bjps.2013.10.031.

Jiang Z, Zhang G, Huang J, et al. A systematic review of body contouring surgery in post-bariatric patients to determine its prevalence, effects on quality of life, desire, and barriers. *Obes Rev*. 2021;22(5):e13201. Doi: 10.1111/obr.13201.

Khavanin N, Jordan SW, Rambachan A, Kim JY. A systematic review of single-stage augmentation-mastopexy. *Plast Reconstr Surg*. 2014;134(5):922-931. Doi: 10.1097/prs.0000000000000582.

Makarawung DJS, Nawas MA, Smelt HJM, et al. Complications in post-bariatric body contouring surgery using a practical treatment regime to optimize the nutritional state. *JPRAS Open*. 2022;34:91-102. Doi: 10.1016/j.jptra.2022.06.006.

Marouf A, Mortada H. Complications of body contouring surgery in postbariatric patients: A systematic review and meta-analysis. *Plast Surg*. 2021;45(6):2810-2820. Doi: 10.1007/s00266-021-02315-2.

Mechanick JI, Youdim A, Jones DB, et al. Clinical practice guidelines for the perioperative nutritional, metabolic, and nonsurgical support of the bariatric surgery patient--2013 update: Co-sponsored by American Association of Clinical Endocrinologists, the Obesity Society, and American Society for Metabolic & Bariatric Surgery. *Endocr Pract*. 2013;19(2):337-372. Doi: 10.4158/ep12437.gl.

Michaels J, Coon D, Rubin JP. Complications in postbariatric body contouring: Strategies for assessment and prevention. *Plast Reconstr Surg*. 2011;127(3):1352-1357. Doi: 10.1097/PRS.0b013e3182063144.

Toma T, Harling L, Athanasiou T, Darzi A, Ashrafian H. Does body contouring after bariatric weight loss enhance quality of life? A systematic review of QOL studies. *Obes Surg*. 2018;28(10):3333-3341. Doi: 10.1007/s11695-018-3323-8.

Policy updates

6/2022: initial review date and clinical policy effective date: 7/2022.

6/2023: Policy references updated.

6/2024: Policy references updated.