



# BREAST REDUCTION SURGERY

**Protocol:** SUR018

**Effective Date:** October 4, 2010

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## ***INSTRUCTIONS FOR USE***

This protocol provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificate of Coverage (COC) or Evidence of Coverage (EOC)) may differ greatly. In the event of a conflict, the enrollee's specific benefit document supersedes this protocol. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Protocol. Other Protocols, Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Protocols, Policies and Guidelines as necessary. This protocol is provided for informational purposes. It does not constitute medical advice.

## COMMERCIAL COVERAGE RATIONALE

### **Description:**

Macromastia (breast hypertrophy) is an increase in the volume and weight of breast tissue relative to the general body habitus. Breast hypertrophy may adversely affect other body systems, musculoskeletal, respiratory, and integumentary. Macromastia is distinguished from large normal breasts by the presence of persistent, painful symptoms and physical signs. Reduction mammoplasty is performed to reduce the size of the breasts and help ameliorate symptoms caused by hypertrophy.

### **Covered Indications:**

Reduction mammoplasty is considered **medically necessary** when there are signs and/or symptoms resulting from the enlarged breasts (macromastia) that have been present for at least six months and have not responded adequately to non-surgical interventions.



Non-surgical interventions preceding reduction mammoplasty should include, but are not limited to, both of the following interventions as appropriate:

1. Determining the macromastia is not due to an active endocrine or metabolic process, **and/or**
2. Determining that dermatological signs and/or symptoms are refractory to, or recurrent following, a completed course of medical management.

Reduction mammoplasty is **medically necessary** where there is the presence of significantly enlarged breasts and the presence of at least one of the following signs and/or symptoms:

1. Headaches, **and/or**
2. Shoulder pain, **and/or**
3. Upper or lower back pain from macromastia and unrelieved by conservative analgesia, supportive measures (garment, etc.), **and/or** physical therapy, **and/or**
4. Upper or lower back pain from macromastia that has resulted in significant arthritic changes in the cervical or upper thoracic spine, optimally managed with persistent symptoms and significant restriction of activity, **and/or**
5. Nipple position greater than 21 cm below sternal notch, **and/or**
6. Persistent intertrigo, i.e. redness and erythema, with or without ulceration, below breasts, **and/or**
7. Intertriginous maceration or infection of the inframammary skin refractory to dermatological measures, **and/or**
8. Shoulder grooving with skin irritation or ulceration by supporting garment (bra strap).

Reduction mammoplasty is **medically necessary** when there is the presence of significantly enlarged breasts and if there is a documented failed course of conservative treatment for relevant presenting symptoms. Conservative treatment includes:

1. Physical therapy with a minimum of 4 to 8 visits with physical therapy or chiropractic care, **and/or**
2. A minimum of 2 to 4 months of home exercise in rehabilitation, **and /or**
3. A trial of nonsteroidal anti-inflammatories (NSAIDS), **and/or**
4. Intertrigo treated with topical or oral antifungal agents.

The amount of tissue that must be removed in order to relieve symptoms will vary and depend on the variations in the range of height, weight, and associated breast size that cause symptoms. The following guidelines may be used to address the patient’s weight and amount of breast tissue removed:

<i>Patient’s Weight</i>	<i>Breast Tissue Removed</i>
<i>95 – 119 lbs</i>	<i>300 grams excised per breast</i>
<i>110 – 130 lbs</i>	<i>400 grams excised per breast</i>
<i>130 + lbs</i>	<i>500 grams excised per breast</i>

Reduction mammoplasty is **not medically necessary** for one or more of the following indications:

1. Cosmetic surgery (defined by the American Society of Plastic Surgeons as surgery to reshape normal structures of the body in order to improve the patient’s appearance and self-esteem, **or**
2. Failure to satisfy all required indications, **or**
3. Absence of persistent signs or symptoms as defined under Covered Indications.



**COMMERCIAL REQUIRED DOCUMENTATION**

Note: Breast reduction surgery following mastectomy to achieve symmetry is covered as part of the Women’s Health and Cancer Rights Act (WHCRA). Please refer to the protocol Cosmetic & Reconstructive Surgery & Definitions for additional information for reconstructive procedures, including Gynecomastia and Breast Implant Repairs.

**Required Documentation:**

**The decision regarding whether reduction mammoplasty will be covered as reconstructive, or excluded from coverage as cosmetic, will require review of ALL of the following clinical information and documentation, and such other documentation as may be reasonably requested:**

- A. Physician office notes with the history of the medical condition(s) requiring treatment or surgical intervention. This documentation must include **all of the following**;
  - 1. Contemporaneous office notes from the original office visit for macromastia, describing the member’s chief complaint, history of the complaint and physical exam, **and**
  - 2. Documentation from the notes that the member has macromastia, and that this condition is the primary etiology of the member’s functional impairment or impairments, which are specifically described. Macromastia, also referred to as hypermastia or gigantomastia, is defined as abnormally large breasts that are the primary etiology for the secondary symptoms.
- B. Results of objective studies and tests used to rule out orthopaedic, neurologic and/or rheumatologic causes of the functional impairment (e.g. physical exam, electromyography (EMG), x-ray or magnetic resonance imaging (MRI)). When back or neck pain is the primary complaint, a formal and thorough back evaluation is required.
- C. High-quality color photographs that indicate macromastia. The patient should be standing, with brassiere removed, and photos should include front torso (from sternal notch to pubis) and left and right lateral views. The enrollee’s identification must be documented on the photograph(s) using either enrollee name or health plan identification number.
- D. Treatment plan that must include proposed procedures and the expected outcome for the improvement of the functional impairment.

**NOTES:**

- 1. The use of liposuction as the sole procedure for breast reduction surgery is considered cosmetic.
- 2. Breast reduction surgery to relieve psychological symptoms is considered cosmetic.

**MEDICARE & MEDICAID COVERAGE RATIONALE**

Medicare does not have a National Coverage Determination for Breast Reduction Surgery.

There is a Local Coverage Determination for Nevada for Plastic Surgery. The Local Coverage Determination is as follows:

According to the American Society of Plastic Surgeons, the specialty of plastic surgery includes reconstructive surgery and cosmetic surgery.

### **Reconstructive Surgery**

Reconstructive surgery is performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is generally performed to improve function but may also be done to approximate a normal appearance.

### **Cosmetic Surgery**

Cosmetic surgery is performed to reshape normal structures of the body to improve the patient's appearance and self-esteem.

Cosmetic surgery performed purely for the purpose of enhancing one's appearance is not eligible for coverage. However, surgery to correct congenital defects, developmental abnormalities, trauma, infections, tumors, or disease may be covered because the surgery is considered reconstructive in nature.

Cosmetic surgery performed to treat psychiatric or emotional problems is not covered.

Corrective facial surgery will be considered cosmetic rather than reconstructive when there is no functional impairment present. However, some congenital, acquired, traumatic, or developmental anomalies may not result in functional impairment, but are so severely disfiguring as to merit consideration for corrective surgery. For example, the craniofacial anomalies associated with Treacher Collins' syndrome should be reviewed on an individual consideration.

If a noncovered cosmetic surgery is performed in the same operative period as a covered surgical procedure, benefits will be provided for the covered surgical procedure only.

Benefits are provided for complications arising from cosmetic surgery as long as infection, hemorrhage, or other serious documented medical complication occurs.

Payment will be made for the following procedures when performed for the reasons indicated:

#### **1. Mammoplasty**

Macromastia (breast hypertrophy) is an increase in the volume and weight of breast tissue relative to the general body habitus. Breast hypertrophy may adversely affect other body systems: musculoskeletal, respiratory, integumentary. Unilateral hypertrophy may result in symptoms following contralateral mastectomy.

Reduction mammoplasty is performed:

- 1) to reduce the size of the breasts and help ameliorate symptoms caused by the hypertrophy, and
- 2) to reduce the size of a normal breast to bring it into symmetry with a breast reconstructed after



cancer surgery.

3) to remove a contralateral breast that is likely to have cancer spread from the diseased breast or to have independently developed breast cancer.

Medicare medical necessity for reduction mammoplasty is limited to circumstances in which:

- 1) there are signs and/or symptoms resulting from the enlarged breasts (macromastia) that have not responded adequately to non-surgical interventions, and
- 2) to improve symmetry following cancer surgery on one breast.

Cosmetic surgery to reshape the breasts to improve appearance is not a Medicare benefit. Cosmetic signs and/or symptoms would include ptosis, poorly fitting clothing and beneficiary perception of unacceptable appearance.

Non-surgical interventions preceding reduction mammoplasty should include **as appropriate**, but are not limited to, the following:

- Determining the macromastia is not due to an active endocrine or metabolic process
- Determining the symptoms are refractory to appropriately fitted supporting garments, or following unilateral mastectomy, persistent with an appropriately fitted prosthesis or reconstruction therapy at the site of the absent breast.
- Determining that dermatologic signs and/or symptoms are refractory to, or recurrent following, a completed course of medical management.

For Medicare purposes, a reasonable and necessary reduction mammoplasty could be indicated in the presence of significantly enlarged breasts and the presence of **at least one** of the following signs and/or symptoms:

- Back pain from macromastia and unrelieved by;
  1. Conservative analgesia,
  2. Supportive measures (garment, etc.),
  3. Physical Therapy,
  4. Significant arthritic changes in the cervical or upper thoracic spine, optimally managed with persistent symptoms and/or significant restriction of activity.
- Intertriginous maceration or infection of the inframammary skin refractory to dermatologic measures.
- Shoulder grooving with skin irritation by supporting garment (bra strap).

Considerable attention has been given to the amount of breast tissue removed in differentiating between cosmetic and medically necessary reduction mammoplasty. Arbitrary minimum weight breast tissue removed criteria do not consistently reflect the consequences of mammary hypertrophy in individuals with a unique body habitus. There are wide variations in the range of height, weight, and associated breast size that cause symptoms. The amount of tissue that must be removed in order to relieve symptoms will vary and depend upon these variations. The following are guidelines (not rules) that address the patient's weight and the amount of breast tissue removed:

**Table I**

- 95-119 lbs. 300 grams excised per breast
- 110-130 lbs. 400 grams excised per breast



130+ lbs. 500 grams excised per breast

Medicare coverage of reduction mammoplasty is limited to those circumstances where the medical record supports the following:

- The signs and/or symptoms have been present for at least six months
- Medical treatment and/or physical interventions have not adequately alleviated symptoms.

**For Medicare and Medicaid Determinations Related to States Outside of Nevada:**

Please review Local Coverage Determinations that apply to other states outside of Nevada.

<http://www.cms.hhs.gov/mcd/search>

**Important Note:** Please also review local carrier Web sites in addition to the Medicare Coverage database on the Centers for Medicare and Medicaid Services' Website.

## BACKGROUND

This protocol describes the criteria used to evaluate requests for breast reduction surgery. Breast reduction surgery, also known as reduction mammoplasty or reduction mammoplasty, is a surgical procedure performed to reduce the volume and weight of the female breasts. It may be performed for a variety of reasons, including relief of physical symptoms, relief of psychological symptoms or the patient's preference for smaller breast size.

Physical symptoms can include:

- Pain in the neck, back, shoulder, arm or breast
- Paresthesia of the upper extremities
- Intertrigo (inflammation of skin folds)
- Itching
- Brassiere strap grooving

In conjunction with surgical removal, excess fat may be removed through liposuction. The use of liposuction as the sole procedure for breast reduction is cosmetic.

## CLINICAL EVIDENCE

Evidence from randomized controlled and nonrandomized demographically matched controlled studies is sufficient to conclude that reduction mammoplasty is effective for the relief of symptoms of macromastia, with relatively few serious complications. In all of the reviewed studies, reduction mammoplasty significantly improved health-related quality of life and most functional measures, while reducing pain and breast-associated symptoms. However, definitive criteria regarding breast size or severity of symptoms that warrant breast reduction have not been established, so the most problematic issue associated with reduction mammoplasty is to distinguish between those patients who require surgery to relieve symptoms and those who might be seeking mammoplasty to improve appearance (Hayes, 2008).



In a meta-analysis of 29 published studies done by Chadbourne et al. (2001), reduction mammoplasty was associated with a statistically significant improvement in physical signs and symptoms. Although there is no conclusion as to the volume of tissue removed which would improve the physical signs and symptoms associated with the macromastia, the mean total removed from bilateral breasts was 1429.4 gm, with a range of 100 to 8132 gms.

Bolger et al. (1987) and Serletti et al. (1992) classified macromastia as breast reductions requiring removal of 800 gm/breast.

To determine the reasons for breast reduction surgery, Schnur and Hoehn et al. (1991) recorded the height, weight and amount of breast tissue removed from 591 women. The amount of tissue was plotted against body surface area. The surgeons were then asked to indicate which patients had the surgery for symptomatic, appearance and combined symptomatic and reasons relating to appearance. The surgeons reported that 78% of the patients had surgery for entirely symptom-related reasons and that 17% were performed for combined symptomatic and appearance reasons.

A retrospective study of 61 women who underwent reduction mammoplasty, self-reported improvement in, or elimination of neck, back, shoulder and breast pain, grooving from brassiere straps, poor posture, skin irritation and social embarrassment. Symptom relief and improved body image occurred independently of preoperative body weight as there were few differences found between obese and non-obese women concerning the resolution of physical symptoms or improvement in body image (Glatt 1999).

In a study done by Makki et al. (1998) a patient satisfaction survey was sent to 296 patients who had reduction mammoplasty from January 1987 to December 1996. A response rate of 55.4% (164 patients) was attained. The charts of these patients were reviewed retrospectively. The mean age at the time of surgery was 29.7 years and the mean preoperative weight was 166.9 lbs. (75.9 kg.). Seventy-eight respondents listed the relief of physical symptoms of large breasts as their primary reason for the surgery. An average of 1,037 grams of tissue was resected per breast. Ninety-one percent of subjects realized improvement of symptoms and 65% were asymptomatic.

Bruhman and Tschopp (1998) conducted a retrospective study of 114 women, evaluating long-term effects of reduction mammoplasties. Average tissue reduction was 1,266 grams and average follow-up interval was 7.7 years. Ninety-one percent of the patients noticed a decrease in shoulder, neck and back pain, and lessening of brassiere shoulder grooves. Nine percent noticed no change at all, and only one patient complained of increased breast pain postoperatively. The authors found a significant correlation between the amount of tissue resected and pain relief after surgery. No correlation was found for either weight gain or follow-up time and regaining of physical complaints.

Sigurdson et al. (2007) stated that breast hypertrophy is a common condition that can be associated with significant morbidity. Symptoms emphasized in the literature include physical problems such as pain, intertrigo and exercise restrictions. The purpose of this study was to explore the suffering experienced by women with breast hypertrophy and to evaluate the importance of different symptoms. Twenty-one women with breast hypertrophy were divided into five focus groups guided by a facilitator. Open discussion was encouraged to generate a comprehensive list of symptoms experienced by women with breast hypertrophy. Subjects then completed an iterative process to determine the



relative importance of each symptom. A weighted list of 45 dominant symptoms was created from an initial pool of 128. Physical pain symptoms predominated in the older age group, whereas younger women expressed more psychological symptoms. Difficulties experienced by these women transcended all aspects of their lives. Back, neck and shoulder pain were considered most troublesome, followed by exercise difficulties, poor posture and low self-esteem. This study provides insight into the burden of breast hypertrophy and has implications for the objective assessment of this condition in the clinical setting.

A study by Findikcioglu et al. (2007) found that macromastia usually is associated with the physical and psychological symptoms reported comprehensively by many studies. Reduction mammoplasty seems to be the most reasonable solution for these symptoms, and many articles have reported improvement of these complaints after surgery. Some authors have postulated that the anatomic mechanisms of postural aberrations are heavy breasts and related pain symptoms. However, limited numbers of studies have tried to explain the effect of the heavy breasts on the vertebral column. This study enrolled 100 females in four groups according to their breast cup sizes (groups A, B, C, D). All four groups were compared with each other statistically using one-way analysis of variance (ANOVA) followed by a post hoc test according to the body mass index (BMI) as well as the thoracic kyphosis, lumbar lordosis, and sacral inclination angles. The BMI was significantly higher in the D cup-sized breast group. There was a statistically significant difference between groups A and D in terms of the thoracic kyphosis and the lumbar lordosis angles, and between groups B and D in terms of the lumbar lordosis angle. No statistically significant difference was detected between the groups in terms of the sacral inclination angle. Breast size seems to be an important factor that affects posture, especially the thoracic kyphosis and lumbar lordosis angles.

### **Professional Societies**

#### **American Society of Plastic Surgeons (ASPS)**

In recommendations for insurance coverage, the ASPS states that coverage for breast reduction surgery should be based on the documentation of symptoms of macromastia, independent of body weight or amount of breast tissue removed (ASPS 2002a).

The association's practice parameter on the topic includes the following indications for a diagnosis of breast hypertrophy:

1. Estimate of breast volume greater than 750 cc's (90<sup>th</sup> percentile of the U.S. population) or brassiere cup size of D or greater.
2. Additional information that can be helpful in confirming the diagnosis include:
  - a. Secondary skeletal effects including:
    - i. Postural change with tendency to dorsal kyphosis
    - ii. Clavicular brassiere strap grooves
    - iii. Upper extremity numbness and paresthesia
  - b. Hygiene problems including intertrigo

The diagnosis of breast hypertrophy is most accurately based on breast volume and not brassiere cup size, as there is considerable variability in cup size relative to absolute breast size (ASPS 2002b).



## U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Reduction mammoplasty for breast hypertrophy is a procedure and, therefore, not subject to regulation by the Food and Drug Administration.

## DEFINITIONS

**Congenital Anomaly** - a physical developmental defect that is present at the time of birth, and that is identified within the first twelve months of birth.

### **Cosmetic Procedures:**

Cosmetic Procedures are excluded from coverage. Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery or other procedures done to relieve such consequences or behavior as a reconstructive procedure.

Procedures or services that change or improve appearance without significantly improving physiological function, as determined by UHC.

### **Functional/Physical Impairment:**

A physical/functional or physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.

### **Reconstructive Procedures**

Include surgery or other procedures which are associated with an Injury, Sickness or Congenital Anomaly. The fact that physical appearance may change or improve as a result of a reconstructive procedure does not classify such surgery as a Cosmetic Procedure when a physical impairment exists, and the surgery restores or improves function.

Procedures performed incidental to an Injury, Sickness, or Congenital Anomaly when the primary purpose is to improve or restore physiological functioning of the impaired part of the body are reconstructive procedures. The fact that physical appearance may change or improve as a result of reconstructive surgery does not classify such surgery as cosmetic when a functional impairment exists, and the surgery's primary purpose is to restore or improve function.

Examples of a reconstructive procedure include, but are not limited to:

- Surgery to correct cleft lip, cleft palate, or combinations of the two.
- Scar revision when the scar has caused a contracture and is limiting motion of a body part.
- Breast reconstruction after mastectomy, including tattooing to create a nipple.
- Blepharoplasty (i.e., upper eyelid surgery) when there is significant visual impairment.



**Sickness** - physical illness, disease or Pregnancy. The term Sickness as used in this *Certificate* does not include mental illness or substance abuse, regardless of the cause or origin of the mental illness or substance abuse.

## APPLICABLE CODES

The codes listed in this policy are for reference purposes only. Listing of a service or device code in this policy does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the benefit document. This list of codes may not be all inclusive.

CPT <sup>®</sup> Code	Description
15877	Suction assisted lipectomy; trunk
19316	Mastopexy
19318	Reduction mammoplasty
19499	Unlisted procedure, breast

*CPT<sup>®</sup> is a registered trademark of the American Medical Association.*

ICD9 Procedure Codes	Description
85.31	Unilateral Reduction mammoplasty
85.32	Bilateral Reduction mammoplasty

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**PROTOCOL HISTORY/REVISION INFORMATION**

Date	Action/Description
10/04/2010	CDG Effective/Implementation Date
08/03/2010 12/10/2009	Corporate Medical Affairs Committee