Australian Society of Plastic Surgeons

Campaign to reinstate public funding for surgery to correct symptomatic rectus diastasis (abdominal muscle split) following pregnancy

Terminology
Abdominoplasty – "plasty" just means "reshaping" or "rebuilding", so abdominoplasty is any operation that restores the structure of the abdomen (tummy). For most abdominoplasty operations, there is a component of fixing the separation of the muscles of the abdominal wall plus removal of any excess skin and re-laying the skin so that there is no longer an overhang of skin. **Rectus diastasis** – a separation between the two long vertical muscles in the middle of the abdomen. This term is interchangeable with 'Diastasis rectus abdominis muscles (DRAM)' and 'rectus divarication'.

What are we asking for?

In 2016, surgery to repair symptomatic rectus diastasis in women following pregnancy (a procedure known as abdominoplasty) was removed from the Medicare Benefits Scheme ('MBS') due to concern it was being misused for cosmetic purposes. The item still remains accessible in cases of massive weight loss or in cases following surgical removal of a large intraabdominal or pelvic tumour. This means that women with symptomatic rectus diastasis are no longer publically covered to receive this treatment and must fund this surgery privately and at substantial personal cost.

ASPS submitted an application to the Department of Health, Medical Services Advisory Committee ('MSAC'), to have this group of patients (post-partum women with symptomatic rectus diastasis) reinstated under Medicare in 2018. The application was not successful. Since then ASPS have been working tirelessly to have public funding reinstated for post-partum women, and have been advised that a revised submission is required to present new evidence in relation to the procedure for this group of patients. We are currently working on the reapplication.

ASPS believe the item was initially removed without due consideration for the negative impact this condition has on those with severe symptoms requiring functional abdominoplasty. We hope that women will once again be able to access this treatment to improve their health and quality of life regardless of their personal financial situation.

Cosmetic/Aesthetic vs. Functional abdominoplasty

Some women simply dislike the appearance of their abdomen after pregnancy or giving birth and seek abdominoplasty to improve this appearance. Some of these women may have a degree of rectus diastasis, but do not have symptoms such as low back pain. If perceived aesthetic improvement is the motivation for surgery, patients must self-fund.

Some women who have given birth are left with rectus diastasis which fails to resolve on its own or with other treatment. Whilst many of these women do not have symptoms, a small sub-set of them have significant low back pain and trunk weakness (+/- urinary incontinence). This problem impacts on their quality of life and their health. It is this group that were previously able to access the item number under the MBS but have been excluded from the subsidy since 2016 when it was removed

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And it is this group that ASPS are seeking to have reinstated onto the MBS. It has always been clear in the Medicare Benefits Schedule that MBS benefits are not available for surgery performed for cosmetic purposes (MBS section TN8.8) and ASPS supports this stance, reiterating that public funding should be protected against cosmetic misuse.

Background of Medicare funding for abdominoplasty

In 2014 the Department of Health instituted a 'Review Working Group' to look into the claiming patterns of lipectomy item numbers. As a result of this review, the Department deemed that abdominoplasty for rectus diastasis following pregnancy was at risk of cosmetic misuse, and perhaps primarily utilised for cosmetic purposes. In 2016 the item was therefore modified to allow only those who had symptoms as a result of massive weight loss and excluded those patients with symptomatic post-partum rectus diastasis. Interestingly, a new item was created which allowed an abdominoplasty for an 'anterior abdominal wall defect' following removal of a large intraabdominal or pelvic tumour. This essentially meant that if a man with a complex colon cancer and a very large tumour had a gap in the muscles of the abdominal wall after surgery, he could access funded surgery to fix that gap; but if a woman had a twin pregnancy and was left with a similar gap, she could not access the same funded surgery.

ASPS wrote to the Department of Health to try to appeal this decision and have reinstatement of the item number for those women with severe symptoms. We were advised that we would have to undertake a formal Medicare Service Advisory Committee (MSAC) application.

Reapplication to MSAC

ASPS remains committed to trying to get funding re-instated for abdominoplasty for women with symptomatic rectus diastasis. Having reviewed the literature since the time of our initial application in 2018, we believe there is new and solid evidence to support the clinical effectiveness and cost-effectiveness for this group of patients which responds to the MSACs original reservations. Whilst the findings of this body of literature are not new, the availability of the published evidence is. ASPS know this procedure was always safe and effective for symptomatic women and wants to assure the public there is no 'new' discovery in terms of its efficacy. However given the requirements of securing public funding in the health system rely strongly on clinical evidence identified through thorough literature reviews and analysis, we are therefore resubmitting an application which includes this evidence for MSACs consideration. We have also ensured that the proposed criteria for this item number is tight enough and clinically sound enough to protect the procedure from cosmetic misuse given this was the main concern used to justify its removal in 2016.

Since we initially lodged this application in 2018, ASPS have also learnt valuable lessons from a subsequent successful application to MSAC. In particular, we now realise how important it is to provide feedback and comment from the public, patients/consumers, the medical community, and patient support groups or associations. MSAC value public consultation and feedback and ASPS are certain that public feedback is, in fact, considered alongside clinical evidence relating to the proposed medical service. ASPS are therefore launching a campaign to capture and compile public feedback and comment on abdominoplasty for post-partum rectus diastasis to accompany our resubmission.

Public Support for abdominoplasty for rectus diastasis post-partum

In recent months there has been increased attention on the need for abdominoplasty for repair of rectus diastasis. This is largely due to the mammoth petition (Petition EN1751) put together by local Sydney woman, Ms Kerrie Edwards, which was presented to the House of Representatives in

October 2020, with some 13,022 signatures in support of the reinstatement of Medicare funding for abdominoplasty following pregnancy. The Minister for Health, the Hon Greg Hunt MP, responded to this petition in a letter outlining his departments' sympathies for women suffering the condition and noting he is aware ASPS intend to submit a fresh application through the MSAC process.

This petition was serendipitous in its timing given it was unrelated to previous ASPS work advocating to government. ASPS are hoping to draw from the immense community support generated as a result of this petition and subsequent media coverage through the clinical MSAC process. We hope the two 'processes' can complement one another and show there is both public need and clinical need to have this procedure reinstated for symptomatic post-partum women.

Consultation Survey

MSAC have created template Consultation Surveys to accompany MSAC applications for new services. These Surveys offer a number of perspectives and experiences otherwise excluded from the MSAC process and are vital in ensuring the patient and doctors perspectives are understood. Processes such as the MSAC process can often be exclusive in that much of the focus is on published clinical literature only. As such, your experience with prior abdominoplasty, life with symptomatic rectus diastasis, as a partner or close friend/relative of a woman whose quality of life is impacted by RD post-partum, or as a clinician who sees women in need of this surgery but who cannot afford to self-fund, is needed! ASPS hope to receive as many completed surveys which capture as many perspectives and experiences as possible.

We do not intend to use these Surveys for any other purpose. They will be sent as a package to the Department for presentation at the MSAC meeting scheduled to evaluate the application.

What can you do?

1. Complete the Consultation Survey (refer to the Guide for help) and share your experience.
2. Share this Information Sheet, the Consultation Survey and the Guide with your networks.

Completed Surveys can be returned to MBS Specialist Officer, Ms Kimiko Grayson, at mbs@plasticsurgery.org.au by COB on Monday 31st May, 2021. Please feel free to contact ASPS on the same email if you have any questions relating to this.