Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Removal of Benign Skin Lesions in Patients under the age of 16

Prior Approval

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk/) or consider use of advice and guidance services where available.

This policy covers all benign skins lesions on the body including those which are cutaneous, subcutaneous and within the mouth or other orifices such as the ear canal or genitals.

Dermoid Cysts and Pilomatrixoma have important recognised medical implications and should be referred.

Pilonidal requests are dealt with under the Hair Removal (Including electrolysis and laser therapy, also covering complex pilonidal sinus disease and para stomal disease).

Bartholin's Cysts are covered under the female genitalia policy.

Skin lesions with diagnostic uncertainty should be referred to the Advice & Guidance service in the first instance.

Removal of Benign Skin Lesions is not routinely funded and should be considered as an EFR, unless meeting the criteria in this policy.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

If you have any concern that the lesion may be malignant then you should refer via the 2WW pathway

Section A – Criteria to Access Treatment

This policy relates to all treatments proposed in secondary care and or community dermatology services, including all forms of surgical excision, laser treatment and cryotherapy. Funding approval for treatment will only be funded by the ICB for patients meeting criteria set out below.

This policy refers to the following benign lesions when there is diagnostic certainty, they do not meet the criteria listed below:
(This list is not exhaustive)

- benign moles (excluding large congenital naevi)
- corn/callous
- dermatofibroma
- lipomas
- milia
- molluscum contagiosum (non-genital)
- epidermoid & pilar cysts (sometimes incorrectly called sebaceous cysts)
- seborrhoeic keratoses (basal cell papillomata)
- spider naevi (telangiectasia)
- non-genital viral warts in immunocompetent patients

Benign skin lesions, must meet at least ONE of the following criteria to be removed:

1. The lesion is unavoidably and significantly traumatised on a regular basis with evidence of regular bleeding, in the course of normal everyday activity.
   OR
2. There is recurrent infection of the lesion requiring 2 or more courses of antibiotics in the preceding 12 months.
   OR
3. The lesion is near the eye and causing impairment of central vision.
   OR
4. The lesion causes pressure symptoms on a nerve.

Benign lumps measuring less than 10cm in diameter, such as an ultrasound confirmed lipoma, can usually be safely observed. If the patient prefers to have an excision, then an application for NHS funding will be required before routine referral to plastic surgery. Features which may suggest a sarcoma: mass greater than 5cm, enlarging, deep to fascia.

Note

Skin lesions with diagnostic uncertainty should be referred to the Advice & Guidance service in the first instance.

Community services can be used to assess patients if they meet the criteria above and the individuals service covers the area.

The following are *outside* the scope of this policy recommendation:

- Lesions that are suspicious of malignancy should be treated or referred according to BNSSG USC/2WW cancer guidelines.
- Lesions where there is diagnostic uncertainty - please use dermatology advice and guidance service initially.

Section A cont'd

Hidradenitis Suppurativa

If you have a recurrently discharging lesion usually around the groin or axilla, think about a diagnosis of hidradenitis suppurativa note the remedy diagnosis page (https://remedy.bnssg.icb.nhs.uk/adults/dermatology/hidradenitis-suppurativa/) where there is all the information required to make a diagnosis. This condition sits outside of this policy.

Section B – Infantile Haemangiomas

Infantile haemangiomas (IH) should be referred directly if one or more of the following apply:

1. IH causing/likely to cause vision compromise (i.e. on or close to the eyelid) The lesion is significantly obstructing OR impairing field vision.
   OR
2. Airway IH with potential or actual airway compromise (haemangioma across the chin and neck can be associated with airway involvement)
   OR
3. Nasal IH with actual or potential obstruction
   OR
4. Lip IH causing potential or actual functional impairment and/or disfigurement (often ulcerate and cause feeding problems)
   OR
5. Auditory canal involvement causing recurrent infection
   OR
6. Ulcerated IH
   OR
7. Risk of permanent disfigurement. Facial lesions especially those of the face, nose and ears. Even small haemangiomas on these important anatomical structures can lead to permanent and avoidable disfigurement. Any facial haemangioma with a steep sided raised superficial component or surface cobblestoning should be referred.

Indications for referral for further **assessment**

8. Large flat atypical "segmental" haemangiomas especially those on the face or lumbosacral/perineal area (can be associated with underlying congenital abnormalities).

Multiple haemangiomas > 5 (can be associated with visceral haemangiomas and cardiac failure).

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Treatment to remove a skin lesion should only be carried out in certain circumstances, for example, if the lesion is painful, bleeds regularly, if it becomes repeatedly infected or if it impacts on your everyday activities, such as causing pain at your joints or affects your vision.

Risks

Surgical removal carries a small risk of complications such as bleeding, scarring and infection.

Alternatives

Conservative management for benign skin lesions focuses on non-invasive approaches that either improve appearance or prevent further irritation without actively removing the lesion. Here are some common strategies:

1. Observation and Monitoring
2. Sun Protection
3. Moisturizing and Barrier Creams
4. Avoiding Irritants
5. Makeup and Camouflage
6. Lifestyle and Diet Support

Do Nothing

Doing nothing is usually the best course of action. Most children get better within a few weeks without any treatment.

Benign Skin Lesions in Patients under the age of 16– Plain Language Summary

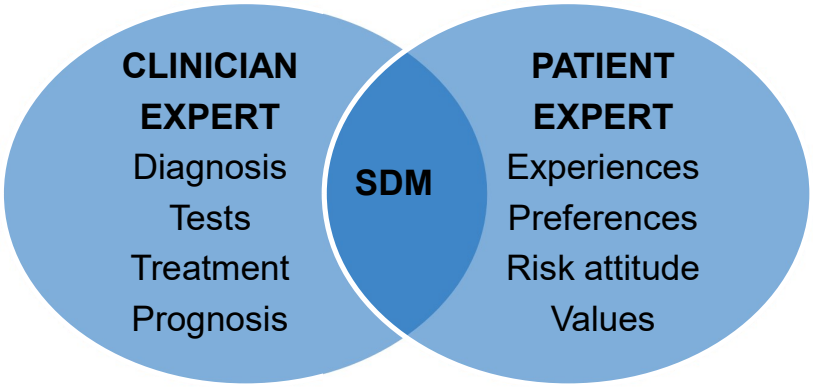
Removal of benign skin lesions means treating asymptomatic benign skin lumps, bumps or tags on the skin that are not suspicious of lesions cancer. Treatment carries a small risk of infection, bleeding or scarring and is not usually offered by the NHS if it is just to improve appearance. In certain cases, treatment (surgical excision or cryotherapy) may be offered if certain criteria are met. A patient with a skin or subcutaneous lesion that has features suspicious of malignancy must be treated or referred according to NICE skin cancer

guidelines. This policy does not refer to pre-malignant lesions and other lesions with potential to cause harm.

Shared Decision Making

If a person fulfils the criteria for removal of a Benign Skin Lesion it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. NICE (2021) Suspected Cancer ng12 (Guidance) www.nice.org.uk
2. NICE (2010) Improving outcomes for people with skin tumours including melanoma csg8 (Guidance) www.nice.org.uk
3. National Health Service (2019) Health A to Z: Cosmetic Procedures [online] www.nhs.uk/conditions
4. National Library of Medicine (2015) Diagnosing Common Benign Skin Tumours [online] PMID: 26447443 www.pubmed.ncbi.nlm.nih.gov
5. National Library of Medicine (2007) The effect of a dermatology restricted-referral list upon the volume of referrals [online] PMID: 17305918 www.pubmed.ncbi.nlm.nih.gov
6. National Library of Medicine (2011) Large thigh liposarcoma--diagnostic and therapeutic features [online] PMID: 21776304 www.pubmed.ncbi.nlm.nih.gov
7. National Library of Medicine (2010) Cutaneous horn [online] PMID: 20520930 www.pubmed.ncbi.nlm.nih.gov

8. National Library of Medicine (1996) Accessory auricles: unusual sites and the preferred treatment option[online] PMID: 8673210 www.pubmed.ncbi.nlm.nih.gov
9. National Library of Medicine (1996) One-stop outpatient management of accessory auricle in children with titanium clip [online] PMID: 24800069 www.pubmed.ncbi.nlm.nih.gov
10. National Library of Medicine (1999) Pearly penile papules: a common cause of concern [online] PMID: 10563558 www.pubmed.ncbi.nlm.nih.gov
11. National Library of Medicine (1991) A histopathological study of 643 cutaneous horns[online] PMID: 10563558 www.pubmed.ncbi.nlm.nih.gov
12. Patient information (2021) Lipoma Professional medical article www.patient.info
13. DermNet NZ (2021) Facts about the skin [online] www.dermnetnz.org
14. DermNet NZ (2013) Cutaneous horn [online] www.dermnetnz.org
15. Healthline (2017) Cysts [online] www.healthline.com
16. Taylor Francis (2012) A Prospective, Multicentre Study of Malignant and Premalignant Lesions at the Base of Periocular Cutaneous Horns [online] www.tandfonline.com
17. British Association of Dermatologists (2014 – 2021) Patients Information Leaflets [online] www.bad.org.uk
18. British Sarcoma Group (2019) Ultrasound screening of soft tissue masses in the trunk and extremity [online]
19. British Society for Paediatric Dermatology(2021) British Society for Paediatric Dermatology [online] www.bspd.org

Connected Policies

Anal Skin Tag Removal
Chalazion Removal
Cosmetic Surgery or Treatment
Desensitizing Light Therapy in the Management of Severe Polymorphic Light Eruption
Facial Surgery and Treatment
Female Genitalia Surgery.
Ganglion Removal and Referral
Removal of Benign Skin Lesions in Patients 16 years and over
Skin Excision for Contouring including Buttock, Arm and/or Thigh Lift Policy
Skin Camouflage Services
Tattoo Removal

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICBs are responsible, including policy development and review.

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):
S063,S064,S065,S066,S067,S068,S069,S081,S082,S083,S088,S089,S091,S092,S093,S094,S095,S098,S099,S101,S102,S111,S112,D021,D022,D028,D029

Support

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