

CLINICAL POLICY ADVISORY GROUP (CPAG)

Removal of Benign Skin Lesions Policy

Statement

Derby and Derbyshire Integrated Care Board (DDICB), in line with its principles of Evidence Based Interventions (EBI) has deemed the Removal of Benign Skin Lesions should not routinely be commissioned unless the criteria listed in the policy below are met.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

Removal of benign skin lesions means treating lumps, bumps or tags on the skin that are not suspicious of cancer. Treatment carries a risk of infection, bleeding or permanent scarring and sometimes anaesthetic risks, so it is not usually offered by the NHS if it is just to improve appearance. 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 premalignant lesions and other lesions with potential to cause harm.

2. Recommendation

This policy refers to the following benign lesions when there is diagnostic certainty and they do not meet the criteria below:

- benign moles (excluding large congenital naevi)
- corn/callous
- dermatofibroma
- Lipoma *(please see separate criteria)
- Epidermoid & Pilar Cysts **(please see separate criteria)
- milia
- molluscum contagiosum (non-genital)
- neurofibromata
- non-genital viral warts in immunocompetent patients
- seborrhoeic keratoses (basal cell papillomata)
- skin tags (fibroepithelial polyps) including anal tags
- solar comedones
- spider naevi (telangiectasia) – although multiple lesions may be a sign of underlying disorders in adults and children best initially addressed through advice and guidance
- xanthelasmata

The benign skin lesions, which are listed above, must meet at least **ONE** of the following criteria to be considered for removal:

- The lesion is unavoidably and significantly traumatised on a regular basis with evidence of this causing regular bleeding (more than twice weekly for at least four weeks caused by everyday activities i.e. not due to picking)
- There is repeated infection requiring 2 or more antibiotic courses per year
- The lesion bleeds (more than twice weekly for at least four weeks) in the course of normal everyday activity
- The lesion causes pain requiring long-term daily medication
- The lesion is obstructing an orifice or impairing field vision
- The lesion significantly impacts on function e.g. restricts joint movement
- The lesion causes pressure symptoms which are unavoidable, cannot be managed conservatively and cause atrophy. Verruca on the feet do not normally meet this criteria as they can be pared back to avoid pressure symptoms
- If left untreated, more invasive intervention would be required for removal
- Facial viral warts causing significant psychological distress (e.g. school avoidance), in those aged under 18 years who are able to tolerate cryotherapy

***Surgical Removal of Lipoma/Lipomata** should not routinely be commissioned unless criteria one and two below are met:

1. Lipoma is at least 5cm diameter AND
2. One or more of the following factors impacts quality of life
 - Lipoma associated with severe functional disability*
 - significant pain and/or infection

*e.g. the ability to do activities of daily living is hampered by the presence of the lipomata, such as dressing, personal hygiene, functional mobility.

Lipomas under 5cm should be observed using current [British Sarcoma Group Guidance for soft tissue sarcoma management](#).

Exception- Soft tissue lumps over 5cm in diameter or in a subfascial position which have shown rapid growth and/or are painful, should be referred to an appropriate clinic (2ww Sarcoma).

****Surgical Removal of Epidermoid and Pilar Cysts** should not routinely be commissioned unless one or more of the following criteria is met:

1. The epidermoid/ pilar (sebaceous) cyst is on the face (not scalp or neck) AND is greater than 1cm diameter.
2. The epidermoid/pilar (sebaceous) cyst is on the body (including scalp/neck) AND is greater than 1cm diameter AND is:
 - Associated with significant pain, Or,
 - Causing loss of function* e.g.
 - Obstructing an orifice
 - Obstructing vision
 - Restricting movement if formed on a joint Or,
 - Susceptible to recurrent trauma

*For the purpose of this policy the definition of functional is "The aim of surgery is to improve patient function relating to a diagnosed pathology which has been clinically defined as resulting from a tissue state which can be addressed through Plastic Surgery procedures".

The following are outside the scope of this policy recommendation:

- Lesions that are suspicious of malignancy should be treated or referred according to NICE skin cancer guidelines
- Any lesion where there is diagnostic uncertainty i.e. genetic diseases, premalignant lesions (actinic keratoses, Bowen disease) or lesions with premalignant potential should be referred or, where appropriate, treated in primary care
- Removal of lesions other than those listed above.

Referral to appropriate speciality service (e.g. dermatology or plastic surgery):

- The decision as to whether a patient meets the criteria is primarily with the referring clinician. If such lesions are referred, then the referrer should state that this policy has been considered and why the patient meets the criteria. The referrer should not guarantee treatment will be provided but explain that clinicians will consider the potential risks and benefits with the patient. A clinician will not offer treatment if the risks outweigh benefits.

- This policy applies to all providers, including general practitioners (GPs), GPs with enhanced role (GPwER), independent providers of NHS care, and community or intermediate NHS services.

NB DDICB has a separate policy covering:

- [Congenital Pigmented Lesions on the Face Policy](#)

3. Rationale for Recommendation

There is little evidence to suggest that removing benign skin lesions to improve appearance is beneficial. Risks of this procedure include bleeding, pain, infection and scarring and anaesthetic risks. However, in certain specific cases as outlined by the criteria above, there may be benefits for removing some skin lesions e.g. to avoid long-term pain and allow normal functioning.

Surgery to remove a benign or harmless skin lesion is a procedure that should only be carried out when specific criteria are met, to ensure most appropriate use of health care resources.

4. Personalised Care

Personalised care simply means that people have more control and choice when it comes to the way their care is planned and delivered, considering their individual needs, preferences and circumstances. It includes supporting shared decision making and self-management.

Shared decision-making means people are supported to:

- understand the care, treatment and support options available and the risks, benefits and consequences of those options
- decide on a preferred course of action, based on evidence based, good quality information and their personal preferences.

Supported self-management means increasing the knowledge, skills and confidence a person has in managing their own health and care. This involves using self-management education, peer support, and health coaching.

Decision support tools, also called patient decision aids support shared decision making by making treatment, care and support options explicit. They provide evidence-based information about the associated benefits/harms and help patients to consider what matters most to them in relation to the possible outcomes, including doing nothing.

5. Useful Resources

- NICE. Improving Outcomes for People with Skin Tumours Including Melanoma. <https://www.nice.org.uk/guidance/csg8>
- NICE. Suspected Cancer: Recognition and Referral <https://www.nice.org.uk/guidance/ng12>
- Lipomas, NHS, last reviewed 25/07/2023, <https://www.nhs.uk/conditions/lipoma/>
- Lipoma, Primary Care Dermatology Society, updated 18/11/2021, accessed 08/11/2024, <https://www.pcids.org.uk/clinical-guidance/lipoma>
- Skin Cyst, NHS. Last reviewed 09/05/2023, accessed 08/11/2024 <https://www.nhs.uk/conditions/skin-cyst/>
- Epidermoid and pilar cysts, British Association of Dermatologists, updated March 2017, accessed 08/11/2024 <https://cdn.bad.org.uk/uploads/2021/11/15133044/Cysts-epidermoid-and-pilar-PIL-March-2017.pdf>
- [BRAN leaflet](#) – Shared decision making supports individuals to make the right decision for them. This easy-to-use leaflet supports this people to consider their treatment options.

6. References

- Higgins JC, Maher MH, Douglas MS. Diagnosing Common Benign Skin Tumours. Am Fam Physician. 2015 Oct 1;92(7):601-7. PubMed PMID: 26447443
- Tan E, Levell NJ, Garioch JJ. The effect of a dermatology restricted-referral list upon the volume of referrals. Clin Exp Dermatol. 2007 Jan;32(1):114-5. PubMed PMID: 17305918.
- AOMRC – Evidence-Based Interventions – updated September 2024 – [Removal of Benign Skin Lesions](#)
- Information for commissioners of plastic surgery services: referrals and guidelines in plastic surgery, British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), March 2012, accessed 08/11/2024, <https://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf>
- Dangoor, A., Seddon, B., Gerrand, C. et al. UK guidelines for the management of soft tissue sarcomas. Clin Sarcoma Res 6, 20 (2016), accessed 08/11/2024 <https://doi.org/10.1186/s13569-016-0060-4>

7. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Clinical Policy Advisory Group (CPAG)	November 2024
Consultant Dermatologist, UHDBFT	November 2024
Consultant Plastic Surgeon, UHDBFT	November 2024
Consultant Dermatologist, CRHFT	November 2024
Academy of Royal Medical Colleges (AOMRC)	December 2024
Clinical Policy Advisory Group (CPAG)	January 2025

Appendix 2 - Document Update

Document Update	Date Updated
<p><u>Version 4.0</u></p> <ul style="list-style-type: none"> • Policy has been updated to align to updated EBI Guidance – Sept 2024. • Key changes include <ul style="list-style-type: none"> ○ Removal of separate DDICB policies for lipoma and Epidermoid & Pilar Cyst ○ Greater clarity on eligibility criteria <ul style="list-style-type: none"> - defines regular bleeding - Specifies pain requiring medication - Further defines pressure symptoms ○ Additional criteria for Facial Viral Warts defined as significant psychological distress in under 18s who are unable to tolerate cryotherapy ○ Removal of criteria which allows treatment in children causing significant psychological impact. • Addition of 'Personalised Care' section. • Reference to BRAN leaflet added to 'Useful Resources' section. 	January 2025