

CLINICAL POLICY ADVISORY GROUP (CPAG)

Surgical Removal of Epidermoid and Pilar Cysts Policy

Statement

Derby and Derbyshire CCG has deemed that the surgical removal of epidermoid/pilar (sebaceous) cysts should not routinely be commissioned, unless one (or more) of the following criteria are 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** the epidermoid/pilar (sebaceous) cyst 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 defining as resulting from a tissue state which can be addressed through Plastic Surgery procedures"

1. Background

A skin cyst is a fluid-filled lump just underneath the skin. They are common and harmless and may disappear without treatment. Cysts can range in size from smaller than a pea to a few centimetres across. They grow slowly. Skin cysts do not usually hurt, but can become tender, sore and red if they become infected.

Epidermoid cysts (commonly known as "sebaceous cysts") are one of the main types of cysts and are always benign. They are commonly found on the face, neck, chest, shoulders or skin around the genitals.

Cysts that form around hair follicles are known as pilar cysts and are often found on the scalp. Pilar cysts typically affect middle-aged adults, mostly women. Unlike epidermoid cysts, they run in families.

2. Recommendation

Derby and Derbyshire CCG has deemed that the surgical removal of epidermoid/ pilar (sebaceous) cysts should not routinely be commissioned, unless one (or more) of the following criteria are 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 on **AND** the epidermoid/pilar (sebaceous) cyst is:
 - Associated with significant pain,
Or,
 - Causing loss of function* e.g.
 - Obstructing an orifice
 - Obstructing vision
 - Restricting movement if formed on a jointOr,
 - 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 defining as resulting from a tissue state which can be addressed through Plastic Surgery procedures"

Information to be Included with Referral

Refer to Dermatology/Plastics for assessment, with following detail:

- Details of condition
- Size of cyst

3. Rationale for Recommendation

Epidermoid or pilar cysts are always benign but some may become infected or be symptomatic. Some may require surgical excision particularly if large or located on the face or on a site where they are subjected to trauma The decision to remove benign skin lesions from conspicuous sites is a balance between the appearance of the original lesion against the likely appearance of the surgical scar.

4. Useful Resources

- Epidermoid and pilar cysts, British Association of Dermatologists, updated March 2017, <https://www.bad.org.uk/shared/get-file.ashx?id=198&itemtype=document>
- Skin Cyst, NHS, reviewed 15/04/20, <https://www.nhs.uk/conditions/skin-cyst/>

5. References

- 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 01/07/21, <http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=2>
- Skin Cyst, NHS, reviewed 15/04/20, accessed 01/07/21 <https://www.nhs.uk/conditions/skin-cyst/>

6. 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
Consultant Dermatologist (CRH)	October 2020
Consultant Maxillofacial / Head & Neck Surgeon & Assistant Clinical Director OMFS (UHDB)	October 2020
Consultant Dermatologist (UHDB)	October 2020
Clinical Policy Advisory Group (CPAG)	July 2021
Clinical and Lay Commissioning Committee (CLCC)	August 2021
Consultant Dermatologist (UHDB)	August 2021
Clinical Policy Advisory Group (CPAG)	September 2021
Clinical and Lay Commissioning Committee (CLCC)	October 2021
Clinical Policy Advisory Group (CPAG)	December 2021
Clinical and Lay Commissioning Committee (CLCC)	January 2022
Clinical Policy Advisory Group (CPAG)	February 2022
Clinical and Lay Commissioning Committee (CLCC)	March 2022

Appendix 2 - Document Update

Document Update	Date Updated
Version 2.0. Policy has been reworded and reformatted to reflect the new DDCCG organisation's clinical policy format. This includes the addition of background information, rationale for recommendation, useful resources and references. Addition of intervention to policy title to provide clarity. Recommendation has been reformatted for further clarity.	July 2021
Version 2.1. Incorrect term "sebaceous cyst" used within the policy. Clarification stating that Epidermoid and Pilar Cysts have previously been known as sebaceous cysts has been added to policy.	September 2021
Version 2.2. Removal of extra <u>on</u> in Criteria 2 of recommendation	December 2021
Version 2.3. Definition of loss of function added to policy under recommendation section.	February 2022