

CLINICAL POLICY ADVISORY GROUP (CPAG)

Removal of Benign Skin Lesions Policy

Statement

Derby and Derbyshire CCG (DDCCG) in line with its principles for procedures of limited clinical value has deemed the removal of benign skin lesions should not routinely be commissioned. These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by DDCCG.

1. Description of the Intervention

Removal of benign skin lesions cannot be offered for cosmetic reasons. It should only be offered in situations where the lesion is causing symptoms according to the criteria outlined below. Risks from the procedure can include bleeding, pain, infection, and scarring.

2. Summary of Intervention

Removal of benign skin lesions means treating asymptomatic lumps, bumps or tags on the skin that are not suspicious of 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.

3. Recommendation

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

- benign moles (excluding large congenital naevi)
- solar comedones
- corn/callous
- dermatofibroma
- milia
- self-limiting conditions such as molluscum contagiosum (non-genital), non-genital viral warts in immunocompetent patients and facial viral warts
- seborrhoeic keratoses (basal cell papillomata)
- **skin tags (fibroepithelial polyps)** including large anal skin tags which become inflamed on a regular basis
- spider naevi (telangiectasia)
- xanthelasmata
- neurofibromata.

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

- The lesion is unavoidably and significantly traumatised on a regular basis with evidence of this causing regular bleeding or resulting in infections such that the patient requires 2 or more courses of antibiotics (oral or intravenous) per year
- The lesion bleeds in the course of normal everyday activity
- The lesion causes regular significant pain
- 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 e.g. on nerve or tissue
- If left untreated, more invasive intervention would be required for removal.

NB DDCCG has separate policies covering:

- [Surgical Removal of Lipoma/Lipomata Policy](#)
- [Surgical Removal of Epidermoid and Pilar Cysts Policy](#)
- [Congenital Pigmented Lesions on the Face Policy](#)

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 (via the 2WW pathway)
- Any lesion where there is diagnostic uncertainty, pre-malignant lesions (actinic keratoses, Bowen disease) or lesions with pre-malignant 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.
- This policy applies to all providers, including General Practitioners (GPs), GPs with enhanced role (GPwre), independent providers, and community or intermediate services.

For further information, please see:

- <https://www.nice.org.uk/guidance/csg8>
- <https://www.nice.org.uk/guidance/ng12>

4. 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. Though in certain specific cases, as outlined by the criteria above, there are benefits for removing skin lesions. Examples of these benefits include avoidance of pain and allowing normal functioning.

5. References

Adopted from NHSE Evidence-Based Intervention: Guidance for CCGs cited as:

1. Higgins JC, Maher MH, Douglas MS. Diagnosing Common Benign Skin Tumors. *Am Fam Physician*. 2015 Oct 1;92(7):601-7. PubMed PMID: 26447443.
2. 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.

6. Appendices

Appendix 1: Consultation

| Consultee | Date |
|--|----------------|
| Update based on Evidence-Based Intervention: Guidance for CCGs | 11 Jan 2019 |
| Public Health Input – Consultant in Public Health | April 2019 |
| Clinical Policy Advisory Group | April 2019 |
| General and Colorectal Surgeon – CRH | December 2020 |
| Colorectal Surgeon – UHDB | December 2020 |
| Clinical Policy Advisory Group | July 2021 |
| Clinical Lay Commissioning Committee | August 2021 |
| Consultant Dermatologist (UHDB) | August 2021 |
| Clinical Policy Advisory Group | September 2021 |
| Clinical Lay Commissioning Committee | October 2021 |

Appendix 2- Document Update

| Document Update | Date Updated |
|---|----------------|
| Version 2 - Policy updated | April 2019 |
| Version 2.1 - Anal Skin tags added as an inclusion criteria | December 2020 |
| Version 2.2 – Policy updated through the removal of lipoma and epidermoid and pilar cysts from the list of benign skin lesions. Epidermoid and pilar cysts has been added to the list of benign skin lesions that have a separate policy. List of benign skin lesions that have a separate policy has been updated with links to the separate policies. | July 2021 |
| Version 2.3 – removal of 'painful' from the skin tags criteria due the criteria being repeated in the second list of criteria. | September 2021 |