

CLINICAL POLICY ADVISORY GROUP (CPAG)

Scar Reduction Policy

Statement

Derby and Derbyshire CCG (DDCCG), in line with its principles for procedures of limited clinical value has deemed the repair of, or injection/ application of topical treatment for keloid scars and hypertrophic scars should routinely be commissioned provided that one or more of the following clinical criteria are met:

- Scar is functionally disabling
- Scar results in facial disfiguration

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

1. Background

Damage through the full thickness of the skin undergoes a healing process that involves the formation of a scar. Scars can become slightly thick and raised. This is called a hypertrophic scar. Occasionally scars can overgrow the original area of trauma and become larger than the original wound. These types of scars are called Keloid Scars.

Hypertrophic scars do not grow beyond the boundary of the original wound but can become thicker. This type of scar can continue to thicken for up to six months after the initial trauma to the skin. Hypertrophic scars are initially red and raised but eventually become paler and flatter after several years.

Unlike hypertrophic scars keloid scars can develop after very minor skin damage and sometimes spontaneously without any trauma. Keloid scars continue to grow to become raised, tender and itchy even after the wound has healed. Scars that sit across lines of tension are more likely to form keloid scars than scars that lie within the lines of skin tension. Although anyone can develop keloid scars, these scars are more common in people with dark skin.

Keloid and hypertrophic scars are difficult to treat successfully and often remain unresolved for many patients who are affected. Treatment options include:

- Steroid injections/application of steroid-impregnated tape to help flatten the scar
- Application of silicone gel sheet to help flatten the scar
- Cryotherapy (freezing the keloid scar) to stop the scar growing any further
- Laser treatment to reduce redness of the scar
- Surgery, which may be followed by radiotherapy for scar removal. However the scar can come back and become even larger.

2. Recommendation

DDCCG will fund the repair of, or injection/ application of topical treatment for keloid and hypertrophic scars when one or more of the following clinical criteria is met:

- Scar results in facial disfigurement
- Scar is functionally disabling
 - For example, obstructing an orifice, obstructing vision, restricting movement if formed on a joint.*

*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”

Information to be included with referrals includes:

- Evidence of functional disability/ facial disfigurement
- Details of condition

Patients who do not fall within the given criteria: DDCCG will only fund treatment where there may be exceptional circumstances where a clinician can demonstrate that a patient can derive significantly greater benefit from the treatment than other patients. In these circumstances please read the Individual Funding Request (IFR) policy and complete the relevant form.

3. Rationale for Recommendation

The management of keloid scars and severe hypertrophic scars is difficult as treatment is associated with high recurrence rates and there is often lack of robust evidence from studies that support the different treatment methods.

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

4. References

- British Association of Aesthetic Plastic Surgeons: https://baaps.org.uk/patients/procedures/16/scars_and_keloids
- NHS website: <https://www.nhs.uk/live-well/healthy-body/keloid-scars/>, September 2017, Last accessed 02/01/2020
- Patient Professional: <https://patient.info/doctor/keloid-pro>
- O'Brien L, Jones DJ. Silicone gel sheeting for preventing and treating hypertrophic and keloid scars. Cochrane Database of Systematic Reviews 2013, Issue 9. Art. No.: CD003826. DOI: 10.1002/14651858.CD003826.pub3. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003826.pub3/full?highlightAbstract=keloid%7Cwithdrawn%7Cincidence%7Cscar%7Cincidence%7Cincidence>
- Gregory Juckett, MD, MPH, and Holly Hartman-Adams, MD, West Virginia University, Morgantown, West Virginia, *Am Fam Physician*. Management of Keloids and Hypertrophic Scars, 2009 Aug 1;80(3):253-260. <https://www.aafp.org/afp/2009/0801/p253.html>

5. Appendices

Appendix 1- Consultation

Consultee	Date
Consultant Plastic and Reconstruction Surgeon, UHDB	09/07/19
Plastic Surgeon, CRHFT	09/07/19
Clinical Policy Advisory Group	18/07/19,16/01/20
Clinical and Lay Commissioning Committee	08/08/19,13/02/20
Clinical Policy Advisory Group	17/12/20
Clinical and Lay Commissioning Committee	15/01/21

Appendix 2- Document Update

Document Update	Date Updated
Policy updated	October 2018
Policy updated	July 2019
Policy updated – addition of the management of hypertrophic scars	January 2020
Policy updated – additional of clinical definition of “functional”	December 2020

Appendix 2 – OPCS code(s)

- **S604** Refashioning of scar NEC
- **L910** Hypertrophic scar
- **S362** Full thickness autograft of skin NEC