

## CLINICAL POLICY ADVISORY GROUP (CPAG)

### Laser Treatment Policy for Skin Conditions

#### Statement

Derby and Derbyshire ICB has deemed that laser treatment should not routinely be commissioned unless it is required for one of the following indications:

1. Extensive and severe telangiectasia
2. Rare genodermatosis (e.g. tuberose sclerosis)
3. Abnormally located hair as a result of a skin graft/surgical treatment (not for hirsutism)
4. Intractable and recurrent pilonidal sinus
5. Tattoo removal where the tattoo is as a result of either:
  - trauma inflicted against the will of the patient (eg rape tattoo),
  - or
  - radiotherapy tattoo
6. Infantile Haemangioma in children where:
  - residual redness after natural resolution or medical treatment has failed to clear it.
  - Ulceration not responding to medical therapy.
7. Port wine stains in children

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

## 1. Background

Laser treatment is an intense beam of light which is passed over skin and is used to treat certain skin conditions or remove tattoos. Lasers are sources of high-intensity light which can be accurately focused into small spots with very high energy. Unlike most light sources, light from a laser (which stands for light amplification by stimulated emission of radiation) is tuned to specific wavelengths which allows it to be focused into powerful beams.

The aim is to destroy the target cells and not to harm the surrounding tissue. Short pulses reduce the amount that the damaged cells heat, thereby reducing thermal injury that could result in scarring.

There are several types of lasers used in skin laser therapy. The wavelength peaks of the laser light, pulse durations and how the target skin tissue absorbs this, determines the clinical application of the laser types.

## 2. Recommendation

DDICB will only fund laser treatment for the following indications:

1. Extensive and severe telangiectasia
2. Rare genodermatosis (e.g. tuberose sclerosis)
3. Abnormally located hair as a result of a skin graft/surgical treatment (not for hirsutism)
4. Intractable and recurrent pilonidal sinus
5. Tattoo removal where the tattoo is as a result of either:
  - o trauma inflicted against the will of the patient (eg rape tattoo),
  - or
  - o radiotherapy tattoo
6. Infantile Haemangioma in children where:
  - o residual redness after natural resolution or medical treatment has failed to clear it.
  - o Ulceration not responding to medical therapy.
7. Port wine stains in children

### Exception to the Policy

Laser treatment for congenital pigmented lesions on the face is an indication that is an exception to this policy. DDICB will commission the treatment, including laser treatment where appropriate, for congenital pigmented lesions on the face, provided that the patient meets the criteria listed within the [Laser Treatment for Congenital Pigmented Lesions on the Face Policy](#).

The policy should also be read in conjunction to the following not routinely commissioned DDICB positions statements:

- [Resurfacing by laser for skin conditions causing scarring - including post-acne and post-traumatic scarring](#)
- [Laser treatment - Facial hyperpigmentation](#)

## 3. Rationale for Recommendation

Evidence suggests that laser treatment for skin conditions has some effectiveness, but it is unlikely to be a cure. Overall, the evidence base is small and there is limited high quality evidence. NICE agreed to make a weak recommendation for treatment of acne associated scarring but leave the decision to individual commissioning bodies. There were a small number of participants in the studies with heterogeneous pattern of findings. Therefore, the confidence in the evidence base was low. No economic evidence was identified.

## 4. Useful Resources

- Tsa (tuberous sclerosis association)  
<https://tuberous-sclerosis.org/>
- PCDS (Primary Care Dermatology Society)  
<https://www.pcds.org.uk/>
- BAPRAS (British Association of Plastic Reconstructive and Aesthetic Surgeons)  
<https://www.bapras.org.uk/>
- British Association of Dermatologists  
<https://www.bad.org.uk/>

## 5. References

- Pilonidal sinus NHS, last reviewed 11/12/2020, last accessed 08/09/2021  
<https://www.nhs.uk/conditions/pilonidal-sinus/>
- East Midlands Cosmetic Procedures Policy for all ages (2015) last accessed 08/09/2021
- Acne Vulgaris: management NICE NG198 published 25 June 2021 – last accessed 08/09/2021 <https://www.nice.org.uk/guidance/ng198>
- British Association of Aesthetic Plastic Surgeons. Glossary [Internet]. [cited 2021 Dec 20]. Available from: <https://baaps.org.uk/patients/glossary/>
- Higgs C. Policy for Cosmetic Surgery. Cosmetic Surgery :35.

## 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 (UHDBFT)	August 2021
Consultant Dermatologist (CRHFT)	August 2021
Clinical Policy Advisory Group (CPAG)	September 2021
Consultant Dermatologist	November 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 (CPAG)	March 2022
Consultant Dermatologist (UHDBFT)	March 2024
Consultant Dermatologist (CRHFT)	March 2024

### Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 2.0</u> <ul style="list-style-type: none"><li>Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background, rationale for recommendation, useful resources, references and consultation</li><li>Referenced the Treatment of Congenital Pigmented Lesions on the Face Policy under the new 'Exception to the Policy' section for clarity</li></ul>	September 2021
<u>Version 2.1</u> <ul style="list-style-type: none"><li>Addition of criteria for Laser treatment for port wine stains in children and treatment of infantile haemangiomas where treatment of residual redness after natural resolution has failed to clear it and ulceration not responding to medical therapy</li></ul>	November 2021

<u>Version 2.2</u> <ul style="list-style-type: none"> <li>• Definition of Laser treatment has been added to background information section</li> <li>• Third statement of criteria list has been changed from "Translocation of hair bearing skin during surgery (not for hirsutism) has been simplified to "Abnormally located hair as a result of a skin draft/surgical treatment (not for hirsutism)</li> <li>• Hyperlink has been added to provide references to the Laser Treatment for facial Hyperpigmentation policy and Resurfacing for Laser Skin conditions causing scarring</li> </ul>	February 2022
<u>Version 2.3</u> <ul style="list-style-type: none"> <li>• Review date extended by 12 months in agreement with clinical stakeholders</li> </ul>	March 2024
<u>Version 2.4</u> <ul style="list-style-type: none"> <li>• In line with risk profile, CPAG agreed further extension to review date</li> </ul>	September 2024

### Appendix 3 - OPCS Code(s)

Tattoo removal: S065 S068 S069 S091 S092

Removal of birthmarks: S038 S039 S041 S042 S043 S048 S049 S051 S052 S053 S054 S055 S058 S059 S061 S062 S063 S064 S065 S068 S069 S081 S082 S083 S088 S089 S091 S092 S093 S098 S099 S101 S102 S103 S104 S018 S109 S111 S112 S113 S114 S118 S119