

## CLINICAL POLICY ADVISORY GROUP (CPAG)

### Removal of Benign Skin Lesions Policy

#### Statement

Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value 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 CCG.

#### 1. Background

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.

#### 2. Recommendation

This policy refers to the following benign lesions when there is diagnostic certainty and they do not meet the criteria listed in the policy 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
- 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 in the course of normal everyday activity or resulting in infections such that the patient requires 2 or more courses of antibiotics (oral or intravenous) per year
- 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.
- Facial viral warts for all ages
- Facial spider naevi in children causing significant psychological impact

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](#)

### Exclusion Criteria

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 (GPwER), Independent Providers, and Community or Intermediate Services.

## **3. Rationale for Recommendation**

NHS EBI Guidance states that removal of benign skin lesions cannot be offered for cosmetic reasons as there is little evidence to suggest that removing benign skin lesions to improve appearance is beneficial. It should only be offered in situations where the lesion is causing symptoms according to the criteria outlined in the policy. 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, for example, avoidance of pain and allowing normal functioning.

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.

## 4. 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>

## 5. References

- Academy of Royal Medical Colleges. <https://www.aomrc.org.uk/ebi/clinicians/removal-of-benign-skin-lesions/>
- DermNet NZ Benign Skin Lesions. <https://dermnetnz.org/topics/benign-skin-lesions>
- 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.

## 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.

<b>Consultee</b>	<b>Date</b>
Consultant Dermatologist, UHDBFT	November 2021
Consultant Dermatologist, UHDBFT	November 2021
Chair of Dermatology, EAF	November 2021
Academy of Royal Medical Colleges	December 2021
Public Health Derby City	January 2022
Clinical Policy Advisory Group (CPAG)	February 2022
Clinical and Lay Commissioning Committee (CLCC)	March 2022

### Appendix 2 - Document Update

<b>Document Update</b>	<b>Date Updated</b>
<u>Version 3.0</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 information, useful resources, references and consultation.</li><li>• Policy has been updated to follow EBI Guidance. Addition of Facial Viral Warts for all ages and Facial spider naevi in children as inclusion criteria.</li></ul>	February 2022