

## CLINICAL POLICY ADVISORY GROUP (CPAG)

### Scar Reduction Policy

#### Statement

Derby and Derbyshire ICB, 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 not routinely be commissioned unless one of the following criteria within the policy are met:

- Scar results in facial disfigurement
- Scar is functionally disabling\*
  - For example, obstructing an orifice, obstructing vision, restricting movement if formed on a joint.
- Scar is the result of trauma inflicted against the will of the patient (e.g. Abuse, Rape)

\*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”

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

#### 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

DDICB 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.
- Scar is the result of trauma inflicted against the will of the patient (e.g. Abuse, Rape)

\*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:

- DDICB 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. Useful Resources

- NHS Website. Scars. <https://www.nhs.uk/conditions/scars/>
- NHS Website. Keloid Scars. <https://www.nhs.uk/conditions/keloid-scars/>

## 5. References

- British Association of Aesthetic Plastic Surgeons. Scars and Keloids. [https://baaps.org.uk/patients/procedures/16/scars\\_and\\_keloids](https://baaps.org.uk/patients/procedures/16/scars_and_keloids)
- East Midlands Commissioning Policy for Cosmetic Procedures <https://www.leicestercityccg.nhs.uk/my-health/health-policies/em-cosmetics-procedures-policy-2014-v2-0-llr-localised/>

## 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	July 2022
Consultant Dermatologist, CRHFT	July 2022
Consultant Plastic and Reconstruction Surgeon, UHDBFT	August 2022
Clinical Policy Advisory Group (CPAG)	September 2022
Population Health and Strategic Commissioning Committee (PHSCC)	October 2022

### Appendix 2 - Document Update

<b>Document Update</b>	<b>Date Updated</b>
<u>Version 3.0</u> Policy has updated. This includes the addition of background information, useful resources, references and consultation, Addition of criterion to allow the removal of scars as the result of trauma inflicted against the will of the patient (e.g. abuse, Rape)	September 2022