*Extract from the below named document for ICS Implementation purposes;* [Microsoft Word - EBI consultation response statutory guidance 11 Jan 2019 FINAL v2.0 CLEAN + cover sheet.docx (aomrc.org.uk)](https://www.aomrc.org.uk/ebi/wp-content/uploads/2021/05/ebi-statutory-guidance.pdf)­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Removal of benign skin lesions

Updated 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.

Updated clinical criteria

|  |
| --- |
| 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. |
| Number of CCG interventions in 2017/18 |
| 116,255 |
| 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 comedonescorn/callousdermatofibromalipomasmiliamolluscum contagiosum (non-genital)epidermoid & pilar cysts (sometimes incorrectly called sebaceous cysts)seborrhoeic keratoses (basal cell papillomata)skin tags (fibroepithelial polyps) including anal tagsspider naevi (telangiectasia)non-genital viral warts in immunocompetent patientsxanthelasmataneurofibromataThe 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 yearThere is repeated infection requiring 2 or more antibiotics per yearThe lesion bleeds in the course of normal everyday activityThe lesion causes regular painThe lesion is obstructing an orifice or impairing field visionThe lesion significantly impacts on function e.g. restricts joint movementThe lesion causes pressure symptoms e.g. on nerve or tissueIf left untreated, more invasive intervention would be required for removalFacial viral wartsFacial spider naevi in children causing significant psychological impactLipomas on the body > 5cms, or in a sub-facial position, with rapid growth and/or pain. These should be referred to Sarcoma clinic.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.Any lesion where there is diagnostic uncertainty, pre-malignantlesions (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 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.Requests for treatment where a patient meets the criteria do not require prior approval or an IFR.This policy applies to all providers, including general practitioners (GPs), GPs with enhanced role (GPwer), independent providers, and community or intermediate services.For further information, please see:https://[www.nice.org.uk/guidance/csg8](http://www.nice.org.uk/guidance/csg8)https://[www.nice.org.uk/guidance/ng12](http://www.nice.org.uk/guidance/ng12) |
| 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, for example, avoidance of pain and allowing normal functioning. |
| References |
| Higgins JC, Maher MH, Douglas MS. Diagnosing Common Benign Skin Tumors. 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. |

*Evidence-Based Interventions: Guidance for CCGs*

*Published by NHS England in partnership with NHS Clinical Commissioners, the Academy of Medical Royal Colleges, NHS Improvement and the National Institute for Health and Care Excellence*

*Version number: 1*

*First published: 28 November 2018*

*Prepared by: NHS England Medical directorate and Strategy and Innovation directorate*

*Classification: OFFICIAL*

*NHS England Publications Gateway Reference: 08659*