

**Commissioning Statement:**

<p><b>Condition or Treatment:</b></p>	<p>2019 NHSE Evidence Based Intervention: Removal of benign skin lesions</p>
<p><b>Background:</b></p>	<p>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.</p>
<p><b>Commissioning position:</b></p>	<p>This policy refers to the following benign lesions when there is diagnostic certainty and they do not meet the criteria listed below. The diagnosis of a suspected benign lesion should be reconsidered in any lesion that is enlarging. Examples of benign skin lesions include:</p> <ul style="list-style-type: none"> <li>• benign moles (excluding large congenital naevi)</li> <li>• solar comedones</li> <li>• corn/callous</li> <li>• dermatofibroma</li> <li>• lipomas</li> <li>• milia</li> <li>• molluscum contagiosum (non-genital)</li> <li>• epidermoid &amp; pilar cysts (sometimes incorrectly called sebaceous cysts)</li> <li>• seborrhoeic keratoses (basal cell papillomata)</li> <li>• skin tags (fibroepithelial polyps) including anal tags</li> <li>• spider naevi (telangiectasia)</li> <li>• non-genital viral warts in immunocompetent patients</li> <li>• xanthelasmata</li> <li>• neurofibromata</li> </ul> <p>The benign skin lesions, of which examples are listed above, must meet at least ONE of the following criteria to be removed:</p> <ul style="list-style-type: none"> <li>• 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 year</li> <li>• There is repeated infection requiring 2 or more antibiotics per year</li> <li>• The lesion bleeds in the course of normal everyday activity</li> <li>• The lesion causes regular pain</li> <li>• The lesion is obstructing an orifice or impairing field vision</li> <li>• The lesion significantly impacts on function e.g. restricts joint movement</li> <li>• The lesion causes pressure symptoms e.g. on nerve or tissue</li> </ul>

	<ul style="list-style-type: none"> <li>• If left untreated, more invasive intervention would be required for removal</li> <li>• Facial viral warts</li> <li>• Facial spider naevi in children causing significant psychological impact</li> </ul> <p>The following are outside the scope of this policy recommendation:</p> <ul style="list-style-type: none"> <li>• Lesions and Lipomas that are suspicious of malignancy should be treated and referred urgently according to local 2 week wait pathways and NICE skin cancer guidelines.</li> <li>• Pre-malignant lesions (actinic keratoses, Bowen disease) or lesions with pre-malignant potential should be referred or, where appropriate, treated in primary care.</li> <li>• Removal of lesions other than those listed above.</li> <li>• Lesions with diagnostic uncertainty which should be referred to dermatology</li> </ul> <p>Referral to appropriate speciality service (eg dermatology or plastic surgery):</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• This policy applies to all providers, including general practitioners (GPs), GPs with enhanced role (GPwer), independent providers, and community or intermediate services.</li> </ul> <p>For further information, please see:  <a href="https://www.nice.org.uk/guidance/csg8">https://www.nice.org.uk/guidance/csg8</a>  <a href="https://www.nice.org.uk/guidance/ng12">https://www.nice.org.uk/guidance/ng12</a></p>
<p><b>Effective From:</b></p>	<p>1 July 2021</p>
<p><b>Summary of evidence/ rationale:</b></p>	<p>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.</p> <p><u>References</u></p> <ol style="list-style-type: none"> <li>1. Higgins JC, Maher MH, Douglas MS. Diagnosing Common Benign Skin Tumors. Am Fam Physician. 2015 Oct 1;92(7):601-7. PubMed PMID: 26447443.</li> <li>2. Tan E, Levell NJ, Garioch JJ. The effect of a dermatology restricted-referral list upon the volume of referrals. Clin Exp Dermatol. 2007</li> </ol>



**North Yorkshire**  
Clinical Commissioning Group

	Jan;32(1):114-5. PubMed PMID: 17305918.
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