

Policy:

[Common Benign Skin Lesions](#)

GM Ref:

GM013

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3.0

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### Policy inclusion criteria

#### NOTE:

- For skin resurfacing techniques please see the [GM Skin Resurfacing Techniques Policy](#)
- For surgical revision of scarring please see the [GM Surgical Revision of Scarring Policy](#)
- For the following, please see the [GM Other Aesthetic Surgery Policy](#):
  - Rhinophyma
  - Birthmarks
  - Other skin conditions not covered in this policy

### Benign skin lesions

Removal of benign skin lesions will only be considered if **ONE** of the following applies:

- Impairment of function or significant facial disfigurement, e.g. large lipoma.
- Rapidly growing or abnormally located (e.g. sub-fascial, sub-muscular).
- There is significant pain as a direct result of the lesion.
- There is a confirmed history of recurrent infection / inflammation.
- There is reason to believe that a commonly benign or non-aggressive lesion may be changing to a malignancy, or there is sufficient doubt over the diagnosis to warrant removal.

The following additional criteria are also applicable to the lesions listed below and referral may be made if the patient meets the criteria for that specific lesion **AND / OR** the mandatory criteria above.

#### Lipoma (fatty lump)

- The lump is over 5cm in diameter (due to the increased risk of missed diagnosis of a liposarcoma).
- Where there are any concerns, the soft tissue guidelines should be followed.

#### Warts

- The diagnosis is uncertain.

**OR**

- There are multiple recalcitrant warts and the person is immunocompromised.

**OR**

- The person has areas of skin that are extensively affected, for example, mosaic warts.

#### Verrucas

- The person has diabetes.

#### Actinic/Solar Keratosis

- If there is any reason to suspect that it is one of the small percentage at high risk of undergoing malignant change and transforming into a squamous cell carcinoma. The referral should include details of the reasons the referrer has for this suspicion.

### Funding Mechanism

Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

If the patient does not meet the criteria: an individual funding request can be made if there is a good case for clinical exceptionality. Requests should be submitted with all relevant supporting evidence, which must be provided with the request.

### **Anal skin tags**

Commissioned by exceptionality only.

### **Funding Mechanism**

Individual funding request (exceptional case) approval: Requests must be submitted with all relevant supporting evidence.

### **Policy exclusions**

**All suspected malignant lesions are excluded from this policy – these should be managed via the 2 week wait with the exception of Basal Cell Carcinoma (BCC), where low risk BCC may be removed in the community in line with NICE recommendations and high risk BCC should be referred through the usual pathway.**

This policy does not apply to minor surgery undertaken in primary care which is outside of the remit of this policy as it falls under the commissioning responsibility of NHS England.

Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy, i.e. locally agreed pathways take precedent over this policy (the EUR Team should be informed of any local pathway for this exclusion to take effect).