

<b>GM Policy:</b>	<b><u>Common Benign Skin Lesions</u></b>		
<b>GM Ref:</b>	GM013	<b>Current version:</b>	3.3 (28 January 2019)
<b>GM EUR Team:</b>	0161 212 6250 / <a href="mailto:gmifr.gmcsu@nhs.net">gmifr.gmcsu@nhs.net</a>		
<b>Policy exclusions</b> (Alternative commissioning arrangements apply)			
<p><b>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.</b></p> <p>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.</p> <p>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).</p>			
<b>Policy inclusion criteria</b>			
<p><b>NOTE:</b></p> <ul style="list-style-type: none"><li>For <b>skin resurfacing techniques</b> please see the <a href="#">GM Skin Resurfacing Techniques Policy</a></li><li>For <b>surgical revision of scarring</b> please see the <a href="#">GM Surgical Revision of Scarring Policy</a></li><li>For the following, please see the <a href="#">GM Other Aesthetic Surgery Policy</a>:<ul style="list-style-type: none"><li><b>Rhinophyma</b></li><li><b>Birthmarks</b></li><li><b>Other skin conditions not covered in this policy</b></li></ul></li><li>For <b>anal skin tags</b> please see the <a href="#">GM Surgical management (including banding) of haemorrhoids and anal skin tags Policy</a></li></ul>			
<b>Benign skin lesions</b>			
<p>Removal of benign skin lesions will only be considered if <b>ONE</b> of the following applies:</p> <ul style="list-style-type: none"><li>Impairment of function or significant facial disfigurement, e.g. large lipoma.</li><li>Rapidly growing or abnormally located (e.g. sub-fascial, sub-muscular).</li><li>There is significant pain as a direct result of the lesion.</li><li>There is a confirmed history of recurrent infection / inflammation.</li><li>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.</li></ul> <p>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 <b>AND / OR</b> the mandatory criteria above:</p> <p><b>Lipoma (fatty lump)</b></p> <ul style="list-style-type: none"><li>The lump is over 5cm in diameter (due to the increased risk of missed diagnosis of a liposarcoma).</li><li>Where there are any concerns, the soft tissue guidelines should be followed.</li></ul> <p><b>Warts</b></p> <ul style="list-style-type: none"><li>The diagnosis is uncertain.</li></ul>			

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.

#### Clinical Exceptionality:

Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality.

#### Fitness for Surgery:

The clinician making the request must confirm that in their opinion the patient is fit for the surgery requested.

#### Best Practice Guidelines:

All providers are expected to follow best practice guidelines (where available) in the management of these conditions.