



Hertfordshire and
West Essex Integrated
Care System



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Integrated Care Board

Evidence Based Intervention

Surgical Removal of Benign Skin Lesions

July 2022 v1.0

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Document Author(s):	Clinical Policies Group
Version:	V1.0
Approved By:	Commissioning Committee
Date of Approval:	1st July 2022
Date of Review:	July 2024



Policy: Surgical Removal of Benign Skin Lesions

Summary

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.

Recommendation

This policy refers to the following benign lesions when there is diagnostic certainty and they meet the criteria listed below:

- benign moles (excluding large congenital naevi)
- solar comedones
- corn/callous
- dermatofibroma
- lipomas
- milia
- molluscum contagiosum (non-genital)
- epidermoid & pilar cysts (sometimes incorrectly called sebaceous cysts)
- seborrhoeic keratoses (basal cell papillomata)
- skin tags (fibroepithelial polyps) including anal tags
- spider naevi (telangiectasia)
- non-genital viral warts in immunocompetent patients
- xanthelasmata
- neurofibromata

The 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 year
- There is repeated infection requiring 2 or more antibiotics per year
- The lesion bleeds in the course of normal everyday activity
- The lesion causes regular pain
- The lesion is obstructing an orifice or impairing field vision
- The lesion significantly impacts on function e.g. restricts joint movement



- The lesion causes pressure symptoms e.g. on nerve or tissue
- If left untreated, more invasive intervention would be required for removal
- Facial viral warts
- Facial spider naevi in children causing significant psychological impact
- Lipomas 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-malignant lesions (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 appropriate speciality service (e.g. 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
- This policy applies to all providers, including general practitioners (GPs), GPs with enhanced role (GPwre), independent providers, and community or intermediate services.

For further information, please see:

NICE Improving outcomes for people with skin tumours including melanoma [CSG8]

NICE Suspected cancer: recognition and referral [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.



Patient information

Information for Patients

Surgery to remove a benign or harmless skin lesion is a procedure that should only be carried out when specific criteria are met. This is because the medical evidence tells us they will often disappear of their own accord over time and there are risks associated with surgical intervention.

About the condition

A lesion is a general term that we use for things like moles, cysts, skin tags, warts, ulcers and other lumps and bumps we sometimes get on our skin. These lesions might have an impact on our appearance, but are otherwise usually harmless. Some benign lesions, such as warts, may clear up on their own. However, if they don't then your pharmacist can provide useful information on how to manage them.

Treatment to remove skin lesions should only be carried out in certain circumstances and if certain criteria are met. If your GP has concerns or if the lesion persistently catches on your clothing or bleeds recurrently then you can be treated by the GP or referred to an appropriate specialist for an opinion.

As with all treatments, when deciding what's best, you should consider the benefits, the risks, the alternatives and what will happen if you do nothing.

What are the BENEFITS of the intervention?

Treatment to remove a skin lesion should only be carried out in certain circumstances, for example, if the lesion is painful, bleeds regularly, if it becomes repeatedly infected or if it impacts on your everyday activities, such as causing pain at your joints or affects your vision.

What are the RISKS of the intervention?

Surgical removal carries a small risk of complications such as bleeding, scarring and infection.

What are the ALTERNATIVES?

Most benign lesions can be left alone. Your GP or pharmacist can advise you if the lesion is troublesome.

What if you do NOTHING?

Doing nothing is usually the best course of action. Most children get better within a few weeks without any treatment.




Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.

Change History:

Version	Date	Reviewer(s)	Revision Description

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