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| Intervention | **135. Benign skin lesion – Surgical removal (including Excision, Cryotherapy)** |
| For the treatment of | Benign skin lesions |
| Commissioning Position | This policy applies to all providers, including general practitioners (GPs), GPs with enhanced role (GPwER), independent providers of NHS care, and community or intermediate NHS services.  This policy refers to the following benign lesions when there is diagnostic certainty: benign moles (excluding large congenital naevi), corn/callous, dermatofibroma, epidermoid & pilar cysts (sometimes incorrectly called sebaceous cysts), lipomas, milia, molluscum contagiosum (non-genital), neurofibromata, non-genital viral warts in immunocompetent patients, seborrhoeic keratoses (basal cell papillomata), skin tags (fibroepithelial polyps) including anal tags, solar comedones, spider naevi (telangiectasia), xanthelasmata.  These interventions are commissioned for removal of any of the benign skin lesions listed above if:   * the lesion is unavoidably and significantly traumatised on a regular basis with evidence of this causing regular bleeding (more than twice weekly for at least four weeks caused by everyday activities i.e. not due to picking) OR * there is repeated infection requiring 2 or more antibiotic courses per year OR * the lesion bleeds (more than twice weekly for at least four weeks) during normal everyday activity OR * the lesion causes pain requiring long-term daily medication OR * the lesion is obstructing an orifice or impairing field of vision OR * the lesion significantly impacts on function e.g. restricts joint movement OR * the lesion causes pressure symptoms which are unavoidable, cannot be managed conservatively and cause atrophy. (NB Verrucae on the feet do not normally meet these criteria as they can be pared back to avoid pressure symptoms). OR * if left untreated, more invasive intervention would be required later for removal OR * the lesion is a facial viral wart causing significant psychological distress   Treatment is not otherwise commissioned for personal preference on cosmetic grounds.  Lesions that are suspicious of malignancy, any lesion where there is diagnostic uncertainty, lesions with premalignant potential and removal of lesions other than those listed above are not covered by this policy. |
| Summary of Rationale | 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.  Lipomas on the body > 5cms, or in a sub-facial position, with rapid growth and/or pain should be referred to a Sarcoma clinic. |
| References | [EBI Removal of benign skin lesions (AOMRC)](https://ebi.aomrc.org.uk/interventions/removal-of-benign-skin-lesions/) |
| Effective from | January 2025 |
| Policy Review Date | January 2028 |