

SKIN LESIONS REMOVAL USING SURGERY, CRYOTHERAPY OR LASER TREATMENT

(If there is any uncertainty whether the lesion may be malignant in nature, refer your patient via the 2 week wait referral route. This refers to suspected squamous cell carcinoma and malignant melanoma lesions and not basal cell carcinoma.)

Policy Statement - Benign Asymptomatic Skin Lesion

The removal of a benign asymptomatic skin lesion in secondary care is NOT routinely funded by the Commissioner. Surgery to improve appearance alone is not provided for normal changes such as those due to aging.

This policy includes:

- warts and plantar warts
- seborrhoeic keratoses (benign skin growths, basal cell papillomas, warts)
- spider naevi
- thread veins
- benign pigmented naevi (moles)
- dermatofibromas (skin growths)
- granulomatous skin lesion
- rosacea
- scars-keloid & hypertrophic
- venous flares
- telangiectasia
- skin tags to include anal skin tags
- 'sebaceous' cysts (pilar & epidermoid cysts)
- lipomata (fat deposits underneath the skin)
- xanthelasma (cholesterol deposits underneath the skin)
- port wine stains
- actinic keratosis
- cysts of Zeis & Moll
- "lesion of eye lid"
- papillomas
- Keloid scarring

If the removal of the skin lesion cannot be carried out in the GP practice PRIOR APPROVAL is required for onward referral.

Requests for the removal of benign skin lesions will be considered for funding for the following:

- Sebaceous cysts where there has been more than one documented episode of infection
- OR
- Lesions which cause significant functional impairment*
- OR
- Lesions on the face where the extent and size of the lesion can be regarded as disfigurement. (Provide photography to demonstrate the level of disfigurement.)