

General Commissioning Policy

Treatment	Scar Revision Surgery and resurfacing
For the treatment of	Scars
Background	<p>The treatment of scars in secondary care is not always clinically necessary. This commissioning policy clarifies:</p> <p>(i) the criteria for routine surgical scar revision in secondary care; and</p> <p>(ii) the categories of scarring that should not be referred to secondary care for treatment without prior IFR approval.</p>
Commissioning position	<p>Commissioned</p> <p>NHS Hull CCG will routinely commission scar revision surgery only in patients where ALL of the following criteria apply:</p> <ol style="list-style-type: none"> 1. The scarring is a consequence of previous NHS surgery, burns or trauma; AND 2. The scarring is causing adverse physical consequences (due to contraction, tethering or recurrent breakdown); significant functional impairment (for example obstruction of orifice or vision); bleeding or suspicion of malignancy; AND 3. Where clinically appropriate, proactive conservative therapies (steroid injections, vitamin E creams, silicone therapy, pressure garments, medication or massage) aimed at arresting the development of adverse, keloid or hypertrophic scarring have been tried but have not been effective; AND 4. At least 18 months of the natural healing process has passed. <p>Where revision surgery is required in patients whose circumstances do not quite meet the above criteria, the secondary care Consultant must seek approval from NHS Hull CCG via the IFR process.</p> <p>Not commissioned</p> <p>NHS Hull CCG will not routinely commission scar therapy or surgery, including skin resurfacing, in secondary care for any of the categories listed below:</p> <ul style="list-style-type: none"> • Hypertrophic or keloid scars that are not causing adverse consequences or functional impairments (eg. keloid scarring after ear piercing) • Scarring / ulceration from chronic tattoo breakdowns • Post-acne scarring • Scars resulting from self-harm • Scar treatment for skin rejuvenation or other cosmetic purposes <p>In these cases, individual requests for scar treatment / revision must come from primary care, and if approved via the IFR process this would allow referral to secondary care to assess and/or treat as clinically appropriate, including surgery.</p> <p>All IFR requests for scar revision must include details of the cause, appearance, size and location of the scarring (clinical photographs may help); the outcome of any previous conservative therapies and the extent and nature of the adverse effects that the scarring is causing to the individual.</p>
Effective from	February 2016
Summary of	Scarring can arise from trauma, surgery or skin conditions such as severe

evidence / rationale	<p>acne. A scar is a patch or line of tissue that remains after a wound has healed; they are a natural part of the healing process and can happen inside and outside the body. Over time scars become smoother and softer and can take up to 2 years to fade. Certain areas of the body are more likely to scar than others, especially if there is movement during the healing process.</p> <p>Sometimes abnormal scars can develop: red, raised hypertrophic scars occur when the healing process goes on too long and keloid scars occur when too much collagen is produced at the wound site and continues to grow after the wound has healed.</p> <p>Scarring and keloid formation are possible consequences of acne, especially in nodulo-cystic acne. Scarring on the face can have a significant psychological effect if the individual feels they are attracting continuous unwanted attention.</p> <p>Scar revision is designed to improve or disguise the appearance of scarring. It can be carried out under either general or local anaesthesia. Treatments vary according to the type and size of the scar. Some scars are cut out and re-stitched carefully. Other scars are removed by skin resurfacing (by techniques including laser, dermabrasion and chemical peels) which involves removing the top layer of skin with an aim to make it look smoother and healthier. Scarring and permanent discolouration of skin are rare complications.</p> <p>In line with the Modernisation Agency guidelines for Plastic Surgery (Ref 1), surgery undertaken exclusively to improve appearance is excluded from NHS provision in the absence of previous trauma, disease or congenital deformity.</p>
Date	February 2016
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References:

- 1 Information for Commissioners of Plastic Surgery Services - Referrals and Guidelines in Plastic Surgery (NHS Modernisation Agency) London
<http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf>
- 2 Juckett G, Hartman-Adams H; Management of keloids and hypertrophic scars. Am Fam Physician. 2009 Aug 1;80 (3):253-60.
<http://www.aafp.org/afp/2009/0801/p253.html>
- 3 Leventhal D et al. Treatment of keloids and hypertrophic scars: a meta-analysis and review of the literature. Arch Facial Plast Surg. 2006 Nov-Dec;8(6):362-8.
<http://www.ncbi.nlm.nih.gov/pubmed/17116782?dopt=Abstract>
- 4 Viera MH et al; Innovative therapies in the treatment of keloids and hypertrophic scars. J Clin Aesthet Dermatol. 2010 May; 3 (5):20-6.
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