

THRESHOLD POLICY – T37 TREATMENT OF BENIGN PERIANAL SKIN LESIONS IN SECONDARY CARE

Policy author:	Ipswich and East Suffolk and West Suffolk CCG supported by Public Heath Suffolk
Policy start date:	July 2012
Subsequent reviews	June 2014 February 2017
Next review date:	February 2020

1. Policy Summary

- 1.1 This policy relates to the referral and treatment of benign skin lesions in the perianal area. This covers perianal skin tags and genital warts (condylomata). The treatment of benign lesions elsewhere is covered by a separate CCG policy.
- 1.2 This policy doesn't apply to patients <19 years of age.

2. Eligibility Criteria

- 2.1 Ipswich & East Suffolk and West Suffolk CCGs will **only** fund surgical treatment of benign perianal skin lesions in secondary care when one or more of the following criteria are met:
 - a) There is clinical uncertainty regarding the benign nature of the skin lesion
 - b) The treatment of viral warts (condylomata) which have failed to respond to non- surgical treatment and are so extensive that surgical excision is required. These patients will always be referred by a specialist in Genitourinary Medicine.
 - c) They are viral warts in immunocompromised patients where underlying malignancy may be masked.
 - d) Anal skin tags which result in faecal seepage giving rise to issues of both personal hygiene and quality of life. Surgical treatment may be offered following a six-month period of conservative measures and a further clinical review. Conservative measures include general advice and guidance, and trial of a bulking agent.

3. Background to the Condition

- 3.1 Skin tags are benign protrusions of skin. They can occur on many areas of the body, and may be of concern to patients for cosmetic reasons or because they catch on clothing, while shaving and washing etc. In many circumstances they can be dealt with safely in primary care. However, skin tags can also occur in the perianal area.

- 3.2 It is generally accepted that anal skin tags require very little treatment and the majority of patients with simple skin tags can be reassured and discharged with general advice and guidance on how to manage their symptoms. These may amount to minor irritation, pruritus and occasional soreness.
- 3.3 Although the majority of patients can be managed in this way, there are instances where surgical treatment is clinically indicated (uncertainty about the nature of the skin tag, possible malignancy, anal seepage with an inability to keep the anus clean) and which may offer patients definitive diagnosis and symptom relief. Malignancy aside, chronic anal seepage and difficulties keeping clean is a very embarrassing and debilitating problem, the treatment of which will often give a dramatic improvement in a patient's quality of life.

4. Policy development

- 4.1 This policy was developed based on a review of published evidence, guidelines and consensus statements.

5. References

1. Centers for disease control and prevention(CDC). 2010 STD Treatment Guidelines. *Genital warts*. <http://www.cdc.gov/std/treatment/2010/genital-warts.htm> (Accessed 23/09/16)
2. Bouguen G, Siproudhis L, Bretagne JF, Bigard MA, Peyrin-Biroulet L. Nonfistulizing Perianal Crohn's Disease: Clinical Features, Epidemiology, and Treatment. *Inflammatory Bowel Diseases*, Vol16. Is8. p1267–1446 (2010).