LOW PRIORITY PROCEDURE: Policy T53
Surgical revision of scars
Policy Author: Ipswich and East & West Suffolk CCG
Policy start date: September 2016
First Revision date: N/A

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Policy Summary
Scar revision is considered to be mostly cosmetic and is therefore a procedure of low clinical value and not routinely commissioned. Surgical revision of scarring is only commissioned for scars that have been present for a minimum of 18 months post injury/surgery, and where the scar is causing a functional problem that is likely to be resolved with surgery. The patient needs to fulfil predefined criteria to access scar funding surgery.

Surgical revision of scarring is rarely indicated for clinical reasons unless part of the pathway of care following the initial injury /operation. Most procedures are carried out for aesthetic reasons and are not curative. In the case of Keloid scars these may recur and in some cases be worse than before the revision. This policy has been developed to target resources to cases that will benefit the most from the intervention.

OPCS4 Codes - See Appendix 1.

Eligibility Criteria
Surgical revision of scarring is only commissioned when all of the following criteria are met.

- The scar is causing a demonstrable functional problem e.g. difficulty closing their eyes or inability to close the mouth properly when eating
- The functional problem is likely to be resolved with surgery
- The scar has been present for a minimum of 18 months post injury/surgery

Exclusion: Treatment of burn scars and surgical revision of scars post operatively for clinical reasons are not covered by this policy.

Rationale for the policy

Scar revision is usually carried out for aesthetic reasons and is therefore considered a procedure of low clinical value. This type of surgery is only commissioned where function, e.g. movement of a joint, is restricted by the scar. Most scarring will improve over time with raised red scars becoming flat and pale. There are a number of non-surgical and surgical interventions for scarring but none are curative and all are aimed at improving the appearance of the scar. Keloid scars are best managed by non-surgical treatments as they are very likely to recur after surgical revision.

Acknowledgement: This policy is based on the Greater Manchester EUR Policy Statement developed by the Greater Manchester Shared Services.
References

1. Greater Manchester EUR Policy statement, Surgical revision of scarring, June 2015
5. Hay RA et. al., Interventions for Acne Scars, The Cochrane Library first published: 3rd April 2016
13. South Central and West Commissioning Support Unit, Individual Funding Requests Policy, 23rd September 2015
Appendix 1

T53 - Surgical Revision of Scars

Shave excision of lesion of skin of head or neck          S06.3
Shave excision of lesion of skin NEC                   S06.4
Excision of lesion of skin of head or neck NEC         S06.5
Curettage and cauterisation of lesion of skin of head or neck S08.1
Curettage and cauterisation of lesion of skin NEC      S08.2
Laser destruction of lesion of skin of head or neck    S09.1
Laser destruction of lesion of skin NEC                S09.2
Cauterisation of lesion of skin of head or neck NEC    S10.1
Cauterisation of lesion of skin of head or neck        S10.2
Other specified other destruction of lesion of skin of head or neck S10.8
Unspecified other destruction of lesion of skin of head or neck S10.9
Curettage and cauterisation of lesion of skin NEC      S11.1
Curettage to lesion of skin NEC                        S11.2
Other specified other destruction of lesion of skin of other site S11.8
Unspecified other destruction of lesion of skin of other site S11.9
Refashioning of scar NEC                               S11.0
Excision of scar tissue NOC                            S60.4

With the following ICD-10 diagnosis code(s) (*nothing to show demonstrable functional problem, as per policy*):

Scar conditions and fibrosis of skin                   L90.5
Hypertrophic scar                                       L91.0

Exceptions (ICD-10); the following in a secondary diagnostic position to either L90.5 or L91.0:

Sequelae of burn, corrosion and frostbite of head and neck T95.0
Sequelae of burn, corrosion and frostbite of trunk         T95.1
Sequelae of burn, corrosion and frostbite of upper limb   T95.2
Sequelae of burn, corrosion and frostbite of lower limb   T95.3
Sequelae of burn and corrosion classifiable only according to extent of body surface involved T95.4
Sequelae of other specified burn, corrosion and frostbite T95.8
Sequelae of unspecified burn, corrosion and frostbite     T95.9