Inclusion criteria

Benign Skin or Soft Tissue Lesion excisions.

Where there is **no diagnostic uncertainty**, the benign skin and soft tissue lesion must meet at least 1 of the attached Effective Use of Resources. Benign lesions such as seborrhoeic cysts, epidermal cysts and skin tags cannot be removed for cosmetic reasons only.

Exclusion Criteria

Lesions of **face and neck** should be referred to secondary care.

Lesions **greater than 5cm** should be referred to secondary care.

Lesions in certain areas are clearly not suitable for this service, including those likely to:

- Leave cosmetically sensitive scars
- Need skin grafts or flaps to cover resulting defects

Midline lipomas should be referred to secondary care.

Lesions on sites of the body where nerves are superficially situated and may easily be divided are not suitable eg Lateral side of the popliteal fossa.

Referral Information

We have a significant number of "wasted" appointments, sometimes as a result of inadequate or inaccurate information on referral letters. We understand the increased workload and frustration that a returned referral has on GPs and we wish to minimise this.

In view of this, we would ask for your help to ensure the service runs as efficiently as possible. It would be very helpful if your referrals could include the following details to ensure accurate triage:

1. Specific anatomical site of lesion.
2. Approximate size.
3. Suspected diagnosis.
4. Symptoms which justify excision.

We are receiving an increasing number of referrals with a photo of the lesion attached; this can be very useful at triage and where possible we would encourage this.

Unfortunately, if there is not adequate detail in a letter to demonstrate that the referral criteria have been met, we will have to return the referral.

Advice to Avoid Unnecessary Referrals

We would also be grateful if you could take note of the following points which could also help to avoid unnecessary referrals:

- **Skin tags:** Whilst symptomatic skin tags can be referred [EUR criteria] , please consider if another option is suitable. For example, for small to medium skin tags which have a ‘stalk’ consider tying a loop of normal thread around the base of the skin tag. As long as the thread is tied tight enough, the skin tag will drop off within approx. 1 week. Patients should be warned it is briefly painful when the thread is pulled tight but it is the least invasive way to treat these lesions.
- **Emptied Cysts:** Cysts which have emptied cannot accurately be removed as it is difficult to accurately determine the position of the cyst wall. Incomplete excision is likely to result in recurrence. In addition, an emptied cyst is unlikely to be symptomatic. Patients should only be referred when they have a palpable cyst.
- **Hidradenitis:** These patients suffer from multiple abscesses/cysts usually in the axillae and groin but it is not advisable to remove these lesions as it will not help the condition.
- **No Cryotherapy:** We have no access to cryotherapy.

Effective Use of Resources Criteria

Treatment will not be offered only to improve appearance.

- The lesion is repeatedly infected and each episode requires and responds to antibiotics.
- The lesion is unavoidably and significantly traumatised on a regular basis with evidence of this.
- The lesion significantly impacts on function.
- The lesion causes pressure symptoms.
- If left untreated a more invasive intervention would be required for removal.