

**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**

**Review date: September 2019**

**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.

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**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
2. Hull CCG General Commissioning Policy – Scar Revision Surgery and Resurfacing February 2016
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4. Emedicine article: Scar revision accessed online 24/06/2016 via <http://emedicine.medscape.com/article/2250161-overview#a11>
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6. Kerwin LY, El Tal AK, Stiff MA, Fakhouri TM., Scar prevention and remodelling: a review of the medical, surgical, topical and light treatment approaches. *Int J Dermatol.* 2014 Aug;53(8):922-36. doi: 10.1111/ijd.12436. Epub 2014 Apr 2.
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8. Uebelhoer NS, Ross EV, Shumaker PR, Ablative fractional resurfacing for the treatment of traumatic scars and contractures. *Semin Cutan Med Surg.* 2012 Jun;31(2):110-20. doi:10.1016/j.sder.2012.03.005.
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10. Douglas Leventhal, MD; Maxwell Furr, BS; David Reiter, MD, DMD Treatment of Keloids and Hypertrophic Scars A Meta-analysis and Review of the Literature, *Arch Facial Plast Surg.* 2006;8(6):362-368.
11. Juckett G, and Hartmann-Adams H, Management of Keloids and Hypertrophic Scars *Am Fam Physician.* 2009 Aug 1;80(3):253-260.
12. Mid Essex CCG Policy Statement – Scar revision 12<sup>th</sup> February 2016
13. South Central and West Commissioning Support Unit, Individual Funding Requests Policy, 23<sup>rd</sup> 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
Cryotherapy to 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
Cauterisation of lesion of skin NEC	S11.1
Cryotherapy 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	S60.4
Excision of scar tissue NOC	Y06.4

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