

## Hampshire and Isle of Wight Integrated Care Board Priorities Committee

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| <b>Policy title</b>    | <b>Policy 71: Keloid scars</b>   |
| <b>Policy position</b> | <b>Criteria Based Access</b>   |
| <b>Date of issue</b>   | April 2023   |
| <b>Update</b>          | This policy will be updated in light of a substantial body of new evidence or new national guidance. |

Keloid scars can result after injury to the skin such as that from surgery, burns or piercings. Occasionally they can occur without a known injury. Keloids are excessive scars which grow beyond the boundaries of the original wound, do not spontaneously regress **and frequently recur after being excised**. They can be painful, sore and/or itch. **People with a history of keloids are advised to avoid skin piercings, tattoos, and unnecessary surgeries.**

- Most keloid scars do not require treatment of any kind.
- Scars that are forming such as those from recent surgery, burns or piercings may be treated with a silicone-based therapy (gel, sheet or spray) and pressure, such as tape. This can be purchased over the counter (OTC).
- For keloid scars that have not resolved after at least 3 months of silicone-based therapy **OR** are unsuitable for silicone-based therapy due to duration or continued growth of the lesion; onward referral may be considered if:
  - **The lesion is above the collar bone and cannot be easily covered up AND**
  - **Is large (e.g. greater than 1cm keloids on ears) AND**
  - **Is painful or itchy, with a functional impact AND**
  - **There is no history of previous piercings requiring keloid treatment**
- Advice and Guidance from a dermatologist or plastic surgeon must be sought initially with photographic evidence and full case details, in order for the specialist to decide whether any treatment is appropriate for those who fit the above criteria.
- Treatments that could be considered for use by dermatology or plastic surgery departments include intralesional corticosteroid injections, surgical excision, radiotherapy and/or laser treatment.

- A referral for treatment can be made for intralesional corticosteroid injections without Prior Approval. For all other treatments, Prior Approval is required before referral, ensuring any photos and specialist recommendations are included in the funding application. Where a Prior Approval process is not in place locally, it must be documented how the patient meets the criteria (pro forma / patient notes)

In all other cases treatment is considered to be low priority and therefore not normally funded.

The IFR route can be used to consider exceptional cases not fitting the above criteria if required.

### **Coding**

ICD-10 Code(s):

L91.0 Hypertrophic scar

| <b>Version</b> | <b>Date</b>  | <b>Reason for change</b> |
|----------------|--|--------------------------|
| Version 1      | Agreed September 2022<br>(Ratified by the Board –<br>January 2023) | New Policy               |

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status