

<b>Policy statement:</b>	<b>Scar revision</b>
<b>Status:</b>	<b>Individual Prior Approval / Not Funded</b>

M&SECCGs commission scar revision surgery on a restricted basis only in patients where ALL of the following criteria apply:

- The scarring is a consequence of previous surgery, burns or trauma; **AND**
- The scarring is causing adverse clinical consequences (due to contraction, tethering or recurrent breakdown); significant functional impairment (for example obstruction of orifice or vision); bleeding or suspicion of malignancy; **AND**
- Where clinically appropriate, proactive conservative/’over the counter’ therapies (e.g. almond oil, steroid injections, silicone therapy, pressure garments, medication or massage) aimed at arresting the development of adverse, keloid or hypertrophic scarring have been tried but have not been effective; **AND**
- At least 2 years of the natural healing process has passed

GPs should not refer unless the above criteria apply and referrals must include objective information to demonstrate this.

M&SECCGs do not commission scar therapy e.g. laser or surgery, including skin resurfacing, for any of the categories listed below:

- Hypertrophic or keloid scars that are not causing adverse consequences or functional impairments (e.g.. keloid scarring after ear piercing)
- Scarring / ulceration from chronic tattoo breakdowns
- Post-acne scarring
- Scars resulting from self-harm
- Scar treatment for skin rejuvenation or other cosmetic purposes

Photographs will be required to support any application for funding

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs’ website.

### References:

1. Information for Commissioners of Plastic Surgery Services - Referrals and Guidelines in Plastic Surgery (NHS Modernisation Agency) London  
<http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=2>

2 Juckett G, Hartman-Adams H; Management of keloids and hypertrophic scars. Am Fam Physician. 2009 Aug 1;80 (3):253-60. <https://www.aafp.org/afp/2009/0801/p253.html>

3 Leventhal D et al. Treatment of keloids and hypertrophic scars: a meta-analysis and review of the literature. Arch Facial Plast Surg. 2006 Nov-Dec;8(6):362-8.  
<http://www.ncbi.nlm.nih.gov/pubmed/17116782?dopt=Abstract>

4 Viera MH et al; Innovative therapies in the treatment of keloids and hypertrophic scars. J Clin Aesthet Dermatol. 2010 May; 3 (5):20-6.  
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