

# CLINICAL REFERRAL GUIDELINES FOR ADULT PERSONAL DOCTORS

## Skin lesions with no suspected malignancy

***Referral to a Specialist for Skin lesions to a Dermatology, a Surgery or/and a Plastic Surgery***

Treatment of **diagnosed** benign skin lesions, with no risk of malignancy or infection, is considered to be cosmetic and should **NOT** normally be referred or treated. This includes:

- Benign moles (excluding large congenital naevi)
- Solar comedones
- Corn / callus
- Dermatofibroma
- Lipomas (refer to [lipoma guideline](#))
- Milia
- Molluscum contagiosum (non-genital)
- Epidermoid and pilar cysts (sometimes incorrectly called sebaceous cysts)
- Seborrhoeic keratoses (basal cell papillomata)
- Skin tags (fibroepithelial polyps) including anal tags
- Spider naevi (telangiectasia)
- Non-genital viral warts in immunocompetent patients
- Xanthelasmata
- Neurofibromata

The benign skin lesions, which are listed above, must meet **at least ONE** of the following criteria to be removed (ROUTINE REFERRAL):

- The lesion is **unavoidably and significantly traumatised on a regular basis** with evidence of this causing regular bleeding or resulting in infections such that the patient requires 2 or more courses of antibiotics (oral or intravenous) per year:
- There is **repeated infection** requiring 2 or more antibiotics per year
- The lesion **bleeds** in the course of normal everyday activity
- The lesion causes regular **pain**
- The lesion is **obstructing an orifice or impairing field of vision**
- The lesion significantly **impacts on function** e.g., restricts joint movement
- The lesion causes **pressure symptoms** e.g., on nerve or tissue
- If left untreated, more invasive intervention would be required for removal
- Facial viral warts
- Facial spider naevi causing significant psychological impact

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- Lipomas on the body > 5cms, or in a sub-fascial position, with **rapid growth and/or pain** – these **should be referred to exclude sarcoma.**