

Hair Removal

(Including electrolysis and laser therapy, also covering complex pilonidal sinus disease and para stomal disease)

Prior Approval

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk/) or consider use of advice and guidance services where available.

Treatment is only considered for recurrent and complex pilonidal sinus disease or folliculitis around abdominal stomas as described below.

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below. The patient's Clinical Referrer must supply evidence with the referral to show how the patient meets the published criteria.

For recurrent and severe complex pilonidal sinus disease as an adjuvant to surgery that may reduce the need for surgery and/or reduce the recurrence rates after surgery.

The criteria/pre-requisite set for treatment should be:

1. That conservative management has been tried and failed.
AND
2. The patient otherwise qualifies for referral to a specialist in pilonidal disease, usually, Consultant Plastic Surgeon or General Surgeon.
AND
3. A specialist in pilonidal disease (Consultant Plastic Surgeon or General Surgeon) deems that the case warrants referral for laser treatment.
AND
4. Severe complex pilonidal disease is otherwise one that would usually require complex surgical repair involving local flap repair or significant disease along the natal cleft or off midline disease.

For recurrent folliculitis due to hair growth impacting on the use of stoma appliances, the criteria / pre-requisite set for treatment should be:

1. The treatment is recommended by a stoma nurse where all other measures have failed.

Continued below

Cont'd

AND

2. That conservative management has failed.

AND

3. There is evidence of recurrent folliculitis due to hair growth around the stoma site requiring treatment.

AND

4. The treatment is recommended by a stoma nurse where all other measures have failed.

Hair Removal (Including Electrolysis and Laser Therapy) is not routinely funded for any other reason.

Laser hair surgery as part of major reconstructive surgery is funded by NHS England.

BRAN

For any health- related decision, it is important to consider “**BRAN**” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

Benefits

Hair removal surgery can decrease or stop the pain the patient is experiencing.

Risks

As with all types of surgery, there are risk of developing certain complications. The most common complications are bleeding and infection.

Other complications can include a poor cosmetic result.

Alternatives

Waxing, Tweezing or Plucking.

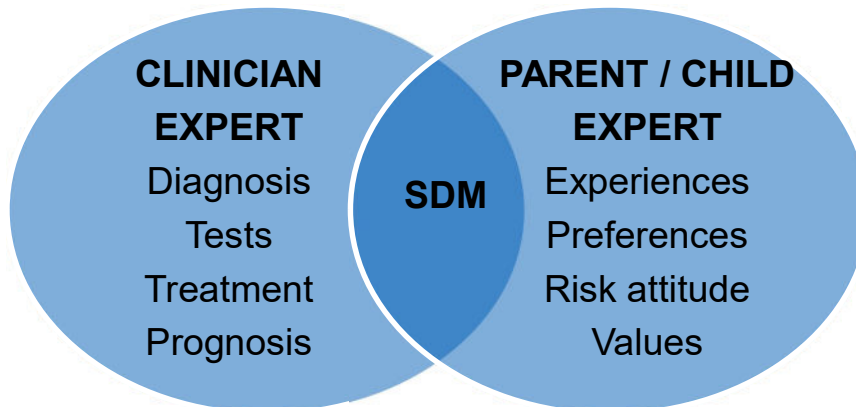
Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Shared Decision Making

If a person fulfils the criteria for Hair Removal, it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts parents, and children, at the centre of decisions about their treatment and care. It respects what is unique about them including their preferences and values. It means that people receiving care and those involved in delivering care can understand what is important to the other person.

The parent, and child where appropriate, and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are the options?
2. What are the pros and cons of each option for **me / my child**?
3. How do I get support to help me make a decision that is right for **me / my child**?

Hair Removal (Including electrolysis and laser therapy, also covering complex pilonidal sinus disease and para stomal disease) – Plain Language Summary

There are many different reasons for a person to experience excess hair growth (known as Hirsutism). It is a relatively common condition, but mainly affects women as, due to social pressures, women can find it difficult and distressing to live with.

The most common cause of Hirsutism is an excess of male hormones called androgens in the body, or by the body being more sensitive to these hormones. This can happen after the menopause or in younger women if they have a condition called Polycystic ovary syndrome (PCOS).

References:

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2. National Health Service (2020) Health A to Z: Cosmetic Procedures [online] www.nhs.uk/conditions
3. National Health Service England (2019) Gender Dysphoria Non-GRS Surgical Treatment Pathway, Facial Hair Reduction Section (1719) www.england.nhs.uk
4. Mayo Clinic (2018) Laser Hair Removal [Online] (20394555) www.mayoclinic.org
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8. National Library of Medicine (2008) Thoracoscopic decortication vs tube thoracostomy with fibrinolysis for empyema in children: a prospective, randomized trial (19159726) www.pubmed.ncbi.nlm.nih.gov
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10. National Library of Medicine (2010) Evaluation of 60 patients with pilonidal sinus treated with laser epilation after surgery (20002644) www.pubmed.ncbi.nlm.nih.gov
11. Bio Med Central (2018) Laser hair depilation for the prevention of disease recurrence in adolescents and young adults with pilonidal disease: study protocol for a randomized controlled trial (599) www.trialsjournal.biomedcentral.com
12. Springer Link (2016) Control of hair growth using long-pulsed alexandrite laser (857–862) www.link.springer.com/article

Connected Policies

- Benign Skin Lesion

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED), and NHSE Evidence-Based Interventions (EBI). This applies to all the activities for which the ICB's are responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):

NA

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.