

## General Commissioning Policy

<b>Treatment</b>	<b>IPL, Laser or Electrolysis for Hair Removal</b>
<b>For the treatment of</b>	Hirsutism or other Hair Removal requests
<b>Background</b>	<p>NHS Scarborough and Ryedale CCG commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers.</p> <p>This policy defines the SCRCCG commissioning position for the use of IPL (Intense Pulsed Light), Laser and/or Electrolysis for the management of hirsutism or other hair removal requests</p>
<b>Commissioning position</b>	<p>SRCCG does not routinely commission IPL, electrolysis or laser therapy for permanent or semi-permanent hair removal purposes.</p> <p>Patients concerned with the appearance of their body and facial hair should be routinely advised to self-manage their condition by conservative methods e.g. shaving, waxing, or depilatory creams.</p> <p>In addition, NICE Clinical Knowledge Summaries and NY Prescribing formulary guidance on the pharmacological treatment of facial hirsutism in women should be followed.</p> <p>Applications for treatment may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the CCG policy.</p>
<b>Summary of evidence / rationale</b>	<p>Unwanted hair growth is a common problem and some people may spend considerable amounts of time and money on short term hair removal methods, traditionally by shaving, waxing and plucking. Hirsutism is excessive hair growth in women in areas of the body where only men tend to develop coarse hair, usually on the face and neck area. It is suggested that it affects 5 - 15% of women.</p> <p>Possible underlying causes include PCOS (polycystic ovary syndrome), other rare hormone disorders (eg. congenital adrenal hyperplasia) and some forms of medication.</p> <p>Hair depilation involves permanent removal/reduction of hair from face, neck, legs, armpits and other areas of body usually</p>

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Responsible Consultant –Dr Kathryn Thomson, YTHFT	Date published: July 2017
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	<p>for cosmetic reasons.</p> <p>Intense pulsed light (IPL) is now the standard treatment with traditional laser and electrolysis as reserve options. Reported side effects of using the Lumina IPL system and Vasculight-SR multi-functional laser and IPL system to treat hair removal in hirsute patients include burning, leukotrichia, paradoxical hypertrichosis and folliculitis (Ref 1). In addition pain, skin redness, swelling, burned hairs and pigment changes were infrequently reported adverse effects (Ref 2).</p> <p>Common side effects of laser depilation can include pigment changes, occasional blistering and rarely scarring. Other untoward effects can include: new growth of hair outside the treatment area, increase in co-existing vellus hair in the treatment area, induction or aggravation of acne, rosacea-like rash, premature greyness of hair, tunnelling of hair under the skin, prolonged diffuse redness and oedema of the face, focal hypopigmentation of the lip, angular cheilitis, allergic reaction, and inflammatory and pigment changes of pre-existing moles (Ref 3).</p> <p>Case series evidence suggests that after laser depilation, hair growth is reduced for a period of weeks to months, but multiple treatments may be required to achieve complete hair loss.</p>
<b>Information to include in the Referral letter</b>	<p>The GP referral letter should contain:</p> <ul style="list-style-type: none"> <li>• Details of how the patient demonstrates clinical exceptionality</li> <li>• Impact on activities of daily living</li> <li>• Treatments and interventions tried including the results</li> <li>• Drug history (prescribed and non-prescribed)</li> <li>• Relevant past medical/surgical history</li> <li>• Current regular medication</li> <li>• BMI</li> </ul>
<b>Effective from</b>	February 2016
<b>Reviewed</b>	June 2017- Review date June 2019
<b>Contact for this policy</b>	Service Improvement Team <a href="mailto:Scrccg.rssifr@nhs.net">Scrccg.rssifr@nhs.net</a>

**References:**

1 Radmanesh M, Azar-Beig M, Abtahian A, Naderi AH. Burning, paradoxical hypertrichosis, leukotrichia and folliculitis are four major complications of intense pulsed light hair removal therapy Journal of Dermatological Treatment, 2008, vol./is.

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19/6 (360-3) <http://informahealthcare.com/doi/abs/10.1080/09546630802132627>

2) Rasheed AI. Uncommonly reported side effects of hair removal by long pulsed-alexandrite laser. Journal of Cosmetic Dermatology, December 2009, vol./is. 8/4(267-74) <http://onlinelibrary.wiley.com/doi/10.1111/j.1473-2165.2009.00465.x/abstract>

3) Azziz R. The evaluation and management of hirsutism. Obstet Gynecol 2003; 101: 995–1007. <http://www.ncbi.nlm.nih.gov/pubmed/12738163>

4) Haedersdal M, Gotzsche PC. Laser and photoepilation for unwanted hair growth. Cochrane Database Syst Rev 2006;(4):CD004684  
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004684.pub2/full>

5) NHS Modernisation Agency. 'Action on plastic surgery. Referrals and guidelines in plastic surgery. Information for Commissioners of Plastic Surgery Services'.  
<http://www.bapras.org.uk/downloaddoc.asp?id=425>

6) NICE Clinical Knowledge Summary <http://cks.nice.org.uk/hirsutism> (Jan 2010)

7) Koulouri O, Conway G. S. Management of hirsutism. BMJ 2009;338:b847  
<http://www.bmj.com/content/338/bmj.b847>

8) NHS Choices – Treatment for Pilonidal Sinus  
<http://www.nhs.uk/Conditions/Pilonidal-sinus/Pages/Treatment.aspx>

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