

General Commissioning Policy

Treatment	Port Wine Stains / Skin Camouflage
For the treatment of	Port Wine Stains / Skin Camouflage
Background	<p>NHS Scarborough and Ryedale CCG (SRCCG) 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 SRCCG commissioning position for Port Wine Stains / Skin Camouflage</p>
Definition	<p>A port wine stain is a flat red or purple patch with well-defined borders caused by malformed dilated blood vessels in the skin. It is present at birth and 0.3% of new-borns are affected. The face is most commonly involved but it can occur anywhere on the body.</p> <p>Exclude Red Flag Symptoms</p> <ul style="list-style-type: none"> • Sturge-Weber syndrome –port wine stain affecting skin in distribution of trigeminal nerve associated with underlying epilepsy, glaucoma or other eye complications. • Klippel-Trenaunay –rare syndrome with port wine stain on the limb with increased limb size and varicose veins. Associated with other developmental abnormalities and an increased incidence of DVT and PE.
Management	<p>Facial lesions should be referred early to Dermatology</p> <ul style="list-style-type: none"> • To consider the possibility of an associated syndrome • To discuss laser treatment which can successfully treat or improve the appearance • Lesions on or near the eyelid should be referred to Ophthalmology, as these are associated with glaucoma. <p>Cosmetic camouflage is very good at hiding lesions and is available from Changing Faces</p>
Investigations prior to referral	None
Information to include in	<ul style="list-style-type: none"> • Size and site of lesion • A photograph is desirable

Responsible GP – Dr Peter Billingsley, SRCCG	Approved: April 2017
Responsible Consultant – Ms Kathryn Thomson, YTHFT	Date published: April 2017
Responsible Pharmacist – Ms Rachel Ainger, SRCCG Medicines Mngt	NHS Scarborough & Ryedale Clinical Commissioning Group

referral letter	<ul style="list-style-type: none"> • Any associated symptoms e.g. epilepsy • Relevant past medical / surgical history • Current regular medication • BMI / Smoking status
Summary of evidence / rationale	Patient information leaflet http://patient.info/health/port-wine-stain-leaflet
Effective from	November 2014
Review Date	2019
Contact for this policy	Service Improvement Team Scrccg.enquiries@nhs.net

References:

Information available on the following websites:

<http://www.dermnetnz.org/vascular/vascular-malformation.html>

<http://www.pcds.org.uk/clinical-guidance/port-wine-stain-syn.-naevus-flammeus>

Responsible GP – Dr Peter Billingsley, SRCCG	Approved: April 2017
Responsible Consultant – Ms Kathryn Thomson, YTHFT	Date published: April 2017
Responsible Pharmacist – Ms Rachel Ainger, SRCCG Medicines Mngt	NHS Scarborough & Ryedale Clinical Commissioning Group