

Pathway:	Epidermoid and Pilar Cysts (Sebaceous cyst)
Referral Criteria/Commissioning position:	
<p><i>Refer to secondary care (either plastic surgery or dermatology depending on site) where there is:</i></p> <ul style="list-style-type: none"> • a suspicion of malignancy or diagnostic uncertainty • obstruction of orifice or vision • function limitation on movement or activity • sebaceous cyst with recurrent infection and beyond the ability of primary care/community service • removal of moderate to large facial lesions which cause disfigurement <p><i>Removal of lesions for other clinical indications including itching, bleeding, pain, active inflammation or recurrent trauma require prior approval via the Individual Funding Request (IFR) panel</i></p>	
Investigations prior to referral	
<ul style="list-style-type: none"> • None 	
Information to include in referral letter:	
<p><i>The GP referral letter should contain:</i></p> <ul style="list-style-type: none"> • Details of how the patient meets the above criteria • Site and size of lesion • Treatments and interventions, current & past tried including the results, • Drug history (prescribed and non-prescribed) • Current regular medication • Relevant past medical/surgical history • BMI • Smoking status • Alcohol consumption 	
References & Additional information:	
<p>Patient Information: http://www.patient.co.uk/doctor/epidermoid-and-pilar-cysts-sebaceous-cysts-pro</p> <p>References: http://www.cumbriaccg.nhs.uk/about-us/key-policies/evidence-based-referrals.pdf https://www.evidence.nhs.uk/Search?ps=30&q=sebaceous+cyst&s=Relevance</p>	
CCG GP sign off:	SRCCG Business Committee (Delegated to Dr Greg Black)
Review date:	2017