

Removal of Tattoos Commissioning Policy

<b>Intervention</b>	<b>Removal of Tattoos</b>
<b>For the treatment of</b>	<b>Tattoo removal</b>
<b>Background</b>	This commissioning policy is needed because tattoo removal is not routinely commissioned by NHS Scarborough & Ryedale or Vale of York CCGs and therefore exceptional circumstances have to be demonstrated in all cases and considered by the Individual Funding Request (IFR) Panel.
<b>Commissioning position</b>	<p>NHS Scarborough &amp; Ryedale and Vale of York CCGs do not commission tattoo removal for cosmetic reasons, for example, if a tattoo is no longer liked or wanted.</p> <p>Approval via IFR is required for <b>ALL cases</b>.</p> <p>The IFR panel will only consider requests for tattoo removal in certain circumstances, including those which reflect the criteria of the Modernisation Agency guidance<sup>1</sup>.</p> <p>Cases that may be considered in any of the circumstances below where the tattoo:</p> <ul style="list-style-type: none"> <li>• Is the result of past trauma i.e. scarring from grit, coal or graphite (that in some cases may have remained despite immediate post injury cleansing treatment);</li> <li>• Was inflicted against the patient's will;</li> <li>• Was incurred during a period of documented serious and enduring mental illness and on the balance of probabilities lacked capacity at that time</li> <li>• Has resulted in a significant allergic reaction or impairment to daily living,</li> <li>• Where the individual was a child and not 'Gillick competent', and therefore not responsible for their action at the time of the tattooing.</li> </ul> <p>Patients who are not eligible for treatment under this policy 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.</p>
<b>Summary of evidence / rationale</b>	<p>A tattoo is a mark made by inserting pigment into the skin. People choose to be tattooed for various cosmetic, social or religious reasons. It carries certain health risks such as infection and allergic reaction.</p> <p>Most dermatology surgeons caution that complete tattoo removal is not possible. Tattoos are meant to be permanent, so removing them is difficult. However a tattoo can be removed by laser, surgical excision, or dermabrasion.</p>

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	<p>Lasers have become the standard treatment for tattoo removal because they offer a bloodless, low risk, effective alternative with minimal side effects. Each procedure is done on an outpatient basis in a single or series of visits. Patients may or may not require topical or local anaesthesia. The type of laser used to remove a tattoo depends on the tattoo's pigment colour. Black, dark blue and red tattoos respond really well to laser removal.</p> <p>More difficult tattoo colours to remove are white, yellow, purple and pink, but are easier to cover up. Green is probably the most difficult tattoo colour to remove.</p>
<b>Date effective from</b>	26th March 2018
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<b>Review date</b>	March 2020

\* When deciding whether a child is mature enough to make decisions, it is often described as whether a child is 'Gillick competent' (if under 16):

*"Whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent."*

**References**

1. NHS Modernisation Agency. 'Action on plastic surgery. Referrals and guidelines in plastic surgery. Information for Commissioners of Plastic Surgery Services'. British Association of Plastic and Reconstructive Surgery. (March 2012)

Version	Created /actioned by	Nature of Amendment	Approved by	Date
1.0	Lead Clinician and Senior Service Imp Mngr	Re-drafting of STP and SR/VoY policies. No changes to previous commissioning	n/a	01.02.18
2.0	Senior Service Improvement Manager	Share of new draft internally	Lead Clinicians – VoY and SR CCGs	01.02.18
FINAL		Approval of threshold	SRCCG Business Committee VoY Clinical Executive	07.03.18 21.03.18