

Referral Support Service

General Surgery

Code GS11

Lipomas/sarcomas management

Definitions and incidence

A **lipoma** is a benign growth of adipose tissue. A diverse range of benign soft tissue tumours may mimic soft tissue sarcomas and collectively these are relatively common. Most can be managed conservatively and do NOT need surgical excision (which is not funded by VoY CCG for cosmetic reasons).

Soft tissue **liposarcomas** are lipomas which have undergone malignant change, distinguished by the features below. They need to be diagnosed and treated appropriately, and distinguished from the common lipoma. Soft tissue sarcomas may arise in nerves, muscle, blood vessels as well as fat and GPs may encounter them, although individually they are very rare and represent < 1% of all malignant tumours, with a rate of 2 cases per 100,000 population per year¹. Apart from a small peak in infancy, soft tissue sarcomas are increasingly common with age, most occurring in patients older than 50 and slightly more in men. A full time GP is likely to diagnose approximately one person with soft tissue sarcoma during their career.

Diagnosis

The key management issues are the diagnosis of the underlying lump and then its appropriate management, so that the rare but important soft tissue sarcoma is recognised and treated appropriately¹. Diagnosis of lipomas and sebaceous cysts is usually clinical – USS is not routinely required to confirm the diagnosis

Exclude Red Flag Symptoms

Radiological Imaging is first line in the investigation of a suspected sarcoma or a soft tissue lesion meeting the criteria below.

If ANY of the following are present, **request urgent imaging (USS/MRI)** at York & Scarborough Teaching Hospitals FT. The radiologist will decide on the best imaging for the patient.

- Size > 5cm
- Deep or fixed/tethered to muscle or fascia
- Rapid increase in size e.g., doubling in size of small lesions over a short period of time
- Symptoms e.g., significant pain (not just pressure related)
- Site of previous resection (for lipoma or sarcoma) as recurrent lipoma is an indication for urgent imaging and usually excision

Please ensure you provide this information on radiology form

- Size and any details of recent change or slow change
- Whether deep or fixed to underlying tissue
- Symptoms
- Any previous resection
- Time present

If there is any diagnostic uncertainty, **do not refer patients for imaging elsewhere e.g., Yorkshire Health Solutions** as this can lead to further diagnostic uncertainty, requiring repeat ultrasounds and inappropriate referrals for MRI at York & Scarborough Teaching Hospitals Trust

NB Suspected soft tissue sarcoma in children and young people

- Children with suspected malignant masses are an exception to the above.
- The York paediatricians ask that these patients be referred **urgently** to them prior to imaging.

Management

See flow diagram for pathway on next page

Urgent

- If there are suspicious features e.g. >5cm size, fixed or deep to fascia, rapid growth, significant pain, history of previous sarcoma

Non-urgent

- **If size less than 3cm, asymptomatic with no diagnostic uncertainty** – reassure with no further action. Offer patient information leaflet (see below).
- Organise **routine USS imaging, if indicated when there is diagnostic uncertainty or lesions are >3cm, but <5cm**

Please ensure that you include the above clinical details (including size/location/ symptoms and changes) on the request form to enable accurate radiological triage, forms without this information may be returned for completion.

The radiology department at YHFT will decide from the information given if the patient should have an USS or MRI.

The findings on USS/MRI will determine further management.

Radiologists will make referral to Sarcoma service on behalf of the GP if appropriate and inform the GP.

Alternatively, the Radiologist may make a recommendation for onwards referral to local plastic surgeons. Radiologists will not necessarily be aware of the local commissioning policy and GPs may need to refer using the Value Based Checker to check eligibility for funding.

Surgery is not funded for cosmetic reasons and concerns about cosmetic appearance should NOT be referred to secondary care unless there are clinically exceptional circumstances with IFR Panel approval.

In Vale of York CCG area surgery is NOT routinely funded for excision of lipomas of any size that are confirmed as benign (clinically OR radiologically OR histologically following biopsy).

In Vale of York CCG area surgery is ONLY funded

- for lipomas that impair function such that the impaired function resulting from the lipoma could be harmful, e.g. restricts neck movements, unable to wear a safety helmet, restricting movement of a joint, obstructing an orifice. Referring clinicians and/or surgeons will need to justify the use of NHS resources for surgery.

OR

- where, if left untreated, more invasive intervention would be required for removal. Such cases may require secondary care surgeons' opinion.

Surgery for excision out with these criteria will need IFR Panel approval

Patient information leaflet

<https://www.nhs.uk/conditions/lipoma/>

References

Suspected cancer: recognition and referral [NICE, 2015] Referral for suspected soft tissue sarcoma <http://cks.nice.org.uk/bone-and-soft-tissue-sarcoma-recognition-and-referral#!scenario>
[NICE CKS Neck Lumps October 2020](#)

Soft Tissue Lesion in an adult

Soft tissue lesions in children and young people. Refer urgently to Paediatrics before imaging

Are there any suspicious features?, e.g. >5cm size, Fixed or deep to fascia, Rapid Growth, Significant pain, Previous sarcoma

Yes

No

Send urgent imaging request to Y&SNHSFT with clinical details

Radiology will arrange imaging by either USS or MRI

Size 3-5cm

Size <3cm but diagnostic uncertainty

Size < 3cm
No diagnostic uncertainty

Normal scan

Abnormal scan

imaging referral to Y&STHFT
(NOT TO YHS PLEASE)

No imaging required.
Safety net to return if changing

Report to GP,
Reassure patient and advise to present if changing

Radiologist will refer patient to sarcoma MDT on behalf of GP or may advise local Plastic Surgery opinion

Abnormal scan

Normal scan

Report to GP,
Reassure patient and advise to present if changing