

**PARTIALLY EXCLUDED POLICY – PE104  
TATTOO REMOVAL  
(Previously PE17)**

Policy author: Ipswich and East Suffolk Clinical Commissioning Group and West Suffolk Clinical Commissioning Group supported by Public Health Suffolk, Suffolk County Council

Policy start date: February 2017

Review date: February 2020

## **1. Policy Summary**

- 1.1 The Cosmetic and Lifestyle Treatment of Tattoo Removal is considered a low priority procedure and should not be commissioned. Funding requests are considered by the Suffolk CCGs Individual Funding Request (IFR) Panel if there are exceptional circumstances i.e. there is something about the patient's condition or circumstances that differentiate them on the basis of need from other patients with a similar diagnosis or condition and would justify funding being provided in an individual case when it is not routinely funded for others.
- 1.2 This partially excluded policy offers some guidance to the referring clinician and the IFR Panel when considering such requests. It must be clarified these are NOT referral criteria, and only supporting guidance for the IFR panel.

## **2. Background to the Procedure**

- 2.1 Most dermatologic 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.
- 2.2 Lasers have become the standard treatment for tattoo removal because they offer a bloodless, low risk, effective alternative with minimal side effects. The type of laser used to remove a tattoo depends on the tattoo's pigment colours. Surgical excision of tattoos is another highly effective method of cutting out the entire tattoo and stitching the skin together at a single session. However, it involves injection of local anaesthetic before carrying out a minor surgical excision of tattoo procedure. There is also a small chance of reaction to anaesthetic drugs.<sup>1</sup>

## **3. Rationale Behind Policy Decision**

- 3.1 Tattoo Removal is considered an aesthetic procedure and no evidence was found for its use in treating underlying medical conditions nor is there any related NICE Guidance related to Tattoo Removal. However many patients seeking tattoo removal are from disadvantaged backgrounds who may not fully recognise the implications of a tattoo on subsequent employment and life opportunities due to decisions taken at an earlier age. The following guidance is in line with other CCGs and BAPRAS

#### 4. Guidance to the Panel

<p><b>PE17</b></p>	<p><b>Removal of tattoos</b></p>	<p>1) If there are offensive tattoos on face that are seriously impairing psycho-social functioning <b>AND</b> treatment removal could alleviate this difficulty Evidence must be provided in the form of a psychiatrist's report on the difficulties of psycho-social functioning and its impact on the patient.</p> <p>2) Where the tattoo is on the face and is the result of trauma which was inflicted under severe duress (i.e. a "rape tattoo") <b>AND</b> this treatment removal could alleviate this difficulty Evidence must be provided in the form of a psychiatrist's report on the difficulties of psycho-social functioning and its impact on the patient.</p> <p>3) The patient was a child and not Gillick competent* and, therefore, not responsible for their actions at the time of the tattooing. The patient's tattoo must be on the face and seriously impairing psycho-social functioning <b>AND</b> treatment removal could alleviate this difficulty. Evidence must be provided in the form of a psychiatrist's report on the difficulties of psycho-social functioning and its impact on the patient.</p> <p>*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):</p> <p>4) If there is severe allergic reaction and/or repeated infection as a result of the tattoo <b>AND</b> all other treatment options have failed <b>AND</b> the removal of the tattoo is clinically indicated in the view of an expert clinician.</p>
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#### 5. References

1. Tattoo Surgical Excision, 2015, Available at ONLINE <https://www.asds.net/TattoosSurgicalExcision/> Accessed: 11/10/2016
2. NHS Modernisation Agency 2005. 'Action on plastic surgery. Referrals and guidelines in plastic surgery. Information for Commissioners of Plastic Surgery Services'. British Association of Plastic and Reconstructive Surgery. <http://www.bapras.org.uk/page.asp?id=719>
3. NHS England Interim Commissioning Policy for Tattoo Removal November 2013. Available at: <http://www.england.nhs.uk/wp-content/uploads/2013/11/N-SC032.pdf>, Accessed: 11/10/2016
4. Care Quality Commission, Gillick Competency Guidelines, 2016, Available at <http://www.cqc.org.uk/content/nigels-surgery-8-gillick-competency-and-fraser-guidelines> Accessed. 14/10/2016
5. Information for Commissioners of Plastic Surgery Services - Referrals and Guidelines in Plastic Surgery (NHS Modernisation Agency) London British Association for Plastic Reconstructive and Aesthetic Surgeons (BAPRAS). 2014 Available ONLINE at <http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=2> Accessed 11/10/2016