Hair Removal Treatments including Depilation, Laser Treatment or Electrolysis for Hirsutism

Depilation procedures (including but not limited to electrolysis or laser) intended to improve appearance WILL NOT be routinely funded. This includes treatment to correct male pattern hair growth in natal and transgender women.

Depilation procedures for chronically or recurrently infected pilonidal sinus which has not responded to surgical treatment WILL NOT be routinely funded.

<table>
<thead>
<tr>
<th>Strength of evidence</th>
<th>Clinical Effectiveness</th>
<th>Cost Effectiveness</th>
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<tbody>
<tr>
<td>Comment</td>
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<td>There is evidence from small, low quality trials that laser depilation may reduce hair growth by 50% in the short term. There is a lack of long term data. There is a lack of studies indicating significant impact of treatment on health and wellbeing related outcomes in any patient group including natal women with male pattern hair growth with or without an underlying medical cause, and transgender women. No published evidence of cost effectiveness.</td>
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<td>Funding for treatments intended to improve cosmetic appearance cannot be a priority for DHSC funding.</td>
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<td>There is a lack of evidence indicating that impact of male pattern hair growth is different in different groups (eg natal women whose hair growth is related to ethnicity/skin type, underlying medical cause (including side effect of medical treatment), transgender women). There is a lack of evidence supporting differential impact of treatment in different patient groups. There is thus no evidence based rationale for a policy supporting funding for one or some patient groups and not others.</td>
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<td>Available evidence indicates that for many patients repeat treatments over the long term are required to maintain reduction in hair growth.</td>
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<td>Chronically or recurrently infected pilonidal sinus not responding to surgery</td>
<td>Inadequate</td>
<td>Inadequate</td>
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<tr>
<td>Comments</td>
<td>Evidence of clinical effectiveness limited to small case series or small, low quality comparative studies with short follow up. No published evidence of cost effectiveness</td>
<td></td>
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</tbody>
</table>
Summary of evidence

Epidemiology, diagnosis and management of hirsutism: a consensus statement by the Androgen Excess and Polycystic Ovary Syndrome Society. Escobar et al. Human Reproduction Update, 03-04 2012, vol./is. 18/2(146-7)

Laser and photoepilation for unwanted hair growth – Cochrane Library 2009.


NHS England interim protocol


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3727265/


Reason for Requesting a policy recommendation:

Reviewed as part of the Effective Use of Resources Project.

Replaces part of Clinical Recommendations Committee Cosmetic (Aesthetic) Surgery Policy 2008 (Section 13: Hair depilation).

Where a patient is considered to have exceptional need for and capacity to benefit from a treatment that is not routinely funded, a request for individual funding may be made to the Individual Funding Requests Panel. The patient must be made aware that the Panel may not support the request and must not be given any expectation that they will be able to have the treatment until a decision to fund has been received in writing from the Panel.

For further information contact:

Tel: +44 (0)1624 642646
Email: clinicalcommissioning.dhsc@gov.im
Website: www.gov.im/dhscclinicalcommissioning