

### Treatment of accessory digits and facial skin tags in newborns

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<b>Key Documents Owner:</b>	Dr Vivianna Weckemann   Consultant Paediatrician
<b>Approved by:</b>	Neonatal Guidelines Review Meeting
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<b>This is the most current version and should be used until a revised document is in place</b>	

#### Key Amendments

Date	Amendments	Approved by
17/09/2019	Contact details for BCH updated	Dr A Gallagher
November 2022	Document approved for 3 years with no amendments	Dr Gregory/ Neonatal Guidelines Review Meeting

Babies born with facial skin tags, usually preauricular, and accessory digits on stalks can have these removed as a day case at Birmingham Childrens Hospital by Miss Jester, Consultant Plastic Surgeon. This guideline outlines the referral process.

#### Patients covered

Newborn babies that are within the first 6 weeks of life.

If born prematurely the baby can be referred at any point until they have reached six weeks corrected age (i.e. 6 weeks post EDD)

Rational for removal of facial skin tags and accessory digits on stalks under local anaesthesia

Traditionally, these lesions have been managed by:

- 1) Tying the stalk with thread which leads to necrosis of the lesion
- 2) Submitting the child/baby for a general anaesthetic procedure

Disadvantages:

- 1) A small nubbin of tissue is often left which can become a nuisance to the child and needs treating at a later date
- 2) The additional risk of general anaesthesia and additional resources required

#### How to make the referral

Refer by phoning or faxing

Miss Jester's Secretary – Tel: 0121 333 8136

Fax: 0121 333 8131

Email: akeashamckenzie@nhs.net

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

**WAHT-KD-015**  
**Neonatal Key Documents**

On line referral : <https://bwc.nhs.uk/hand-surgery-information-for-professionals>

**Referral Form**

LA-baby-referral-prof  
orma.doc

Please refer before the baby is discharged from hospital

Remember to include telephone numbers for the family, as many as possible (perhaps mobile and work numbers)

Let the GP know that you have made the referral by sending a discharge letter

Explain what will happen to the family

**The family are contacted**

- Miss Jester's secretary telephones the family and offers them an opportunity for the baby to be examined and if appropriate to be treated on the next available operating list.

**What will happen at Birmingham Children's Hospital?**

- The baby is brought to BCH at 8a.m. prior to an operating list
- The baby should be well fed and have had the nappy changed so that he/she remains comfortable, sleepy and contented! A simple history is taken regarding the progress of the baby in the first few days of life. The baby will usually have been seen and assessed by a midwife/health visitor and therefore pre –op investigations such as weight measurements are not necessary.
- The baby is assessed by Miss Lester or her team as to the suitability for treatment under local anaesthesia
- The baby is sent for to go to theatre in the usual way. The baby is accompanied by mother and/or father to the operating theatre where they can sit outside the theatre and have some privacy if necessary to feed the baby after the procedure.
- The baby is taken by Miss Lester into the operating theatre and held by a nurse while a tiny amount of local anaesthetic (lignocaine with adrenaline) is injected into the base of the lesion.
- The baby is then comforted for a few minutes – they usually go back to sleep within a few seconds!
- The procedure to excise the lesion is carried out under sterile conditions, bipolar diathermy and 6/0 vicryl sutures are used as necessary.
- No dressing is applied
- The baby is returned to the mother/father and comforted with breast/bottle feeding if necessary,
- The parents and baby are accompanied back to ward 16 and can be discharged immediately

**Post Operative Care**

- The wound should be left alone for 24 hours. The baby can then be bathed as normal including the wound. No special solutions are necessary for application to the wound – ordinary water will do!
- No follow up is usually necessary but the parents will be encouraged to contact BCH secretary or the ward in the event of any problems
- Any sutures used will dissolve and do not need to be removed
- A letter is sent to the GP advising him/her of the treatment that has been undertaken

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## References

The guideline is based on current practice

### CONTRIBUTION LIST

#### Key individuals involved in developing the document

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