

Referral Support Service

General Surgery

Code GS11

Management of lipomas/sarcomas

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 **sarcomas** 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. All are individually 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 GP may diagnose one sarcoma in their whole 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 is usually clinical – USS is not routinely required to confirm the diagnosis. Excision is considered after an **USS/MRI** and MDT consideration at the Regional Sarcoma Service. Some lesions may be assessed and managed locally eg superficial lesion at the extremity causing pressure symptoms.

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 Hospital FT (or other secondary care unit), within 2 week wait. The radiologist will decide on the best imaging for the patient. **If there is any diagnostic uncertainty, do not refer patients elsewhere eg Yorkshire Health Solutions.**

- Size > 5cm
- Deep or fixed to muscle or fascia
- Rapid increase in size
- Symptoms eg significant pain (not just pressure related)
- Site of previous resection (for sarcoma)

Responsible GP: Emma Broughton/Alison Forrester
Responsible Consultant: Charlotte Davies (Radiologist),
David King (Radiologist, York Hospital Sarcoma Lead).

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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 – indications for referral

If urgent referral - referral Information to include on radiology form

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

Please ensure that you include the above clinical details (including size/location/ symptoms and changes) on the request form to enable accurate radiological triage.

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

Result of the USS/MRI will determine further management. **The Radiologist will make any onwards referral to Leeds Sarcoma MDT, if the lesion meets referral criteria and will inform GP and patient.** GP may also be involved in communicating with patient about this referral.

Non-urgent referral - Organise **routine USS imaging, if indicated, for the following lesions:**

1. **If size less than 3cm, asymptomatic with no diagnostic uncertainty** – reassure with no further action. Offer patient information leaflet (see below). Surgery is NOT routinely 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. (But if it becomes symptomatic eg enlarges or causes pain - see GP again)
2. **If size 3-5 cm** – consider **routine** referral for USS scan to YHFT. If USS indicates a benign lipoma, it can only be considered for removal if there are **clinically exceptional** circumstances approved by the IFR Panel.
3. **If size over 5cm** – refer urgently to YHFT as above

<http://www.valeofyorkccg.nhs.uk/rss/index.php?id=individual-funding-request-forms>

Patient information leaflet <http://patient.info/health/lipoma-leaflet>

References

1. Soft tissue tumours Surg Wiki 2012 http://www.surgwiki.com/wiki/Soft_tissue_tumours

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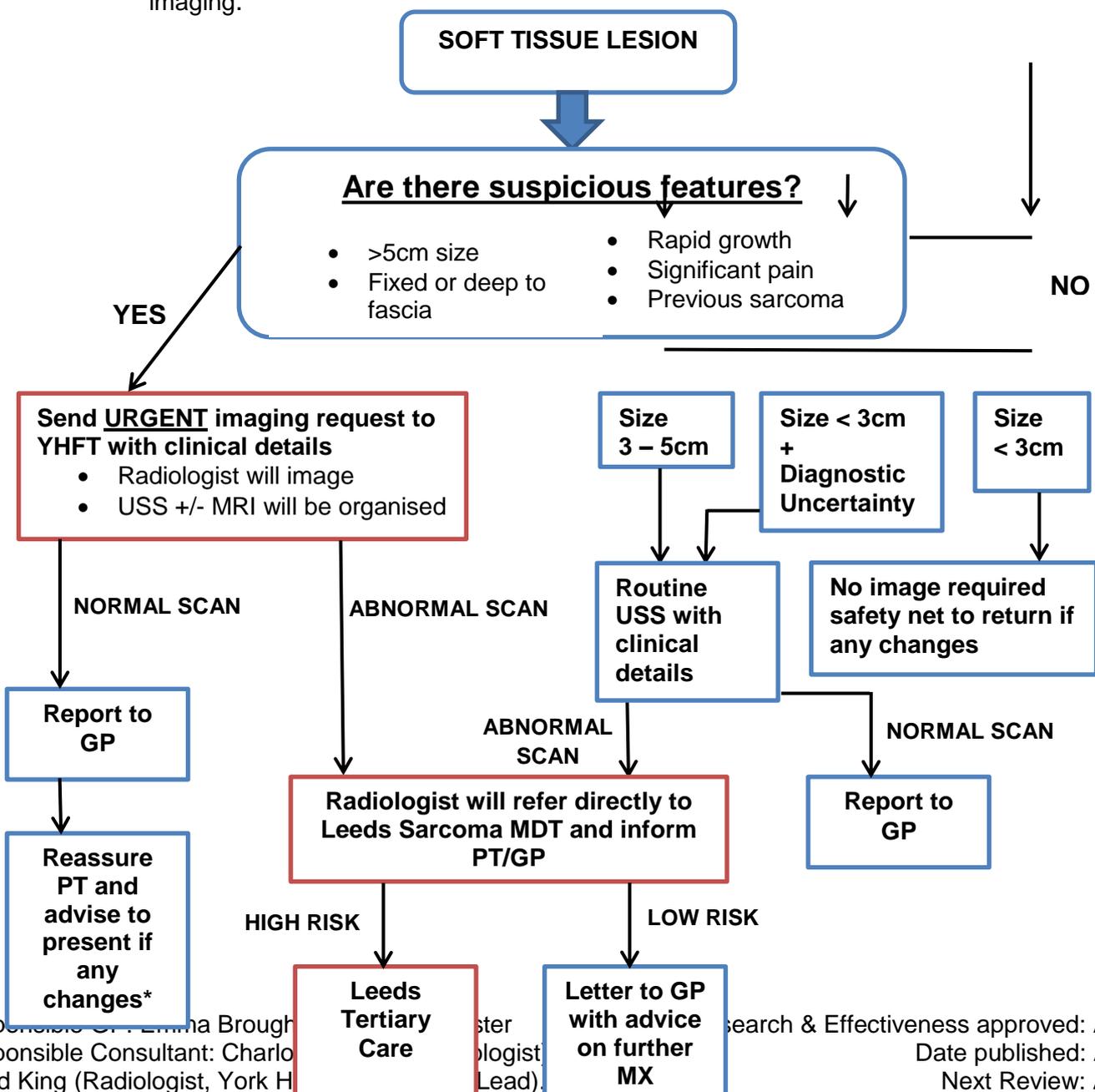
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- Letter from Dr David King, Consultant Musculoskeletal Radiologist, York Teaching Hospital, December 2011 and email March 2015
- Suspected cancer: recognition and referral [NICE, 2015] Referral for suspected soft tissue sarcoma <http://cks.nice.org.uk/bone-and-soft-tissue-sarcoma-recognition-and-referral#!scenario>

York Lipoma – Sarcoma Pathway (adults)

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- Children with suspected malignant masses are an exception to this guidance.
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Responsible Clinician: Emma Brough
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* IFR Panel funding would be required to remove a low risk symptomatic lesion

- Routine soft tissue lesions can be imaged by either YHFT or YHS
- URGENT** soft tissue lesions **MUST** be imaged by secondary care

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