To evaluate the health care benefit of vacuum assisted excision (VAE), direct health care costs and cosmetic outcome after VAE were compared to surgical excision (SE). Additionally, health care costs of the periods before and after implementation of VAE were compared.

This study shows that the implementation of VAE reduces direct health care costs dramatically in the management of patients with benign and high-risk lesions. The costs of patients managed with SE were more than double the costs of patients managed with VAE. We could not demonstrate a cosmetic benefit of VAE over SE in this patient group. Prospective evaluation of cosmetic outcome should be performed in future research among patients undergoing VAE as a minimally invasive treatment option for these non-malignant lesions.

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No conflicts of interest to declare