Practical Tips

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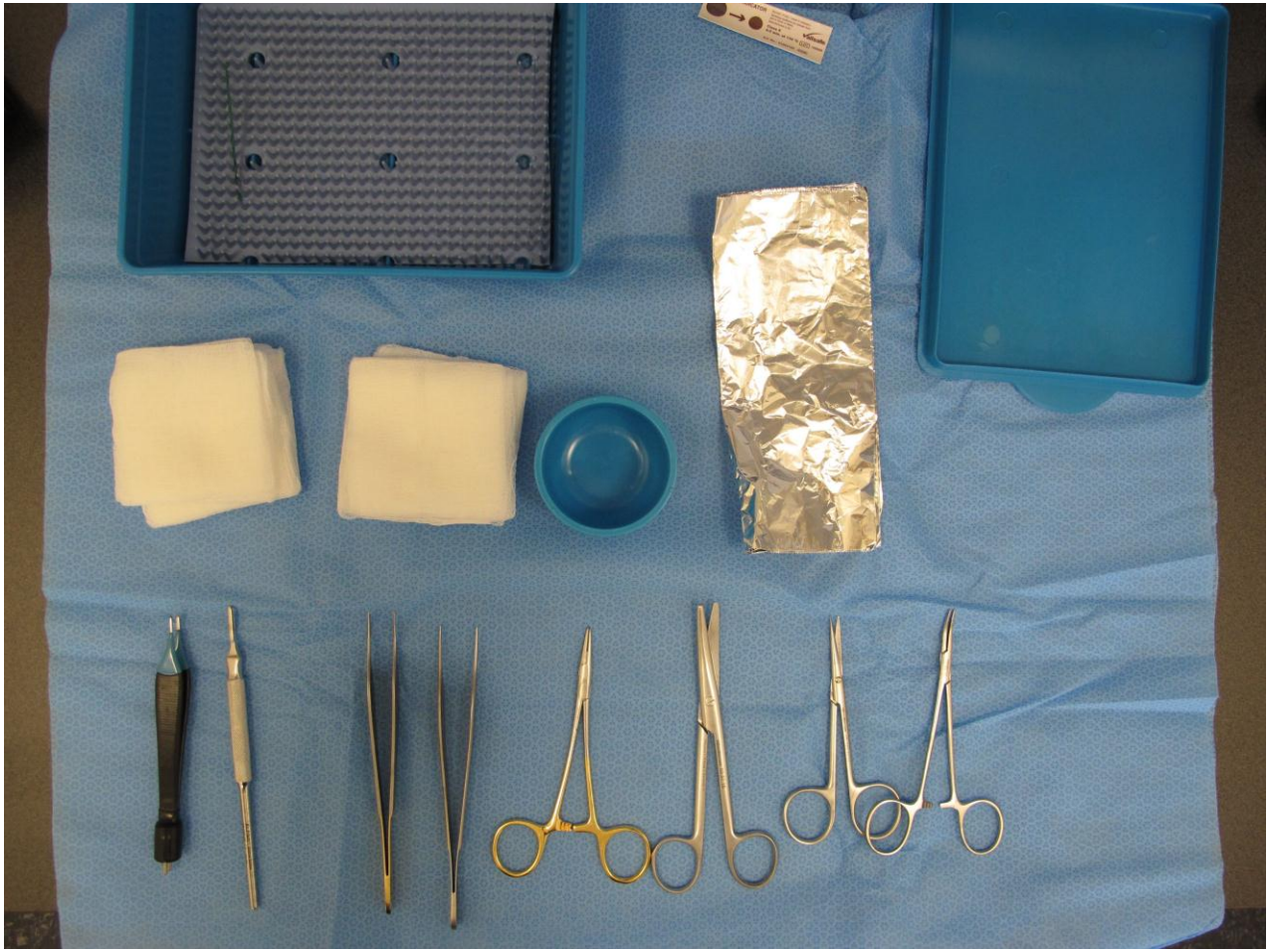
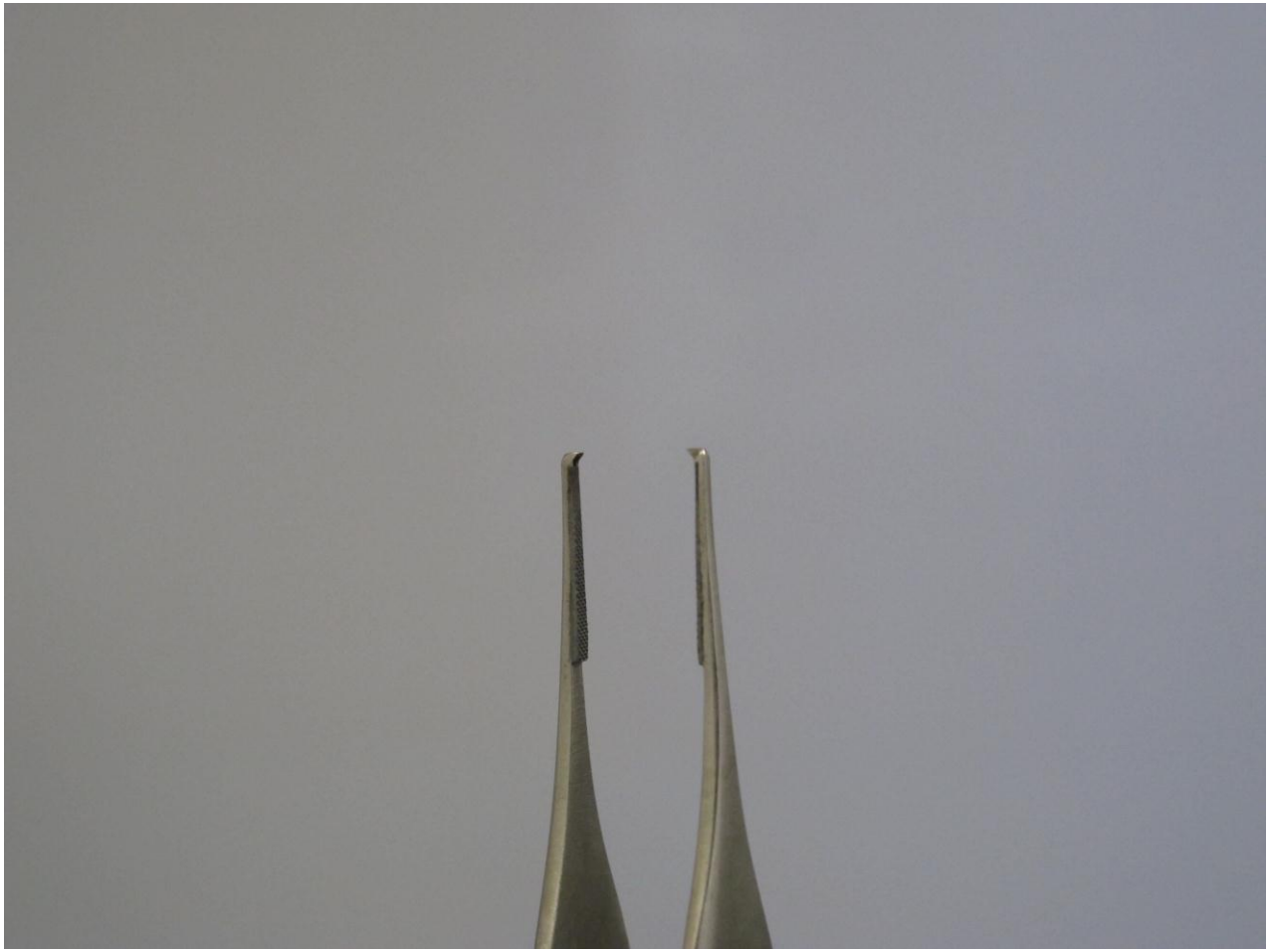
Basics

- Find what works for you

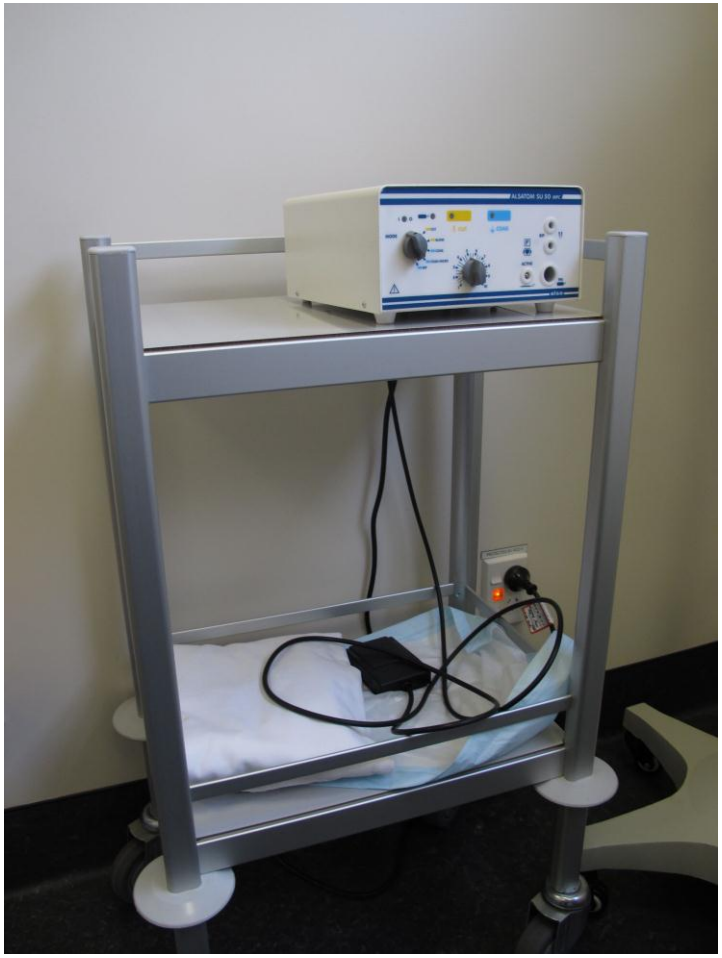
- Good lighting
- Assistant helpful (saves on gloves!)
- Sit when possible
- Support arms
- Patient positioning (their comfort and yours)
- Good equipment
  - Instruments, Diathermy
- Music

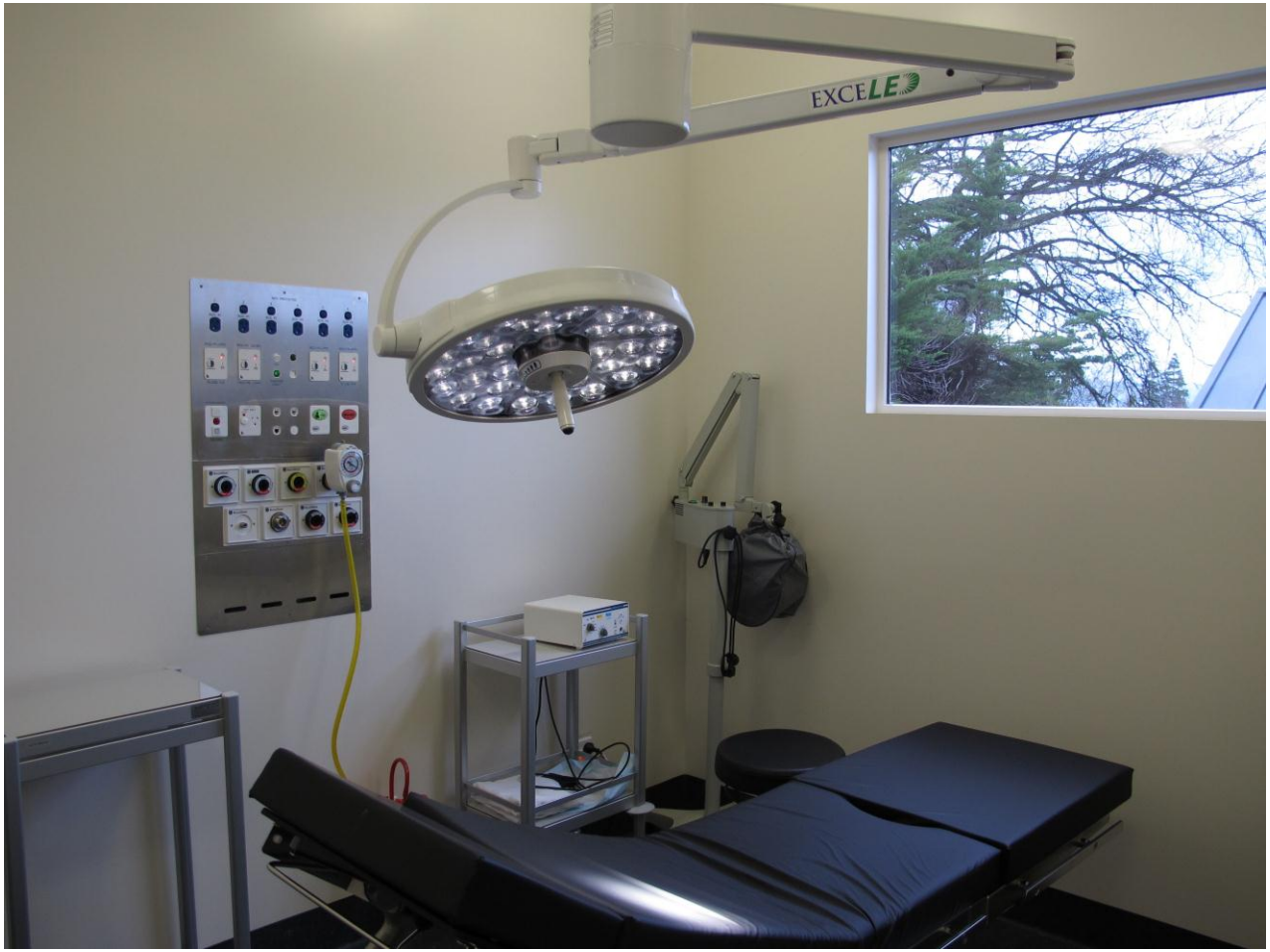
Instruments





Diathermy

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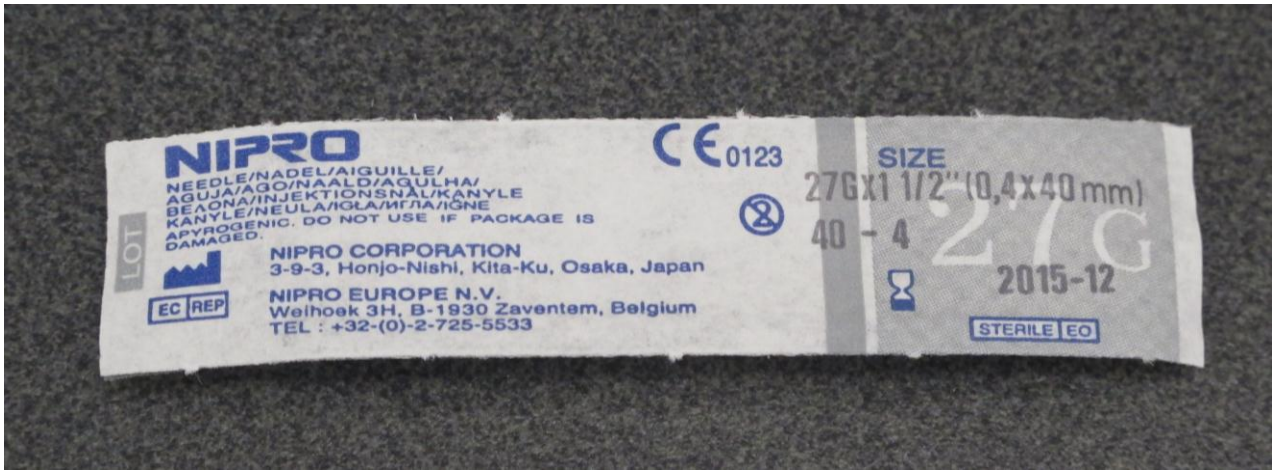
Local Anaesthetic

- Begins with the handshake
- Needle as fine and long as possible
  - 27g 1 ½ inch

Fine long needle

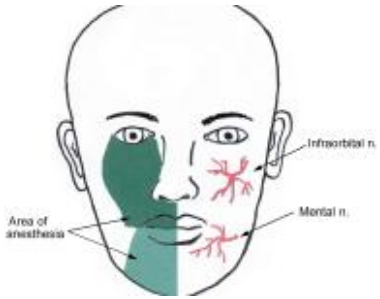


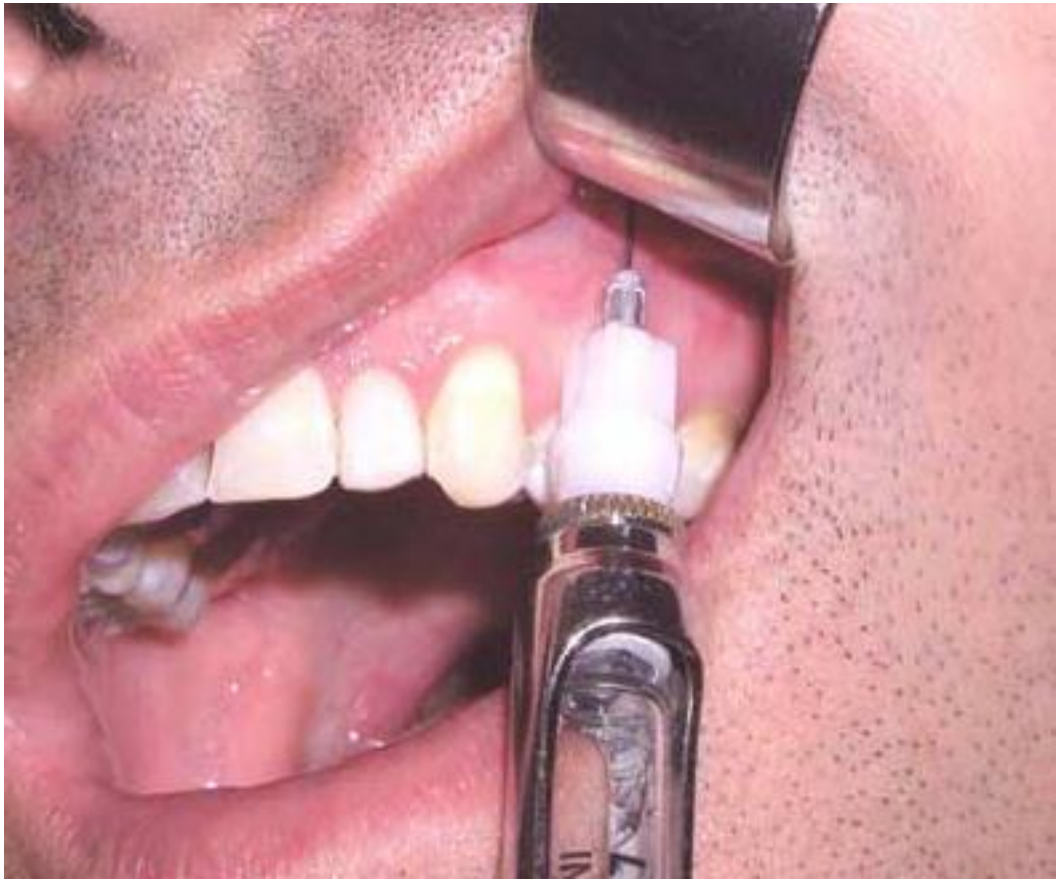
Local Anaesthetic

- Slow injection
- Give at least 5 minutes to work
  - ?Bicarb
  - ?Warming
  - ?EMLA

Local Anaesthetic

- Blend xylocaine and Marcain
  - Xylocaine only for lips
- Use adrenaline (*especially* nose and ears)
- Inject in soft parts
- Infraorbital and submental blocks for lips


Infraorbital n.
Mental n.
Area of anesthesia



Non-Pigmented Lesions

- Excision biopsy where practical
  - Diagnosis and cure
- Consider punch biopsy first if referring on due to size or location

- **Non-pigmented lesions 4mm margin safe**
  - SCC 4mm Clearly nodular BCC 3mm OK

    - Expect incomplete excision rate ~5%
    - Re-excise vs watch and wait

Pigmented lesions

- **Excision biopsy with 2mm margins** if possible
- Punch/incision biopsy for large or cosmetically sensitive lesions only
- Avoid flaps or wide excision until histology known (SLNBx)
- Vertical incisions in the limbs are easier to widely excise and reconstruct later

Suture Principles

- Management of wound tension
- Deep dissolving sutures
- Accurate apposition of epithelium
- Taping of wounds for 6 weeks
- Takes 1 year for scar maturation

Thick Skin

- Trunk and limbs
- I prefer all dissolving sutures

- Deep interrupted 2-0 or 3-0 braided absorbable
- Intra-dermal 3-0 0r 4-0 monofilament absorbable

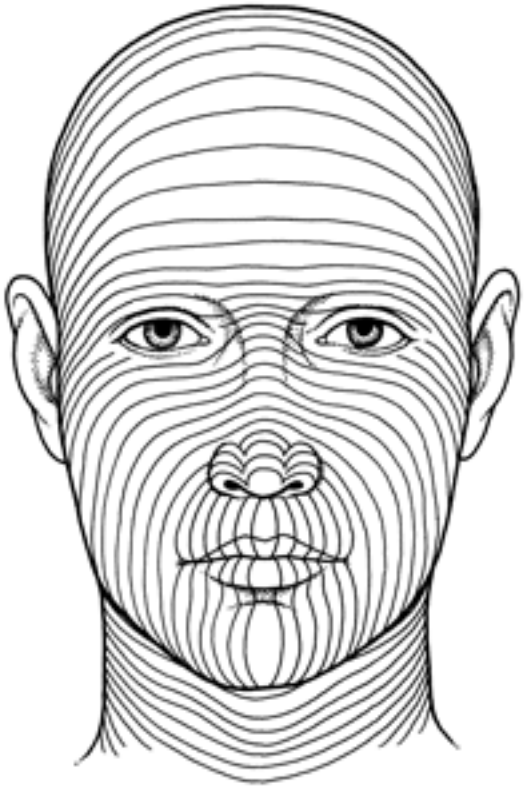
- Scar spreading remains a problem on back and shoulders
- Taping

Thin Skin

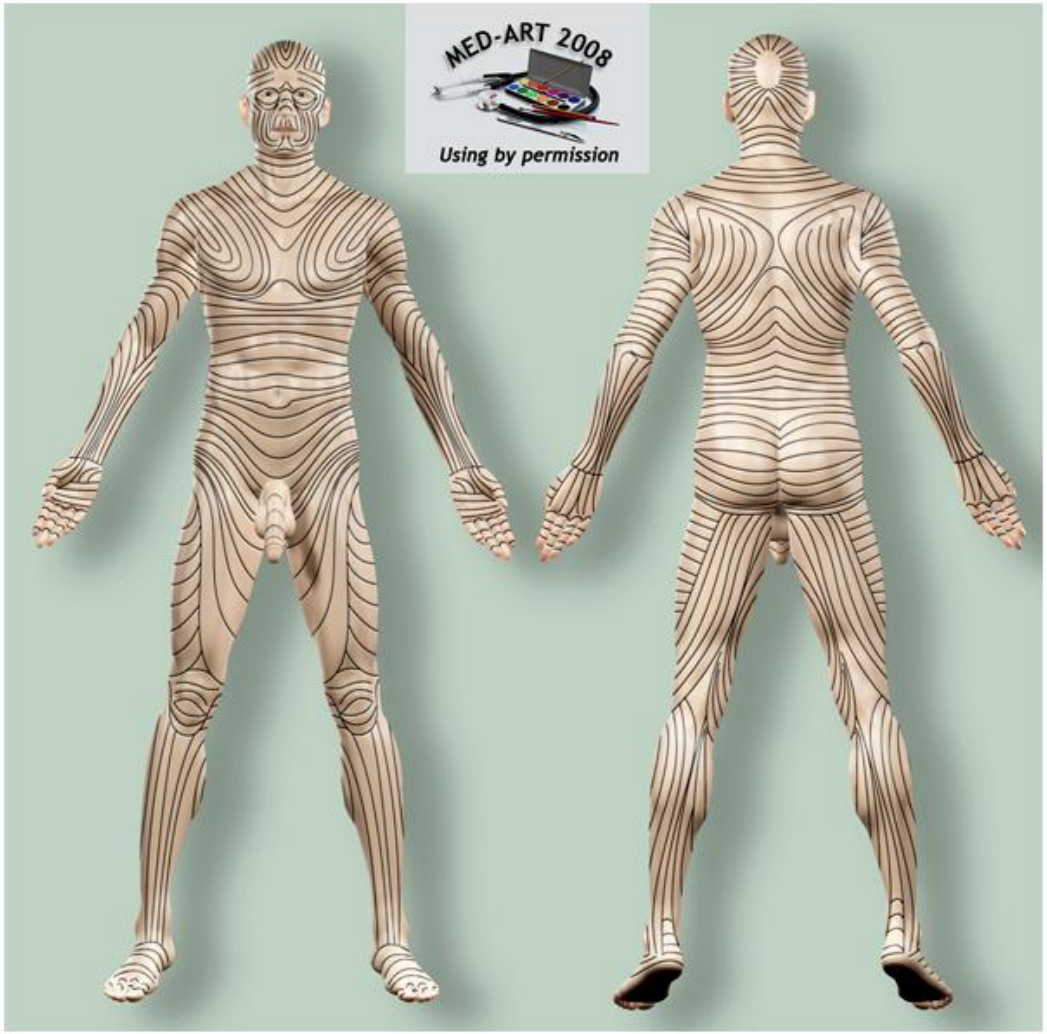
- And Face
- Usually better with deep interrupted sutures of braided absorbable 4-0 or 5-0

- Then interrupted nylon 5-0 or 6-0

Orientation of Incisions

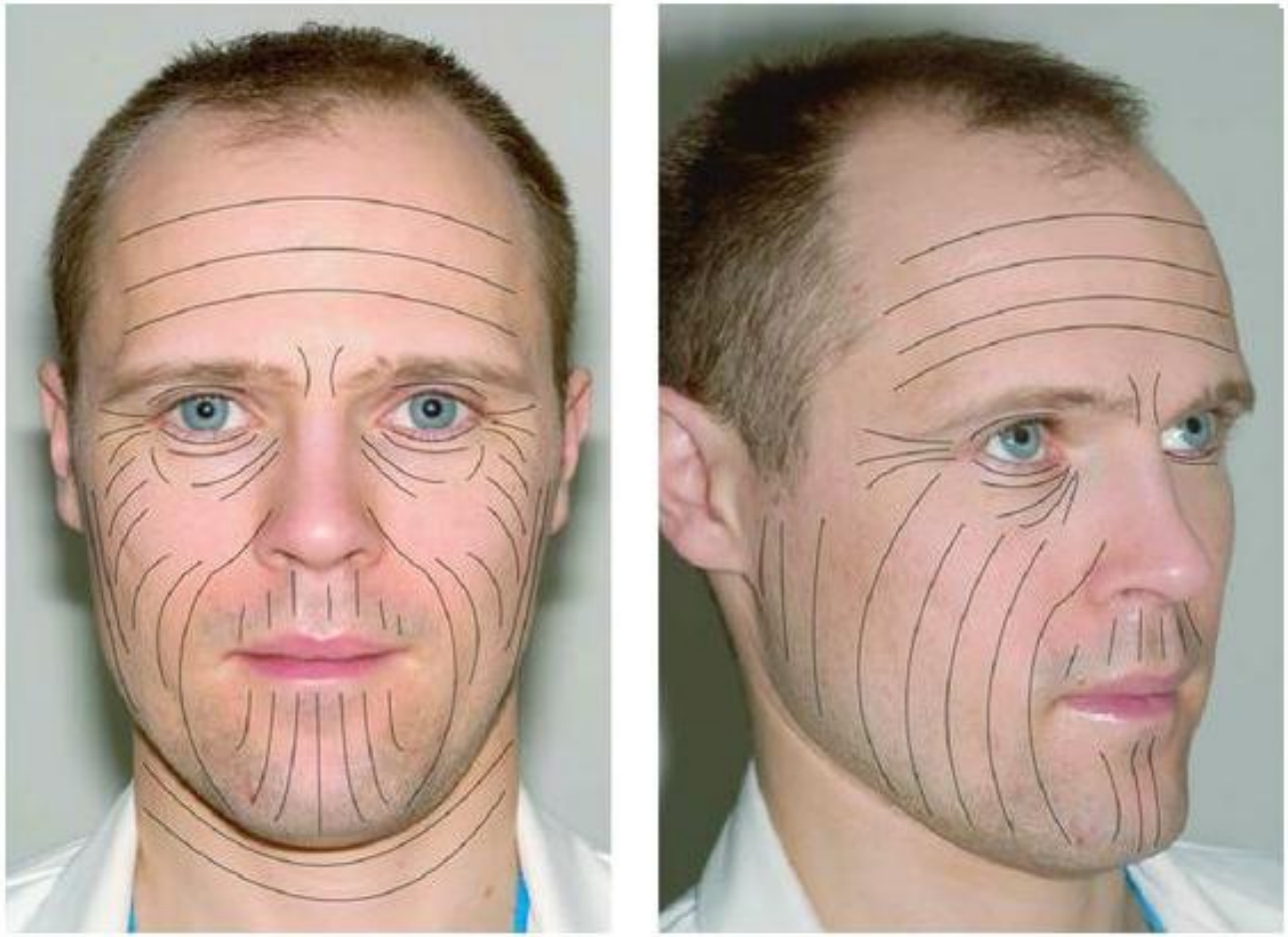


Langer's lines



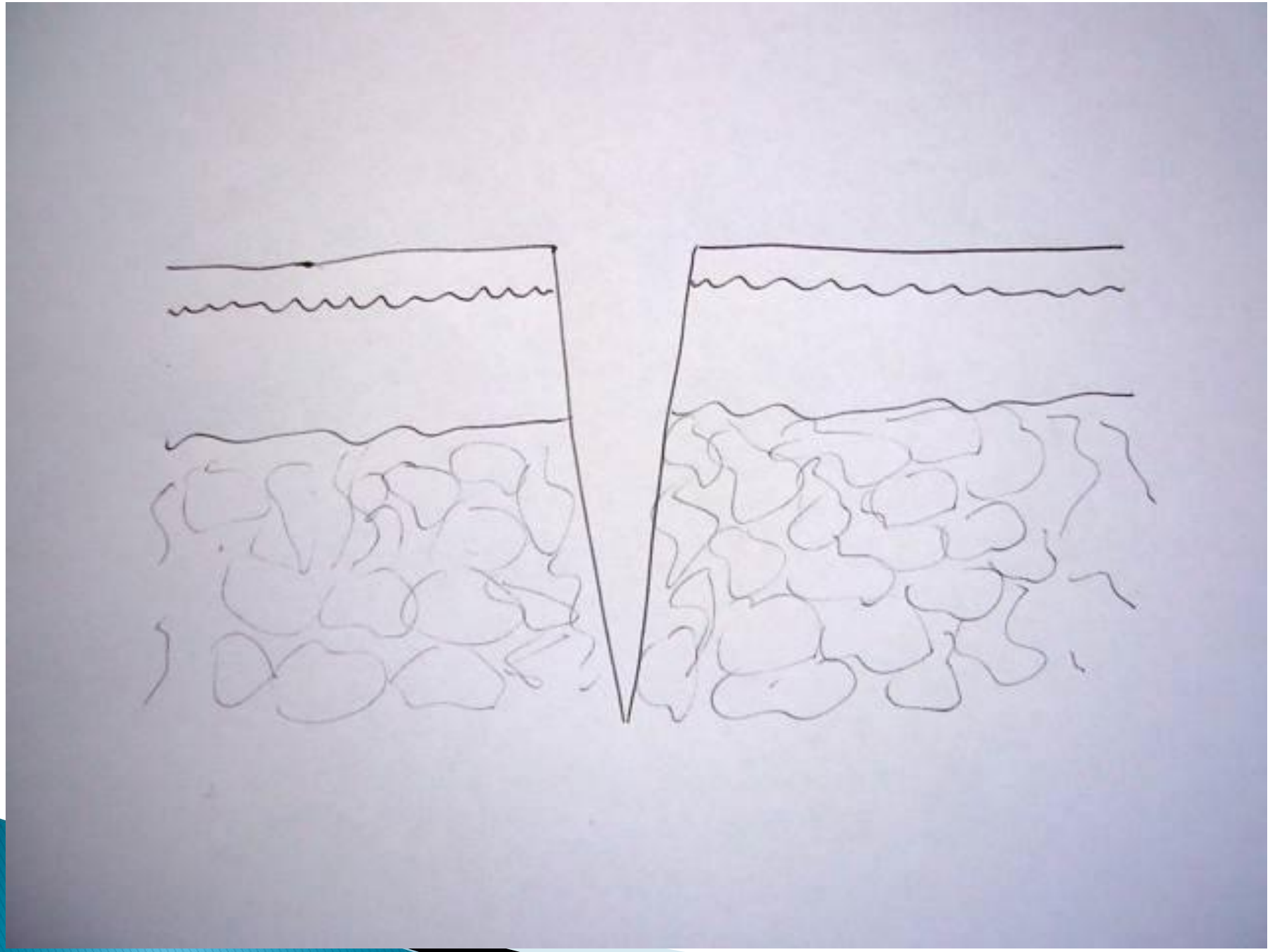
Orientation of Incisions

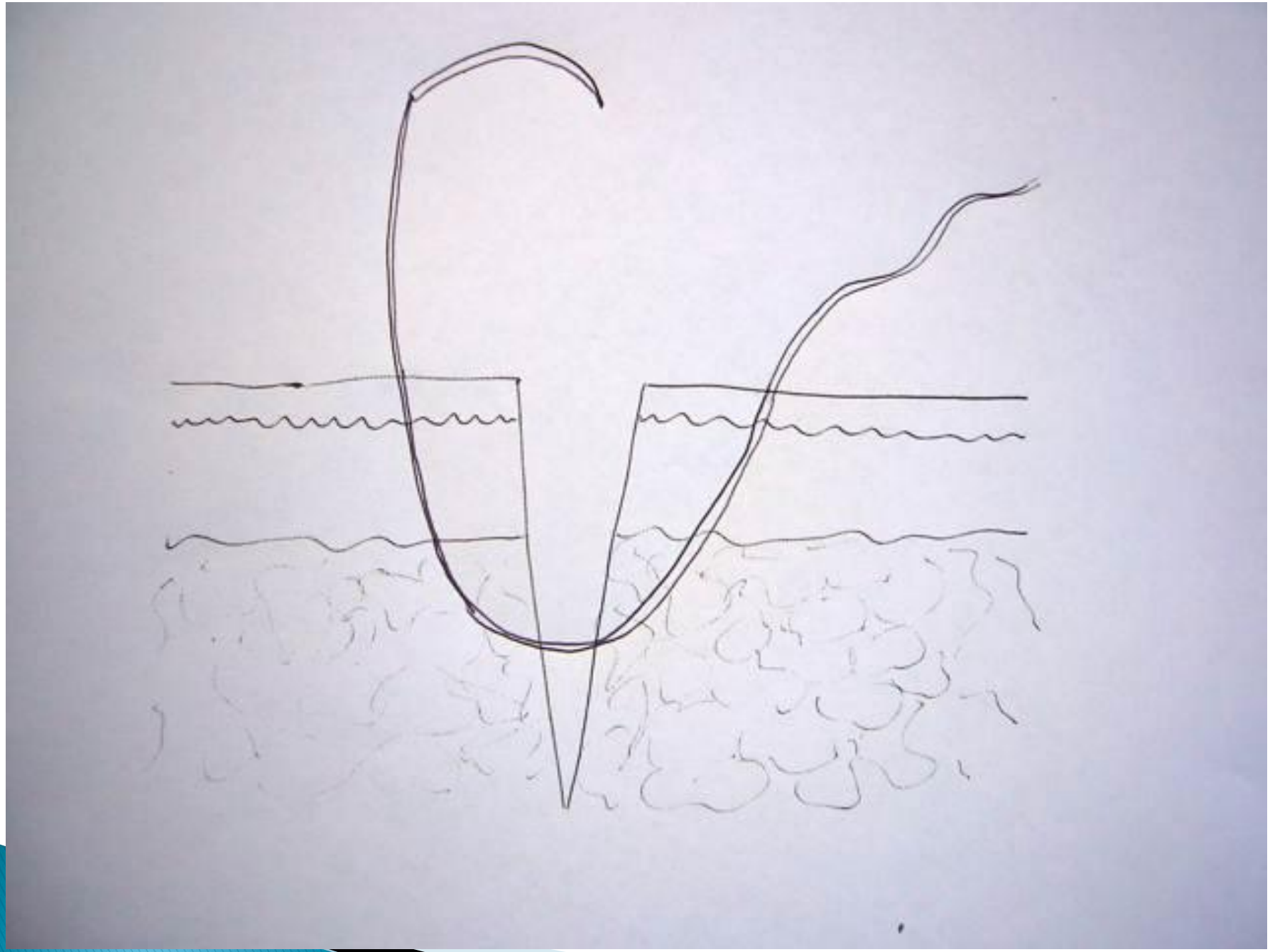
90 Degrees to muscles

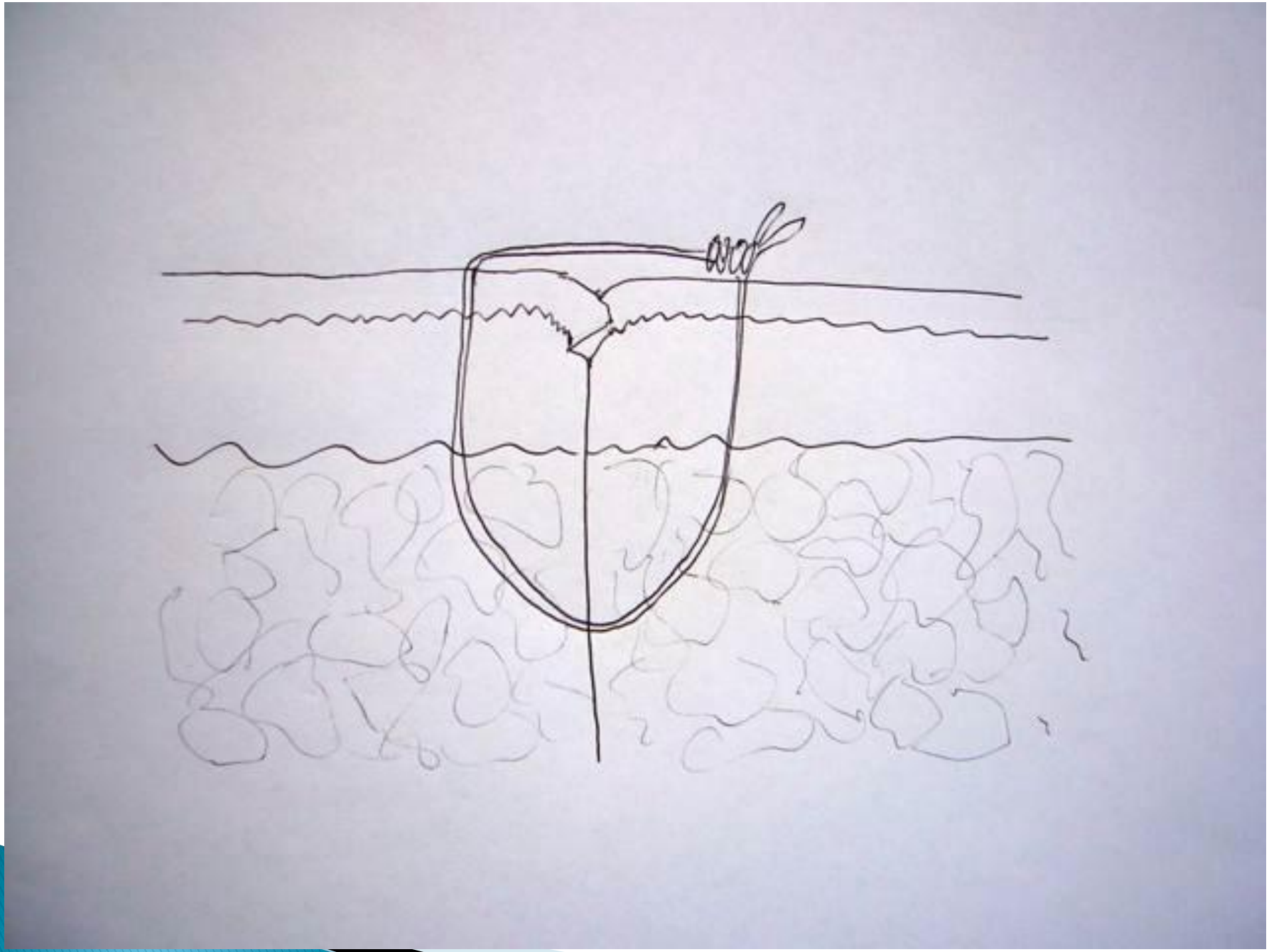


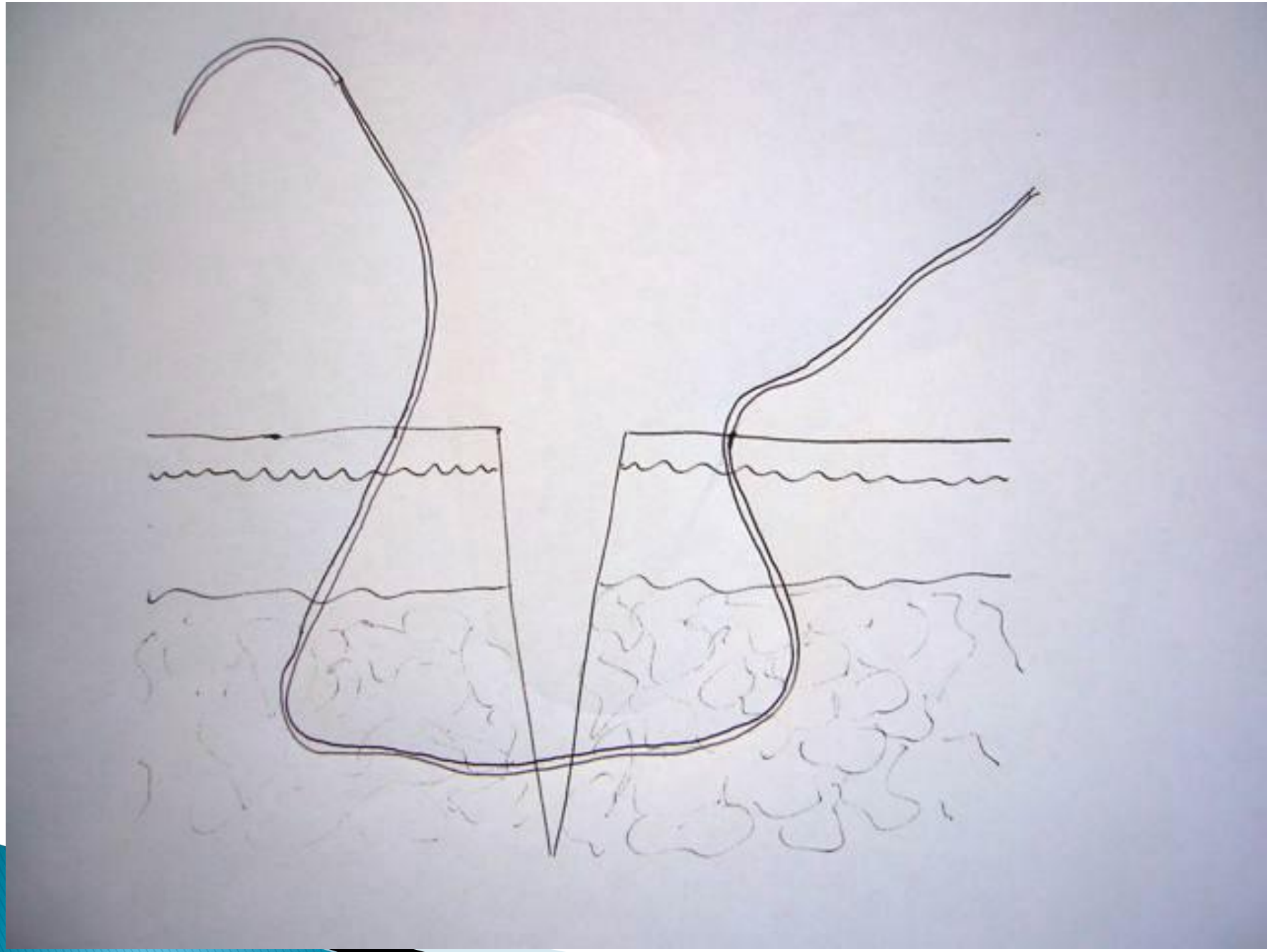
Inverting or Overlapping Wound

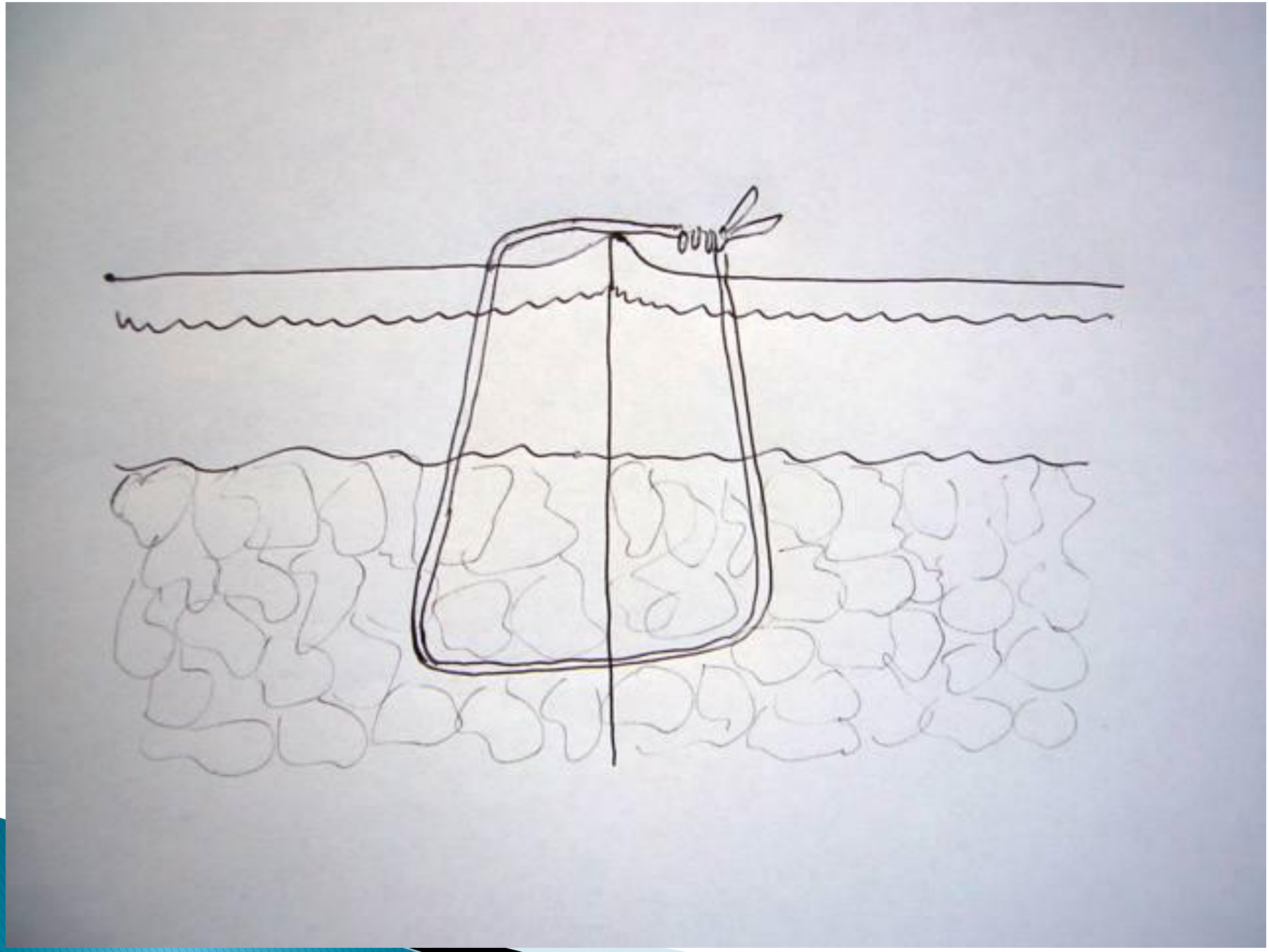
- Worth avoiding
- Make deep component of skin suture wider
- Vertical mattress sutures
  - All or every second stitch

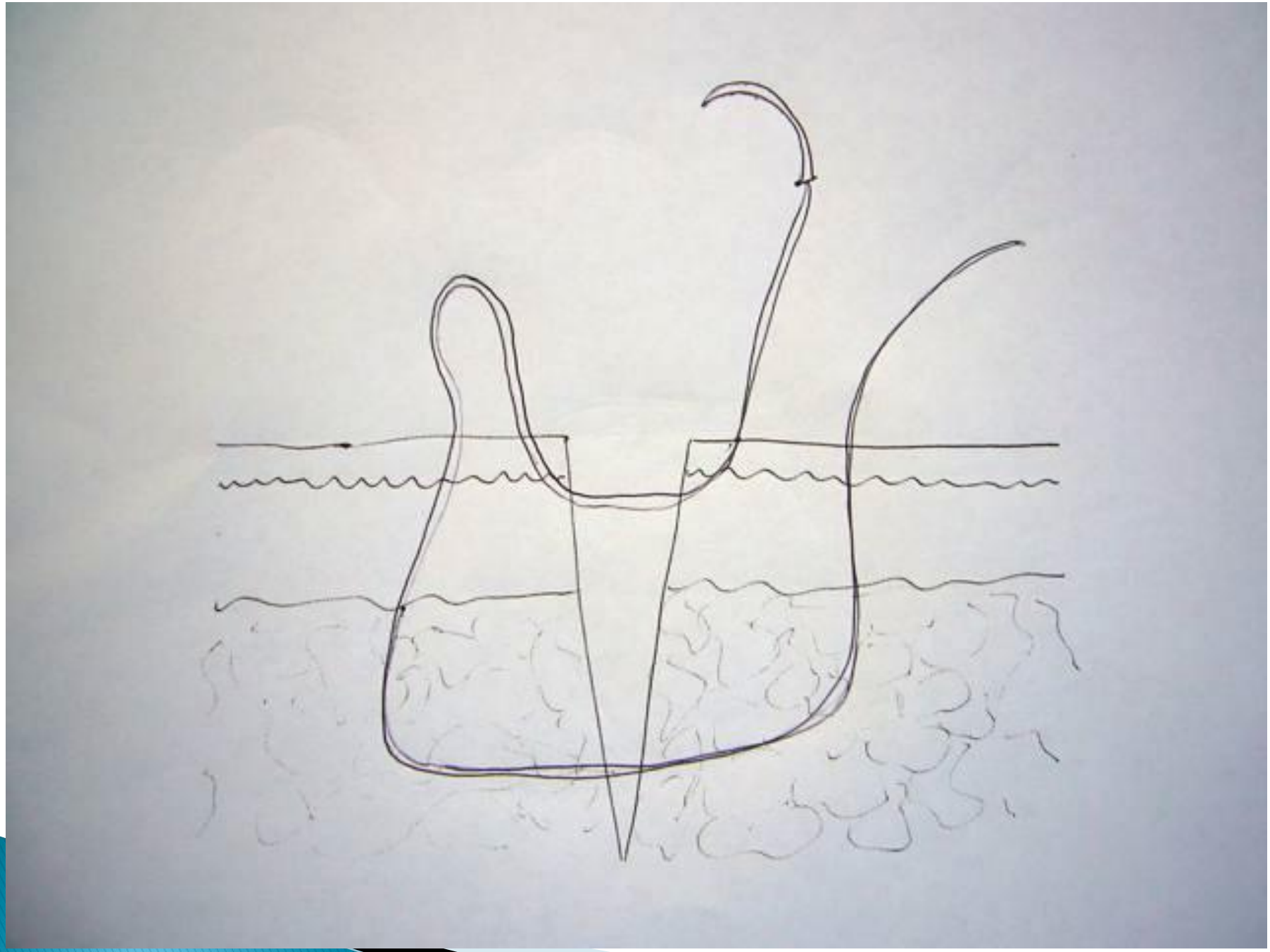






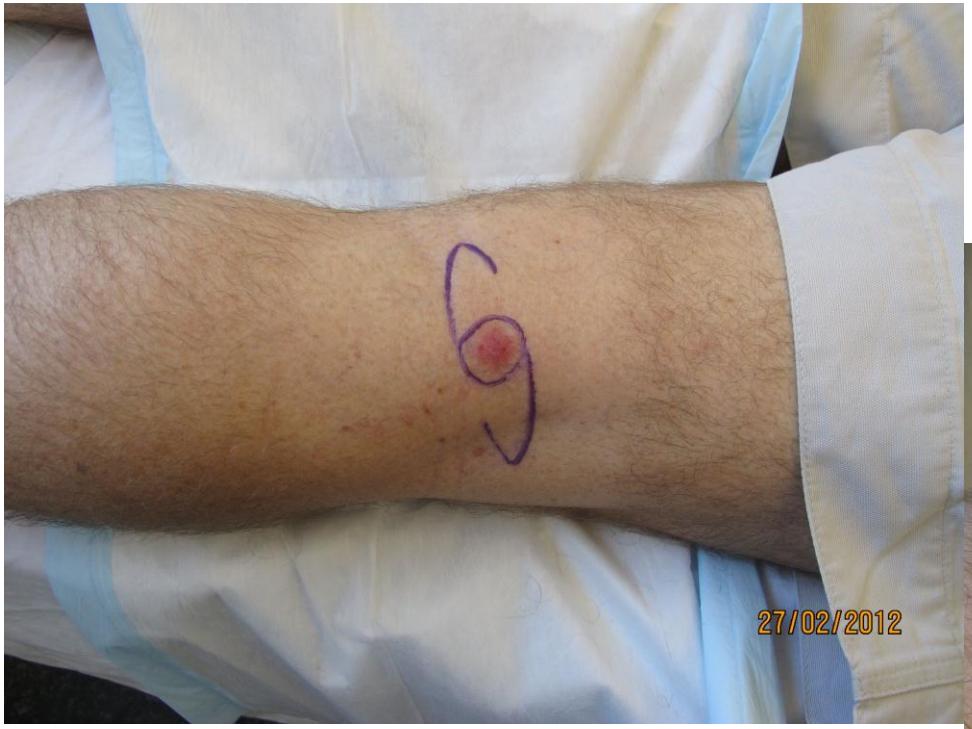






Joints

- Difficult
  - Transverse incisions if small
  - Generally longitudinal incisions OK for larger excisions (may need Z-plasties at time or later)
  - Low threshold to use flap or FTSG in hand or over joints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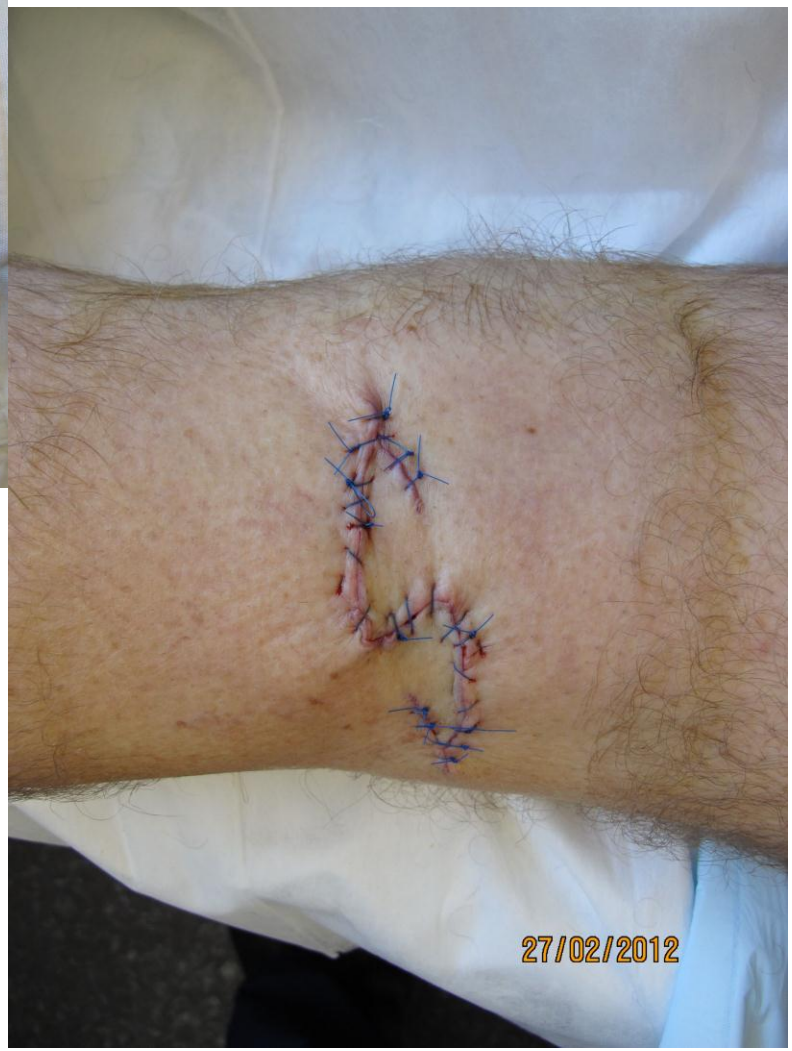
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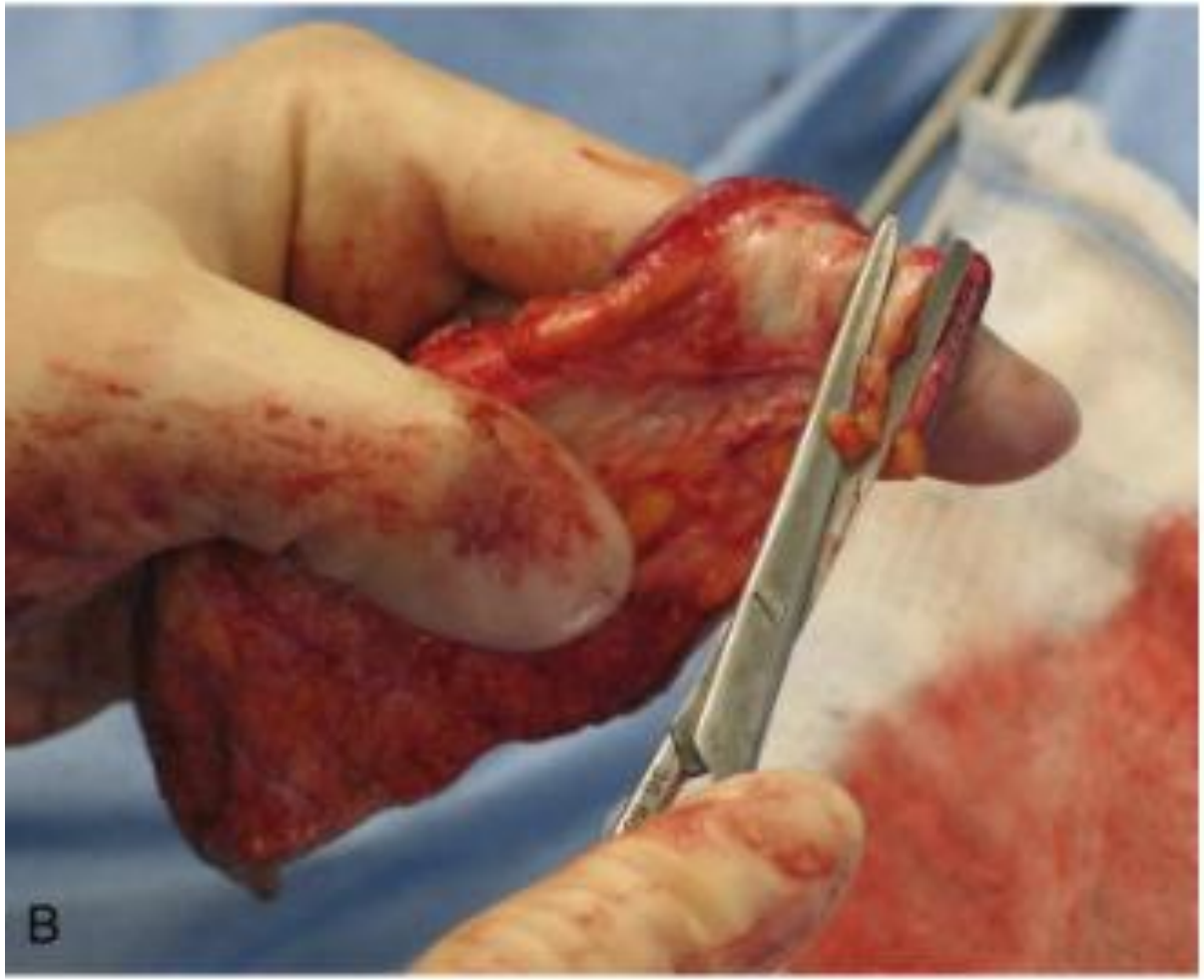
Bail Outs

- Dressings
  - Leave to heal secondarily
- Graft
  - Full thickness
    - Groin, neck, supra-clavicular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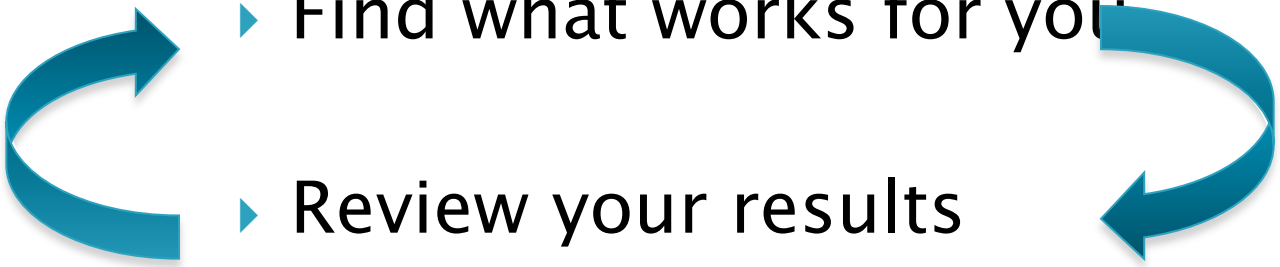
- Find what works for you
- Review your results



Questions?