



Royal Cornwall Hospitals
NHS Trust

Pre-operative Management of Dermatology Patients Clinical Guideline

V2.0

January 2024

Summary

Introduction:

The Dermatology department undertake surgical procedures within the departmental procedure rooms as an outpatient or day-case appointment.

This guideline should be read in conjunction with the following Trust documentation:

- Policy for Consent to Examination or Treatment.
- Policy to Manage Information and Records.
- Infection prevention and Control - Roles and Responsibilities Policy.
- Aseptic Non-Touch Technique (ANTT) Policy.
- Medical Devices Training Policy.
- Needlestick Injuries and Body Fluid Exposure Incidents - Policy for the Management of Sharps Safety Policy.
- RCHT Standard operating Policy for Dermatology Skin Lesion Imaging Clinics.
- Dermatology Department Local Procedure for Nurse-Led Diagnostic Biopsies.
- Dermatology Unit Practice Standards Clinical Guideline.
- Dermatology Surgical Practice Standards Clinical Guideline.
- Dermatology Procedure Room Clinical Guideline.

1. Aim/Purpose of this Guideline

This guideline is written for members of the RCHT dermatology department who are responsible for managing patients who require a surgical procedure as an outpatient or day-case appointment. 'Surgical procedures' within the Dermatology Department include (but are not limited to) punch biopsy, curettage and cautery, shave excision, surgical excision, wound closure and complex reconstruction with a local flap or skin graft. The aim of this document is to outline the recommended practice for managing patients from the time it is decided that a surgical procedure is required until they enter the operating room, at which point appropriate RCHT guidance should be followed.

1.1. This version supersedes any previous versions of this document.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Initial Conversation.

At the point at which it is decided to recommend that a patient undergoes a surgical procedure, the risks and benefits of the procedure should be fully discussed with the patient. Where appropriate a relative/carer should be present for this discussion. Potential alternatives, in line with trust consent policy should also be discussed.

2.2. Marking.

2.2.1. The skin lesion(s) requiring a surgical procedure should be marked using a surgical marker pen. Marks must be bold enough to show clearly in a digital image. The site(s) for marking should be agreed with the patient with a visual check, where possible and utilising a mirror where relevant.

- 2.2.2. In cases where the entire lesion needs to be removed, the approximate perimeter of the lesion should be marked with a series of “dots.” In cases where a small part of a lesion is to be biopsied, the biopsy site should be identified with a circle drawn within the lesion.

Note: Where images are taken in the lesion imaging clinic, the images will be marked using a continuous circle around the lesion.

- 2.2.3. It should be recognised that the presence of a marked border in a digital image does not delineate the exact extent of the lesion. This must be defined separately by the operator, immediately prior to surgery.
- 2.2.4. In cases where more than one lesion requires a procedure, each lesion must be additionally marked with a clearly legible number adjacent to the lesion. These numbers must match with numbers used on Maxims and on the 'Surgical procedure day case booking form' or 'same day surgical procedure form'.
- 2.2.5. Any marks relating to lesions not for a same day procedure should be removed prior to the patient leaving the consultation – only markings for procedures on the day should remain.

2.3. Marking.

- 2.3.1. Please refer to [Dermatology Skin Lesion Imaging Clinics Standard Operating Procedure](#).
- 2.3.2. Every lesion requiring a surgical procedure should be imaged with a digital device, immediately after marking.
- 2.3.3. All images must be taken as per [Dermatology Skin Lesion Imaging Clinics Standard Operating Procedure](#).
- 2.3.4. Ensure patient consents to the image being taken. For imaging clinics, the consent for imaging form will be completed.
- 2.3.5. Images must be obtained using a trust-approved device. Mobile phones or personal devices are not permitted to be used.
- 2.3.6. Where clinical images are attached to an email, then they must include a patient label with at least 3 patient identifiers within each frame.
- 2.3.7. Where images are uploaded directly to a patient's records or via ISLA platform, then these identifiers are not required.
- 2.3.8. Images must be taken from sufficient distance that the precise anatomical site can be clearly identified. This would include readily identifiable landmarks - e.g., the joint above and below on a limb.
- 2.3.9. Further, close-up or dermatoscopic images can be taken if the clinician feels this would add useful clinical information.

2.3.10. Any Images not directly uploaded to patients' records must be provided to the appropriate admin personnel at the end of every clinic, for timely upload to Maxims. This can be done by handing the device to a medical secretary for subsequent image transfer and upload or by emailing the images from the device, using the secure NHS email service. If emailed, the clinician should check their sent mail to ensure that the images have been transferred. Upon confirmation that the image has been successfully transferred, images should be deleted from the device, unless being retained for a further specific purpose as detailed in the RCHT clinical image guideline.

2.4. Listing Patients for their Surgical Procedure

2.4.1. Same-day procedures:

Patients who are able to have their procedure during the same outpatient appointment, should have a 'same day surgical procedure form' completed, detailing the site and procedure for each lesion to be treated (please refer to 'Dermatology department Local procedure for Nurse-led diagnostic biopsies' and the associated 'Same day procedure booking form').

Nurses who undertake nurse-led biopsies can do so from any site on the body except:

- A lesion in close proximity to or within the vermillion (lip) border – **these lesions can only be biopsied by a dermatology surgeon.**
- Caution must be taken by the operating nurse on lateral or medial aspects of the digits, the penile shaft and glans.

In the case of multiple lesions, the numbering system used on the form must match that used in the clinical images. Procedures should be performed in this order, wherever possible.

If a patient undergoing a same day procedure has additional lesions which are to be treated at a later date (e.g., biopsy of lesion 1 and 2 on the day and also added to day-case list for excision of lesion 3), any marks relating to lesions not for a same day procedure should be removed prior to the patient leaving the consultation room. Patients should not enter a procedure room with marks pertaining to lesions other than those to be operated on there and then. In this example, marks and the number "3" beside lesion 3 would be removed.

The clinician arranging the same day procedure should complete a histology form on Maxims. Sites and numbers named recorded on the histology form must match those written on the specimen pots.

2.4.2. Delayed surgical procedures:

Where a surgical procedure is to be performed at a later date, Dermatology adds to waiting list service' form must be completed in Maxims. In the case of multiple lesions, every lesion requiring a surgical procedure should be added to a single day-case booking form. The numerical order of lesions listed on the form should match that used in the clinical images.

2.5. Site Descriptors

Anatomical site recorded on booking forms must be unambiguous and should match the histology requests. Where a lesion is anything other than midline then laterality must be described. In general, site should be related to underlying muscles or bones (e.g., "upper scapular back," "right parietal scalp," "left lateral deltoid."). The phrases "upper back" or "lower back" should be avoided as they are ambiguous. Lesions on the back which are near the midline but to one side should be described as "paravertebral" (e.g., "right paravertebral lumbar back"). Lesions should only be related to a joint (e.g., "left shoulder") if they lie directly over the joint. On the face, site can be related to cosmetic subunits (e.g., "left cutaneous lip", "right nasal ala", "and left soft-tissue triangle nose" etc.). If necessary, reference should be made to an anatomical text or an interactive website such as <https://anatomymapper.com/>.

2.6. Consent

- 2.6.1. Consent must be sought and recorded in line with RCHT Policy (please refer to RCHT consent policy).
- 2.6.2. Consent is a two-stage process. The first stage occurs when the patient is initially consulted for a surgical procedure and the 2nd stage when they arrive on the day for their procedure.
- 2.6.3. Procedure Specific Consent Forms (PSCF) must be used for procedures for which these are available.
- 2.6.4. The initial consultation with the patient should give a thorough overview of treatment options and elaborate on the treatment journey where possible. However, the patient should be made aware that that it is not possible for the listing clinician to provide assurances regarding the precise procedure to be performed. Patients should not be promised a specific reconstruction, for example skin graft vs. local flap repair. Cases for possible Mohs and those requiring potentially complex reconstructions will be reviewed by a senior dermatology surgeon and patients should be aware that the surgical plan may change following this review. A clinical review and more detailed conversation regarding second stage consent will be completed by the operator on the day. In addition, patients should be made aware that lesions (and hence surgical plans) may well change in the time between listing and subsequent day-case surgery as a result of lesions healing or deteriorating. Any amendment to the operation being carried out will be discussed during the second stage of consent.

2.6.5. Where possible, as part of the first stage of consenting, a written patient information leaflet should be given to the patient during their consultation (at the time of listing for their surgical procedure - RCH Dermatology Surgical Excision Patient information leaflet). Please do not issue MOHS information leaflet unless this treatment pathway has been discussed with one of the Mohs surgeons or other senior dermatological surgeons.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Pre-op image quality audit. Same day booking form audit. Procedure specific consent form audit.
Lead	Dermatology Governance Lead.
Tool	Monitoring via regular audit, recorded in RCH shared folder (S:/RCH-Dermatology/General/Audits).
Frequency	Annually.
Reporting arrangements	Dermatology Clinical Team. Specialist Services and Surgery (SSS) Governance Team. Presentation of key findings at audit meetings and summary added to audit meeting minutes.
Acting on recommendations and Lead(s)	Governance Team. Dermatology Governance lead(s). Service Manager.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within one month of presentation of audit findings. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Pre-operative Management of Dermatology Patients Clinical Guideline V2.0
This document replaces (exact title of previous version):	Pre-operative Management of Dermatology Patients Clinical Guideline V1.0
Date Issued/Approved:	January 2024.
Date Valid From:	January 2024.
Date Valid To:	January 2027.
Directorate / Department responsible (author/owner):	Paulette Hunkin, Clinical Matron for Specialist Surgery and Leanne Knapp Dermatology Sister.
Contact details:	07917488377.
Brief summary of contents:	Standards expected for preop care of dermatology patients having a surgical procedure, or biopsy.
Suggested Keywords:	Dermatology, Lesion, Skin Imaging.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Speciality Business and Governance meeting.
Manager confirming approval processes:	Roz Davies.
Name of Governance Lead confirming consultation and ratification:	Maria Lane.
Links to key external standards:	None required.
Related Documents:	<ul style="list-style-type: none"> • RCHT Standard operating policy for Dermatology skin lesion imaging clinics. • Dermatology department local procedure for Nurse-led diagnostic biopsies.

Information Category	Detailed Information
	<ul style="list-style-type: none"> • Dermatology unit practice standards clinical guideline. • Dermatology surgical practice standards clinical guideline. • Dermatology procedure room clinical guideline.
Training Need Identified?	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical / Dermatology.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
05/02/2021	V1.0	Initial issue.	Paulette Hunkin, Clinical Matron.
January 2024	V2.0	Amendments to include associated documents, limitations of nurse-led biopsy and reference to new imaging Standard Operating procedure (SOP).	Paulette Hunkin, Clinical Matron.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Pre-operative Management of Patients Who Require a Surgical Procedure in the Dermatology Department Clinical Guideline V2.0
Directorate and service area:	Specialist Services and Surgery
Is this a new or existing Policy?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Paulette Hunkin.
Contact details:	01872 523416.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This guideline is written for members of the RCHT dermatology department who are responsible for managing patients who require a surgical procedure as an outpatient or day-case appointment.
2. Policy Objectives	This guideline is written for members of the RCHT dermatology department who are responsible for managing patients who require a surgical procedure as an outpatient or day-case appointment. 'Surgical procedures' within the Dermatology Department include (but are not limited to) punch biopsy, curettage and cautery, shave excision, surgical excision, wound closure and complex reconstruction with a local flap or skin graft.
3. Policy Intended Outcomes	The aim of this document is to outline the recommended practice for managing patients from the time it is decided that a surgical procedure is required until they enter the operating room, at which point appropriate RCHT guidance should be followed.

Information Category	Detailed Information
4. How will you measure each outcome?	Monitoring via regular audit, recorded in RCH shared folder (S:/RCH-Dermatology/General/Audits).
5. Who is intended to benefit from the policy?	This guideline is written for members of the RCHT dermatology department who are responsible for managing patients who require a surgical procedure as an outpatient or day-case appointment.
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Specialty staff, Senior Management Team Governance meeting, SSS care board.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

<p>7. The Impact</p> <p>Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.</p> <p>Where a negative impact is identified without rationale, the key groups will need to be consulted again.</p>

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g., gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Paulette Hunkin, Clinical Matron.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)