

# Skin Surgery Proforma

## Dermatology

Please attach patient details

B Esdalle v1 12/2013

**Consultant:**  
**Surgeon:**  
**Date:**

**PMH:**  
Pacemaker Y/N

**Drug History:**  
Aspirin Y/N  
Clopidogrel Y/N  
Warfarin Y/N  
INR result/date \_\_\_/\_\_\_

**Allergies:**  
Latex Y/N

**Provisional diagnoses & size of lesion (largest diameter):**

	1	2	3
<b>BCC</b> nod sup morph	_____ mm	_____ mm	_____ mm
<b>SCC</b>	_____ mm	_____ mm	_____ mm
<b>Dysplastic naevus/MM</b>	_____ mm	_____ mm	_____ mm
<b>Other:</b>			
<b>Rash:</b>			

**Consent: Y / N**  
**Local Anaesthetic and Volume (please circle):**

1% 2% Xylocaine  
Adrenaline: Y/N  
Other:  
Total Volume:

**Procedure performed:**

	1	2	3
Incision biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C & C	<input type="checkbox"/> x__	<input type="checkbox"/> x__	<input type="checkbox"/> x__
Punch Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excision Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Excision margins**

1. Peripheral: _____ mm	Deep: mid fat/ other _____
2. Peripheral: _____ mm	Deep: mid fat/ other _____
3. Peripheral: _____ mm	Deep: mid fat/ other _____

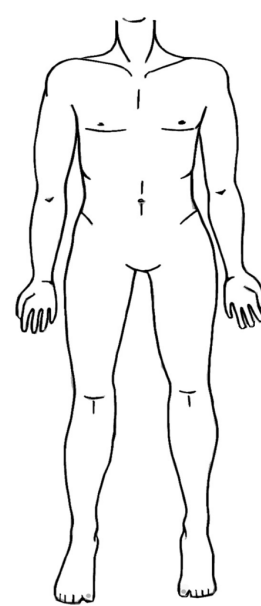
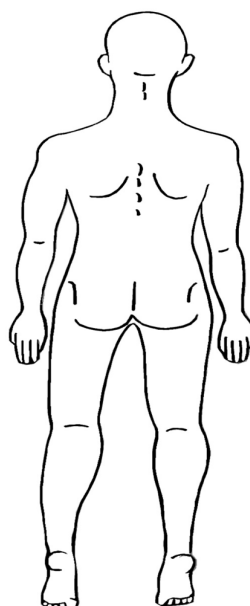
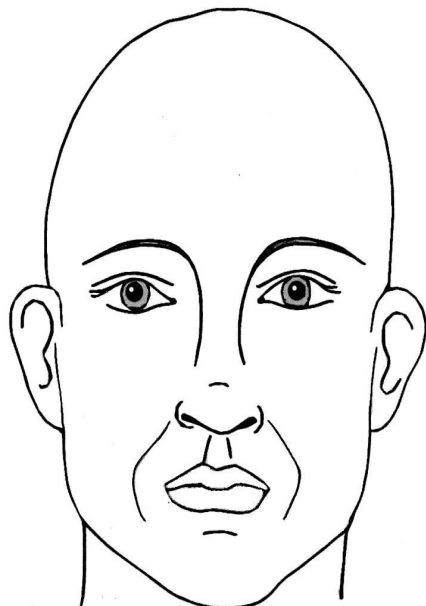
**Repair:**

	1	2	3
Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graft	<input type="checkbox"/>	Donor Site: _____	
Flap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Sutures:**

<b>Subcutaneous:</b>	<b>Cutaneous:</b>
Vicryl / PDS	Prolene / Ethilon / Novafil

**Site:**



**Post-operative advice:** Wound Care Advice Leaflet Y/N

Antibiotics: Bactroban 2% Y/N

Removal of sutures: GP/OPD 5-7 days Head/Neck  
10-14 days Body/Limbs

Follow Up: DERM GP PENDING HISTO/MDT

**Samples:** HISTO, IMF, MICRO, OTHER

**Print Name:**

**Signature:**

**Date:**

Surgical Pack No:

Whittington Health

**Other Operation Notes:**

**Surgical Margin Guidelines:**

<b>Tumour</b>	<b>Subtypes</b>	<b>Surgical margin</b>
BCC	Primary Recurrent	3-4 mm ≥5mm
SCC	<2cm in diameter >2cm in diameter or known high risk features*	4mm 6mm
Suspected Melanoma		2mm* *circular excision with no standing cone repair
Re-excision of Melanoma	In-situ <1mm	5mm 10mm

\* High risk features of SCC – mod/poor/undifferentiated. Ear, lip, scalp, eyelids or nose.