# Skin Surgery Record

## Dermatology

**Please attach patient details**

**Surgeon:**
**Grade:** Cons, SpR, SAS, SHO, Nurse, Other
**Date:**

**PMH:**
Pacemaker Y/N

**Allergies:**
Latex Y/N

**Drug History:**
Aspirin Y/N
Clopidogrel Y/N
Warfarin Y/N
INR result/date ___/_____

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

| | 1 | 2 | 3 |
|---|---|---|---|
| **BCC** nod sup morph | _____ mm | _____ mm | _____ mm |
| **SCC** | _____ mm | _____ mm | _____ mm |
| **MM** | _____ mm | _____ mm | _____ mm |
| **Atypical naevus** | _____ mm | _____ mm | _____ mm |

**Other:**
**Rash:**

**Consent:** Y / N

**Local Anaesthetic and Volume (please circle):**

1% 2% Lidocaine
Adrenaline: Y/N
Other:

Total Volume:

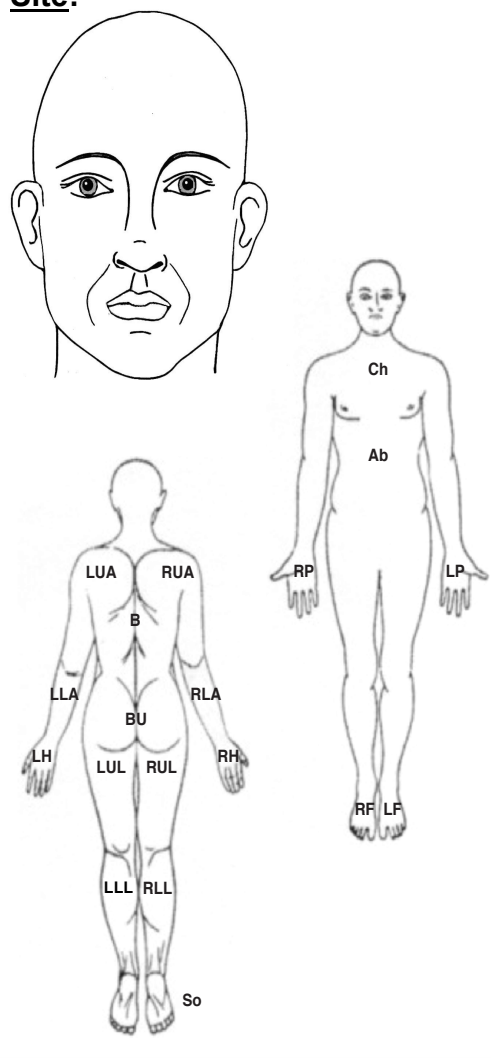
**Procedure performed:**

| | 1 | 2 | 3 |
|---|---|---|---|
| Incision biopsy | ☐ | ☐ | ☐ |
| Shave | ☐ | ☐ | ☐ |
| C & C | ☐ | ☐ | ☐ |
| Punch Biopsy | ☐ | ☐ | ☐ |
| Excision Biopsy | ☐ | ☐ | ☐ |

**Excision margins**

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

**Site:**




| **Repair:** | 1 | 2 | 3 |
|---|---|---|---|
| Primary | ☐ | ☐ | ☐ |
| Graft | ☐ | ☐ | ☐ |
| Flap | ☐ | ☐ | ☐ |
| Secondary Intent | ☐ | ☐ | ☐ |

**Sutures:**

Subcutaneous:

Vicryl / PDS

Cutaneous:

Prolene / Ethilon / Other

**Samples sent:** Histol, IMF, MICRO, OTHER

**Post-operative advice:**

Wound Care Advice:

Antibiotics:

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

Follow Up: DERM GP PENDING HISTO/MDT

**Print Name:**

**Signature:**

**Date:**

Surgical Pack No:

Buckinghamshire Hospitals NHS
NHS Trust