

C7 Questions: Skin surgery & therapy I

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1. What is the difference between a flap and a graft?
2. Are all shave biopsies incisional?
3. Why might you use secondary intention healing?
4. Can you use a punch biopsy for an excision biopsy?
5. What do you think are the potential drawbacks of curetting a lesion?
6. Name three side effects of cryotherapy.
7. Why is adrenaline an advantage in local anaesthetics?
8. Lignocaine with adrenaline is contraindicated on the nose or ears. True or false?
9. Should warfarin or other anticoagulants be stopped prior to skin surgery?
10. What does PARQI stand for?

Answers: Skin surgery & therapy I

1. In a graft, the donor skin is detached from the blood supply.
2. No. On some convex sites you can perform a shave excision with a blade.
3. If it is impossible to close primarily ('not enough skin'), then secondary intention *may* be useful, as the alternative may be a more complex repair using a graft or flap, and the patient may prefer the simpler procedure. Despite what you might think, secondary intention may on occasion give a better aesthetic outcome than more complicated procedures.
4. Punch biopsies come in various sizes (3mm, 4mm etc...). If the lesion is small, then a larger punch may excise the lesion completely.
5. As we shall learn, ensuring you have completely removed a malignant lesion may be very important. Curetting destroys the normal architecture, and the pathologist cannot comment on adequacy of the clearance margins.
6. Pain, inflammation, blistering, ulceration, scarring, and very rarely, tendon rupture or nerve damage.
7. Two reasons. First, the local vasoconstrictor effect means you can see what you are doing! (less blood). Second, you can use larger amounts of lignocaine (and the length of time of anaesthesia lasts longer).
8. False. You **can** use lignocaine with adrenaline on the nose or the ears. You can also use it for digital ring blocks on the digits of healthy persons (i.e. those with no evidence of peripheral vascular disease).
9. It is not normally necessary or wise to stop warfarin prior to most skin cancer surgery. The INR should be checked, and if below 3.5, surgery can proceed. The risk of bleeding *is* increased.
10. PARQI is a useful mnemonic of some of the stages of the consent process for skin surgery. **P**rocedure, **A**lternatives, **R**isks, opportunity to ask **Q**uestions, **I**nformation leaflet.