


	Trust Ref.C52/2019	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: 25/08/2021	
University Hospitals of Leicester 	Revision date: 21/07/21	
LRI	Page 1 of 8	Version: 3

Dermatological Surgery


Standard Operating Procedure LocSSIP

UHL

Change Description <input type="checkbox"/> Change in format	Reason for Change <input checked="" type="checkbox"/> Trust requirement
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APPROVERS	POSITION	NAME
SOP Owner:	Consultant Dermatologist	Dr Robert Burd FRCP
Sub-group Lead:	Dermatology Nurse Specialist	Sr Jemma Coleman

Introduction and Background:
<p>Dermatological surgeries are performed within the UHL dermatology Outpatient department at the Leicester Royal Infirmary.</p> <p>This Standard Operating Procedure is the Local Safety Standard for Invasive Procedures (LocSSIP) document this is compliant with the National Safety Standards for Invasive Procedures (NatSSIPs) guidance.</p> <p>Procedures covered include:</p> <ul style="list-style-type: none"> • Curettage and cautery • Shave excisions • Punch biopsies • Incisional and excisional biopsies • Mohs surgical procedures • Reconstructive Skin Flaps and Skin Grafts <p>This LocSSIP does not include patients who are scheduled for dermatological surgery outside of the outpatient department.</p> <p>Patients with suspicious or inflammatory skin lesions are referred for dermatological surgery from the UHL dermatology outpatient clinic.</p>

	Trust Ref.C52/2019	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: 25/08/2021	
University Hospitals of Leicester 	Revision date: 17/02/2020	
LRI	Page 2 of 8	Version: 2

List management and scheduling:

Wherever possible the appropriate grade of surgeon and time allocated for surgery should be indicated when the patient is initially seen and **consented**. This will allow the timely allocation of surgery slots. Patients requiring hospital transport should not be listed for late afternoon or out of hours procedures.

Patient preparation:

Patients will be provided with a 'Skin Biopsies' information booklet during their outpatient clinic appointment. This booklet provides the patient with information on what to expect when attending for their biopsy.

Patients do not need to fast pre-operatively as the procedures are performed under local anaesthetic. Patients can continue to take their medications as usual. This includes blood thinning drugs such as:

- Aspirin, Warfrin, Clopidogrel and NOAC / DOACs
- Pre-procedural investigations required: Patients will be asked to have an INR checked within 3 days of their surgery
- Blood tests for patients on Warfarin – parameters INR<3.5 (or above with agreement of surgeon).

Patients fitted with a pacemaker or any electrosurgical device may need bi-polar leads attached to the hyfrecator if they need diathermy. **Patients with an implantable cardioverter defibrillator ICD should be referred to Plastic Surgery** as there are no facilities to de-activate these devices in the department. Patients will complete a consent form with the clinician during their outpatient clinic appointment. Standard complications and mortality risks that patients should be informed of in the consent process include:


- Pain or discomfort
- Bleeding or bruising
- Scarring
- Wound Infection
- Further surgery
- Wound dehiscence
- Possible need for further treatment

Confirmation of consent should be discussed with the patient before their procedure and the consent form signed.

Infection prevention strategies include:

Prior to any procedure the operating staff should thoroughly cleanse the hands following Trust guidance on hand washing. Before any procedure they should also apply alcohol foam prior to putting on their gloves.

- Aseptic non-touch technique (ANTT) will be utilised for all procedures, this may need to be modified according to the particular environment and type of patients seen in the dermatology department.
- Pre-operative skin prep, when operating away from mucosal surfaces (eyes, nose, mouth and genitalia) a spirit based cleanser e.g. Chloraprep is preferable however when operating near mucosa or other sensitive sites an aqueous cleanser should be used.
- Sterile gloves, aprons and appropriate surgical masks should be worn by all operators and assistants.

	Trust Ref.C52/2019	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: 25/08/2021	
University Hospitals of Leicester 	Revision date: 17/02/2020	
LRI	Page 3 of 8	Version: 2

Workforce – staffing requirements:

The minimum safe staffing standards for a procedure list include one surgeon and one assistant. The assistant can be a nurse, healthcare support worker or a student that has been deemed competent in the area.

Learners or students will be supervised in the area by either the surgeon or the assistant.

Newcomers to the surgical suite must be trained and competency assessed by a peer who has previously been deemed competent in this procedure. For both Registered Nurses and Health Care Assistants , this should be recorded in the competency assessment documentation.

Procedural Verification of Site Marking:

All patients undergoing dermatological surgery must undergo safety checks that confirm both the procedure to be performed and the site and side of the procedure.

It is crucial that the team pause from their duties to ensure that their attention can be focussed during these checks.

The verification of the intended procedure site must involve the surgeon, assistant, patient and /or family members/ significant others where possible.

The team must verify that the details on the ‘ Consent form’, ‘Minor Ops Booking Form’ and ‘Histopathology Form’ correspond with the intended procedure before continuing.

These verifications must be performed at the Surgical Safety Check ‘Sign in’ (detailed below).

Surgical site marking is mandatory for all procedures for which it is possible. Pre-operative marking has a significant role in promoting correct site surgery, including operating on the correct side of the patient and / or the correct anatomical location or level (e.g. the correct finger on the correct hand). “Marking” the surgical site may constitute outlining the surgical excisions and/or reconstructive options. Best practice demands that marking the operative site must be undertaken by the surgeon performing the procedure. Although in certain situations a senior consultant may mark-up the site for a junior surgeon to operate on. Site marking should be performed with an indelible marker designed for that purpose.

The process of pre-operative marking of the intended site must involve the patient and /or family members/ significant others where possible.


Confirmation of site marking must be documented on the surgical safety checklist. If none is required, justify why not.

Team Safety Briefing:

The Team Safety Briefing must occur at the start of the operating session. As many members of the procedural team as possible should attend the briefing, with a minimum of one surgeon and one assistant present.

Any team member may lead the safety briefing.

Team members should introduce themselves to ensure that their roles and names are known to encourage people to speak up.

	Trust Ref.C52/2019	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: 25/08/2021	
University Hospitals of Leicester 	Revision date: 17/02/2020	
LRI	Page 4 of 8	Version: 2

The discussion should include:

- Equipment availability
- Availability of bipolar leads

Any additional concerns should be discussed, and contingency plans made.

Every team member should be encouraged to ask questions, seek clarification or raise concerns about any aspect of patient care or the planned procedure.

The dermatology service has been an early adopter of the “Stop the Line” policy

Sign In:

All patients undergoing dermatological surgery must undergo surgical safety checks (See Appendix 1) beginning with the ‘Sign In’. Along with the ‘Time Out’ and ‘Sign Out’, this is based on the checks in the WHO Surgical Safety Checklist which was launched to address safety issues within the surgical setting. The surgeon and assistant must take part in the checks. The surgeon is responsible for leading and signing for the ‘Sign In’.

The ‘Sign In’ is the final safety check that must be completed for all patients undergoing invasive procedures just before injection of local anaesthetic.

The checks performed during the sign in should include, but are not limited to:

- The patient’s identity should be confirmed, including name, address and date of birth.
- Confirmation what site & procedure is planned.
- Completion of a valid consent from in accordance with the UHL Policy for Consent to Examination or Treatment.
- If applicable: the surgical site is to be checked in a mirror or identified from a photo.
- Marking of the surgical site.
- Confirmation of any known allergies.
- Confirmation of any anticoagulant use.
- Confirmation of whether the patient has a pacemaker/electrical device fitted.

Local Anaesthetic:

Maximum doses for adults of Local Anaesthetic drugs are as follows (The BNF):


- Bupivacaine: 150mg (for up to four hours).
- Lignocaine: 200mg without adrenaline, and 500mg with adrenalin (max dose of adrenaline is 500 micrograms; care should be taken when using adrenaline near terminal arteries).

Maximum volumes in ml of Local Anaesthetics corresponding to the BNF Maximum Doses:

- Bupivacaine 0.25%: 60ml
- Lignocaine 1%: 20ml without adrenaline, 50ml with adrenaline.
- Lignocaine 2%: 10ml without adrenaline, 25ml with adrenaline.

Time Out:

The ‘Time Out’ is the final safety check that must be completed for all patients undergoing invasive procedures just before the start of the procedure. The assistant is responsible for leading and signing for the

	Trust Ref.C52/2019	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: 25/08/2021	
University Hospitals of Leicester 	Revision date: 17/02/2020	
LRI	Page 5 of 8	Version: 2

'Time Out'.

- The assistant must ensure that a completed histology request form is present and create a matching labelled histology specimen pot. The patient details should also be put into the histology specimen record logbook.
- The patient must confirm their identity & confirm that their details on the specimen pot are correct.

The procedure must not commence unless the 'Time Out' has been completed.

Performing the procedure:

Aseptic technique will be used.

Employees have a duty to follow the arrangements set out within the UHL Sharps Management Policy for the safe use of sharps.

Monitoring:

No specific monitoring is performed during procedures. Sedation is not used.

Prevention of retained Foreign Objects:

Given that Dermatological surgery is superficial, does not penetrate deep fascia or enter body cavities a mandatory count of surgical instruments or swabs is not required.

The sharps must be counted by the surgeon at the end of the procedure. The disposal of sharps are the responsibility of the surgeon and therefore must not be handed to anyone else for disposal.

Sign Out:

Sign out must occur before the patient leaves the surgical suite.

The surgeon is responsible for leading and signing for the 'Sign Out'.

The sign out should include:

- Confirmation that the procedure has been recorded in the record logbook.
- Confirmation that sharps have been disposed of as per trust policy.
- Confirmation that specimens have been labelled correctly
- The surgeon and assistant must jointly confirm that the specimen is inside the pot.
- The surgeon and assistant must confirm that the correctly labelled pot containing a specimen is placed into the matching completed histology request form and that the bag is sealed.
- Discussion of post-procedural care with the patient.
- Confirmation that the patient has been given an aftercare leaflet.
- Following completion of the procedure and "sign out" checks, all notes, samples and any other paperwork must be removed from the operating room BEFORE another patients documentation is brought into the area.

Team Debrief:


A verbal team debrief should occur at the end of all procedure sessions. All team members should be present. The surgeon will lead the team debrief.

Title: Dermatological Surgery Standard Operating Procedure LocSSIP UHL Trust Ref C52/2019

Authors: Dr Robert Burd, Jemma Coleman

Next Review Date: August 2024

Approved by: ESM Q& S Board & Safe Surgery Board July 2021

	Trust Ref.C52/2019	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: 25/08/2021	
University Hospitals of Leicester 	Revision date: 17/02/2020	
LRI	Page 6 of 8	Version: 2

The content of the debrief should include:

- Things that went well
- Any problems with equipment or other issues
- Areas for improvement
- A named person for escalating issues to management.

Post-procedural aftercare:

No monitoring arrangements are necessary following the procedures as they are done under local anaesthetic. If any patient does become unwell, they can be nursed in the outpatient department 'recovery area' adjacent to the surgical suites.

Discharge:

Patients are discharged from the surgical suites upon completion of their procedure. Follow-up arrangements are made by the surgeon. Any results are either communicated via post or during a follow-up outpatient clinic appointment.

Governance and Audit:

Safety incidents in this area include:

- Wrong site surgery
- Incorrect surgery
- Empty or mislabelled specimen pots
- Sharps injuries

All incidents must be reported on Datix. Incidents will be handled and reported in line with the usual Trust internal clinical incidents reporting mechanisms.

All clinical incidents will be reviewed at the CMG monthly Quality and Safety board and at the quarterly Dermatology Morbidity and Mortality meetings.

Compliance with this SOP will be monitored by audit on an annual basis.


Training:

Staff will be trained in this SOP by

- Consultant staff
- Trust grade surgeon
- Designated specialist nurses trained in dermatological surgery.

References to other standards, alerts and procedures:

Policy for Consent to Examination or Treatment, University Hospitals of Leicester 2015:
Sharps Management Policy, University Hospitals of Leicester 2016:

	Trust Ref.C52/2019	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: 25/08/2021	
University Hospitals of Leicester 	Revision date: 17/02/2020	
LRI	Page 7 of 8	Version: 2

<http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Sharps%20Management%20UHL%20Policy.pdf>

National Safety Standards for Invasive Procedures, NHS England 2015:

<https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/09/natssips-safety-standards.pdf>

UHL Safer Surgery Policy: B40/2010


UHL Sedation Policy: Safety and Sedation of Patients Undergoing Diagnostic and Therapeutic Procedures B10/2005

UHL Consent to Treatment or Examination Policy A16/2002


UHL Delegated Consent Policy B10/2013

UHL Guideline: Anticoagulant Bridging Therapy for Elective Surgery and Procedures B30/2016


END

	Trust Ref.C52/2019	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: 25/08/2021	
University Hospitals of Leicester 	Revision date: 05/10/2020	
LRI	Page 8 of 8	Version: 3

Appendix 1: Safer Surgery Checklist for use in Dermatology out-patients

TEAM BRIEF	TIME OUT	SIGN OUT
<p>PATIENT STICKER</p> <p>UHL Safer Surgery Checklist Dermatology out-patients only</p> <p>Date: / /</p> <p>STOP THE LINE</p> <p> University Hospitals of Leicester NHS Trust</p> <p><i>Caring at its best</i></p> <p>Prior to list with all team members</p> <p><input type="checkbox"/> All members of team have discussed care plan and addressed concerns</p> <p>SIGN IN</p> <p>On arrival of patient in procedure room, with all team members present</p> <p><input type="checkbox"/> Confirm patient's name, DoB and Hospital Number with patient and against consent and procedure list</p> <p><input type="checkbox"/> Confirm procedure and site with patient</p> <p><input type="checkbox"/> Confirm valid written consent</p> <p><input type="checkbox"/> Surgical site marked</p> <p><input type="checkbox"/> Surgical site confirmed with photo or mirror if required</p> <p style="text-align: right;">N/A <input type="checkbox"/></p> <p><input type="checkbox"/> Known allergy YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><input type="checkbox"/> Required equipment available</p> <p><input type="checkbox"/> Any pacemaker or implantable device?</p> <p><input type="checkbox"/> Confirm any anticoagulation / antiplatelet concerns addressed</p> <p style="text-align: right;">N/A <input type="checkbox"/></p>	<p>Immediately before skin incision or commencement of the procedure</p> <p><input type="checkbox"/> Team members have introduced themselves by name and role</p> <p><input type="checkbox"/> Confirm identity checks completed</p> <p><input type="checkbox"/> Confirm site and side of procedure</p> <p><input type="checkbox"/> Local anaesthetic checked with operator</p> <p><input type="checkbox"/> Sterility of instruments confirmed</p> <p><input type="checkbox"/> Photograph viewed <input type="checkbox"/> N/A</p> <p>Read out by: (PRINT) _____</p> <p>Signed: _____</p>	<p>After counts, before patient or team members leave</p> <p><input type="checkbox"/> Procedure correctly performed and recorded</p> <p><input type="checkbox"/> Swab, needles and instrument count correct</p> <p><input type="checkbox"/> Specimens pot correctly labelled and matches request form</p> <p>Number of specimens: <input type="text"/></p> <p>N/A <input type="checkbox"/></p> <p><input type="checkbox"/> Sharps disposed of safely</p> <p><input type="checkbox"/> Any equipment problems?</p> <p><input type="checkbox"/> Key concerns for recovery and post-operative management discussed</p> <p><input type="checkbox"/> Post-op instructions shared with patient</p> <p>Read out by: (PRINT) _____</p> <p>Signed: _____</p>

Page 1 Dermatology out-patient - UHL Safer Surgery 12/17

SURGEON TO COMPLETE	PROCEDURE NOTES
<p>PATIENT STICKER</p> <p>UHL Safer Surgery Checklist Dermatology out-patients only</p> <p>SURGEON TO COMPLETE</p> <p>STOP THE LINE</p> <p> University Hospitals of Leicester NHS Trust</p> <p><i>Caring at its best</i></p> <p>Name of surgeon: _____</p> <p>Title: <input type="checkbox"/> Consultant <input type="checkbox"/> GP <input type="checkbox"/> Registrar <input type="checkbox"/> CSN <input type="checkbox"/> DSN <input type="checkbox"/> Other _____</p> <p>Assistant: _____</p> <p>Diagnosis: _____</p> <p>Local Anaesthetic: Volume in mls: 2% Lidocaine with 1:80,000 adrenaline Other: _____</p>	<p>Procedure Notes:</p> <p>Skin cleansing agent: <input type="checkbox"/> Unisept 0.05% <input type="checkbox"/> Hydrex 0.5% <input type="checkbox"/> Chloraprep 2% <input type="checkbox"/> Other: _____</p> <p>Margin (mm): Depth: _____</p> <p>Subcut sutures: _____</p> <p>Closing sutures: _____</p> <p>Number of sutures: _____</p> <p>Date of suture removal: _____</p> <p>Type of Follow up: _____</p> <p>Signature of Surgeon: _____</p>

Page 2 Dermatology out-patient - UHL Safer Surgery 12/17